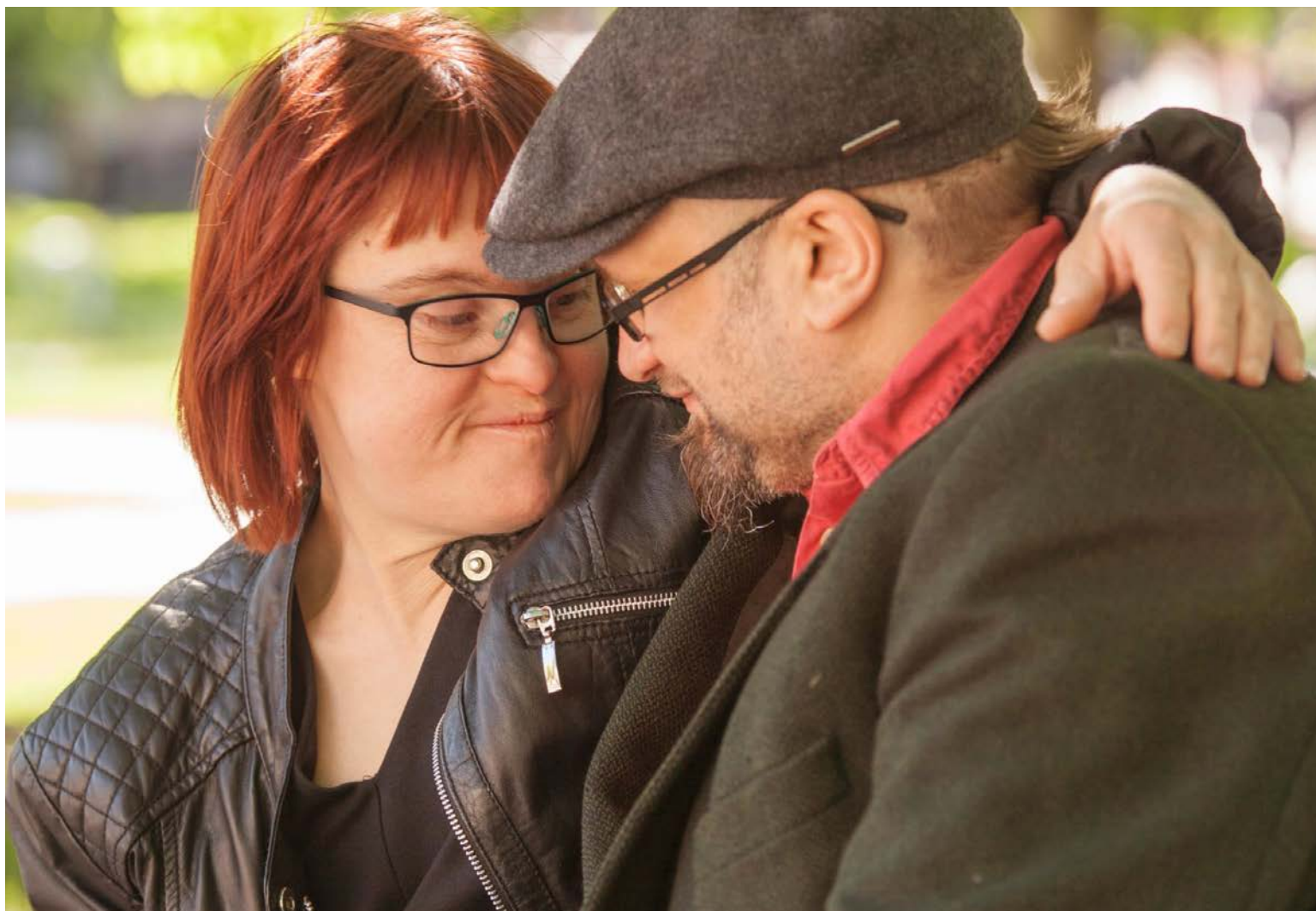


AN **ENGAGE** PRESENTATION

THE PATH TO EQUALITY FOR WOMEN AND YOUNG PERSONS WITH DISABILITIES:

Realizing Sexual and Reproductive Health and Rights
and Ending Gender-Based Violence

PRESENTATION GUIDE



Presentation Guidelines

THE PATH TO EQUALITY FOR WOMEN AND YOUNG PERSONS WITH DISABILITIES: REALIZING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND ENDING GENDER-BASED VIOLENCE

ACKNOWLEDGMENTS

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TABLE OF CONTENTS

INTRODUCTION TO THE PRESENTATION GUIDE	1
PRESENTATION GOALS	1
DISABILITY INTRODUCTION	1
THE NORMATIVE FRAMEWORK	2
OPPORTUNITIES TO GIVE THE PRESENTATION	3
USING THE PRESENTATION WITH DIFFERENT AUDIENCES	3
ADDITIONAL CONSIDERATIONS	5
PRESENTATION INSTRUCTIONS	5
PRESENTATION SCRIPT	8
KEY MESSAGES	14
DISCUSSION GUIDE	23
FREQUENTLY ASKED QUESTIONS	26
KEY TERMINOLOGY	32
ADDITIONAL RESOURCES	36

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Introduction to the Presentation Guide

This presentation guide is designed to help users make the most of the *Path to Equality for Women and Young Persons with Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence* ENGAGE presentation. The guide includes supplemental materials, such as the full presentation script, references, key messages with screenshots, a discussion guide, FAQs, and key terminology that can be used to prompt interaction and dialogue among viewers.

After reviewing the presentation guide, you will know how to:

- Identify opportunities to use this ENGAGE presentation with various audiences.
- Foster dialogue with audiences about key messages in the presentation.
- Respond to frequently asked questions about the presentation.

Presentation Goals

The goal of the *The Path to Equality for Women and Young Persons With Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence* ENGAGE multimedia presentation is to enable women and young persons with disabilities to engage policymakers, program planners, and their families and communities to fully realize their rights, especially in relation to realizing sexual and reproductive health and rights (SRHR) and ending gender-based violence (GBV) perpetrated against them.

The presentation notes the discrimination and barriers that women and young persons with disabilities face when trying to exercise their rights and access SRH services and GBV prevention and response information and services. It reveals the consequences of insufficient and inaccessible prevention and response services, while also highlighting best practices for inclusion of women and young persons with disabilities, such as partnerships between government and civil society to ensure the full realization of SRHR.

Specific objectives of the presentation are to:

- Strengthen the enabling policy environment to combat GBV and achieve the full realization of the SRHR of all women and young persons with disabilities worldwide.
- Promote understanding and acceptance of the SRHR of women and young persons with disabilities including access to SRH services and GBV prevention and response information and services.
- Provide recommendations to make SRH services and GBV prevention and response services more inclusive, accessible, and thorough, and increase cross-sector collaboration to achieve these goals and promote SRHR.

Please refer to the Normative Framework and Key Terminology sections in this presentation guide for a description of existing policies and definition of terms.

Disability Introduction

WHAT IS A DISABILITY?

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. The modern concept of disability perceives disability as an interaction between an individual's personal condition (such as being in a wheelchair or having a visual impairment) and environmental factors (such as negative attitudes or inaccessible buildings), which together lead to disability and affect an individual's participation in society. Disabilities can be physical (e.g. amputation), sensory (e.g. deafness), intellectual (e.g. Down's syndrome), learning-related (e.g. dyslexia), or psycho-social (e.g. bipolar disorder).

HOW HAVE THE APPROACHES FOR HOW WE SEE DISABILITY CHANGED OVER TIME?

Over time, how we see disability has shifted from the charity approach to the medical approach and, finally, to the social model/human rights-based approach of viewing persons with disabilities. Rather than being seen as a personal problem to be overcome simply by medical intervention, there is growing recognition that barriers to the participation of persons with disabilities stem largely from the way society is built and organized, from how people think about disability and the assumptions they make.

WHAT TYPES OF STIGMAS DO PERSONS WITH DISABILITIES FACE?

Persons with disabilities have to deal with discrimination, marginalization, and exclusion because of how society perceives them and their level of ability. Persons with disabilities are often portrayed as unique in a way that is incompatible with other people, dangerous, superhuman, or as burdens to society. Discrimination against persons with mental and intellectual disabilities has created a class of people who have been systematically disempowered and impoverished. Discrimination against persons with physical and sensory disabilities has resulted in individuals being alienated and sometimes violently ostracized from their families.

WHAT HAS CHANGED AND HOW DO WE MOVE FORWARD?

There is still more work to be done at policy, society, and community levels to include persons with disabilities and see them as equal. Everyone has unconscious biases and stereotypes that they apply to persons with disabilities that they must unlearn. Using inclusive language, being supportive and respectful of differences, and actively helping others be more inclusive can help on an individual level. For community and policy levels, community and political leaders must acknowledge that everyone has inherent dignity, individual autonomy, and basic rights. Decisionmakers at all levels must work toward nondiscrimination and effective participation and prioritize the accessibility of space and information.

The Normative Framework

Multiple international instruments shape the global human rights framework. Listed below are several key agreements that pertain to the SRHR and GBV protections for women and young persons with disabilities and are referenced throughout the presentation and supplemental materials.

Convention on the Rights of Persons With Disabilities (CRPD): states that “People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Several articles relate to sexual and reproductive health and rights, specifically Article 9: Accessibility; Article 16: Freedom from exploitation and abuse; Article 22: Respect for privacy; Article 23: Respect for home and the family; and Article 25: Health.¹

Convention on the Rights of Persons With Disabilities, G.A. Res. 61/106, U.N. Doc. A/RES/61/106, (Dec. 13, 2006), <http://www.unhcr.org/refworld/docid/45f973632.html>.

Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): a legal instrument that requires countries to eliminate discrimination against women and girls in all areas and promotes their equal rights.² It defines discrimination as “any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.” It’s described as the international bill of rights for women, providing a comprehensive list of rights for women in civil, political, economic, social, and cultural fields.³

Convention on the Elimination of All Forms of Discrimination against Women, G.A. Res. 34/180, U.N. Doc. A/RES/34/180 (Dec. 18, 1979), <http://www.unhcr.org/refworld/docid/3ae6b3970.html>.

Convention on the Rights of the Child (CRC): a legally binding agreement that acknowledges every child's fundamental human rights and sets out the civil, political, economic, social, and cultural rights of every child, regardless of their race, religion, or abilities. These include the right to life, survival, and development; protection from violence, abuse, or neglect; an education that enables children to fulfil their potential; be raised by, or have a relationship with, their parents; and express their opinions and be listened to. Governments are required to meet children's basic needs and help them reach their full potential.⁴

Convention on the Rights of the Child, G.A. Res. 44/25, Nov. 20, 1989, 1577 U.N.T.S. 3, <http://www.unhcr.org/refworld/docid/3ae6b38f0.html>.

International Conference on Population and Development (ICPD) Programme of Action: plans, adopted in 1994 by 179 member states, to advance human well-being by placing the human rights of individuals, rather than population targets, at the focus of the global development agenda. It emphasizes the benefits of investing in women and girls, both as an end in itself and as a critical factor for improving the quality of life for everyone. It also asserts the importance of sexual and reproductive health, including family planning, for women's empowerment to be realized, and calls for ending gender-based violence and harmful traditional practices, including female genital mutilation. The Programme of Action highlights the critical links between sexual and reproductive health and rights with almost every aspect of population and development and calls attention to the ways in which investing in women and youth, especially in their sexual and reproductive health, can impact environmental sustainability and population dynamics.⁵

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in promoting the rights of persons with disabilities, as well as those engaged in fields of SRHR, GBV prevention and response, disability rights, and gender equality at all levels—in academic, policy, service delivery, and community settings. The target audiences for this presentation are:

Primary: national and sub-national policymakers, regional governing bodies, international decisionmakers, and donors who are in a position to allocate resources and advance policies in support of SRHR and GBV information and services for women and young persons with disabilities.

Secondary: those responsible for ensuring full inclusivity of women and young persons with disabilities, including health care providers, law enforcement, the judicial system, civil society organizations, and disabled persons organizations, as well as those who hold positions of influence such as advocates, news media, civic and religious leaders, and other community leaders.

We encourage users to deliver this presentation at conferences, policy briefings, expert meetings, and in health care and educational settings where target audiences might be included. The presentation is an effective tool to raise awareness about persons with disabilities, specifically the right of women and young persons with disabilities to SRH information and services, GBV prevention and response services, and the need for policy and program changes to ensure full inclusivity and accessibility.

Using the Presentation With Different Audiences

The We Decide ENGAGE presentation is designed to be used in a variety of settings or environments, especially as nations strive toward the Sustainable Development Goals and full implementation of conventions such as the CRPD, CEDAW, CRC, and other international commitments such as the ICPD Programme of Action. Some ways the presentation can be used to reach different audiences are listed below.

POLICYMAKERS

- Raise awareness among policymakers about the discrimination, rights violations, lack of healthcare, and violence faced by persons with disabilities, particularly women and young persons with disabilities, when trying to access SRH services, exercise their reproductive rights, and access GBV prevention and response services.
- Explain the importance of involving women and young persons with disabilities in SRHR- and GBV-related policy planning and program design since they know best how to meet their own needs and are already actively doing so.
- Demonstrate the role that expanded access to SRH services and GBV prevention and response services can play in protecting sexual and reproductive rights and improving health, education, and livelihood outcomes for persons with disabilities, particularly women and young persons with disabilities.
- Illustrate the need to increase funding dedicated to SRHR-related initiatives and GBV prevention and response services, including expanding their accessibility.
- Reiterate the need to make existing policies and laws regarding SRHR and GBV-related prevention programs and services consistent with international agreements, such as the CRPD, CEDAW, and CRC.

ADVOCATES FOR REALIZING SRHR AND ENDING GBV

- Provide advocates with evidence to persuade decisionmakers, families, and communities to expand access to SRH services, support reproductive rights, and end GBV for persons with disabilities.
- Highlight how the ability to exercise reproductive rights, greater access to SRH services, and more inclusive GBV prevention and response will improve the health, education, and livelihood outcomes of women and young persons with disabilities.

DONORS

- Demonstrate the importance of inclusivity, participation, and accessibility both within donor institutions and in their funding initiatives.
- Show the importance of making SRH services and GBV prevention and response programs fully accessible and inclusive and of preventing discrimination, violence, and poor SRH outcomes for women and young persons with disabilities.
- Highlight the gap in knowledge, insufficient capacity of service providers, and lack of available resources, which limit the ability of persons with disabilities to fully realize their SRHR and be protected from GBV.

CIVIC AND RELIGIOUS LEADERS

- Educate civic and religious leaders about the benefits of SRHR- and GBV-related information and services for families and communities.
- Sustain policy dialogue with local leaders, including civic and religious leaders, at local seminars and events.

THE MEDIA

- Educate the news media on the importance of realizing SRHR for persons with disabilities and their right to live free of GBV, including through access to GBV prevention and response services.
- Emphasize the benefits that stronger SRHR including better access to SRH services and GBV prevention and response services can have on society and women and girls in particular.

Additional Considerations

Tailor the Content. You can make this presentation more interesting to your audience by adding information about local experiences and practices in different countries, especially those that apply to your audience. We encourage you to personalize the script or add details specific to your audience.

Size of the Audience. With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.

Knowledge Level. It is always safest to assume that the audience may not be familiar with the technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be new to some audiences.

Accessibility. Consider the needs of your audience and provide the necessary accommodations as much as possible. Accommodations included in this presentation and the supplemental materials are American Sign Language (ASL), closed captions, audio description (AD), PDF tagging for assistive technology, and narration.

Presentation Instructions

This ENGAGE presentation is available in three formats, which offers flexibility for those using this material to inform and advocate:

1. A Flash presentation without a voiceover, accompanied by a presentation script so it can be delivered live by a presenter. This presentation requires you to manually click through the presentation, allowing you to adjust the pace and content based on your preferences, audience, or setting. By following the script included in this guide, you can advance the presentation one slide at a time, reading the narration for each slide as you go. This format allows you to pause to highlight key points or to take time to ask and/or respond to questions. This presentation requires Adobe Flash software.
2. A presentation with a voiceover. This presentation plays as a video and does NOT require you to advance each slide. You can stream the video or download it directly from www.prb.org. This presentation requires a movie player such Windows Media Player in order to be viewed on a computer.
3. An audio description version with detailed descriptions of all visuals, graphics, and content for those with vision impairments.

We recommend that all potential presenters practice with the script to determine their level of comfort with each presentation. The presenter's level of comfort and audience should guide the decision about which version is best at a particular event.

TECHNOLOGY REQUIREMENTS

To give ENGAGE presentations, you will need a laptop or computer with:

- At least 2.4 Ghz.
- At least 3 GB of RAM.
- An Intel Core 2 Duo processor.
- Speakers to project the presentation.
- Adobe Flash software. If your laptop or computer does not have Flash, you can download a free version of the program at www.adobe.com/products/flashplayer/ (required for non-voiceover presentation); OR
- A movie player such as Windows Media Player (required for voiceover, narrated presentation).

Presentation Instructions (Without Voiceover)

TO OPEN THE PRESENTATION

Double click on the red square ‘f’ icon (‘f’ stands for Flash). The end of the file name will be “.exe”.

Your computer might give a warning about the file type. This is common with .exe files. This file is safe to open and does not contain viruses or software that will harm your computer.

Resize the window. The window may open in a small size, off-center on your computer screen. You can maximize or minimize the presentation window by clicking the box at the bottom of the presentation that shows two diagonal arrows either pointing toward or away from each other.

TO MOVE THROUGH THE PRESENTATION

You can click through the presentation in two ways: by using the forward and backward arrows on your keyboard or by using your mouse to click the forward and backward double-arrows in the gray bottom bar of the presentation. You might find it easier to move through the presentation using the keyboard arrows because you won’t have to worry about pointing your mouse to the correct location on screen. The **forward arrow** advances the presentation to the next slide, the next bullet point, or the next piece of animation.

The **back arrow** moves you to the previous slide. If the previous slide included any animation, the back arrow takes you to the beginning of the slide.

You can click on the **Menu** box in the bottom bar of the presentation in order to skip to any point in the presentation. When you click on Menu, a list of all slides in the presentations pops up. When you point your mouse to a particular slide number, a snapshot image of the beginning of that slide appears. When you click your mouse, the presentation will jump directly to this slide. You can use this menu to skip directly to the beginning, end, or any other point in the presentation.

All of the animations are prerecorded and are not interactive.

If you click twice by accident, **you will skip to the next slide in the sequence**. If this happens, the slide will not match what you are saying. Be careful!

Every screen in the presentation is numbered, starting with 1. These numbers correspond to the script. Some individual “screens” contain animation, and therefore change as they play.

USING THE PRESENTATION AND SCRIPT TOGETHER

The presentation script contains all the necessary narration for the presentation, along with instructions for every time you need to click forward one slide.

When the script says “Click Forward,” click the forward arrow of your keyboard to advance the presentation by one screen. Every click in the presentation is included in the script along with a number. The number corresponds to the one in the lower left corner of the screen, and the script that follows is the narration for that screen.

Presentation Instructions (With Voiceover)

TO OPEN AND PLAY THE PRESENTATION

Double click on the video file. The file name will include the letters "AD" and the file extension will be ".mp4".

Resize the window. The window may open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar or dragging the corners to make the window smaller or larger. Enter full-screen by pressing Control + F on your keyboard.

Check to ensure your computer speakers are working and the volume is turned up. You may find it helpful to use a portable speaker to amplify the sound for large groups.

Click the "play" button. The presentation will play like a video. Note that the AD version may be slightly longer than the other versions of the presentation because of the need to pause the video occasionally to provide additional descriptions.

Presentation Guide References

- 1 Caroline van Slobbe, *Everybody Matters: Good Practices for Inclusion of People With Disabilities in Sexual and Reproductive Health and Rights Programmes* (Amsterdam: Dutch Coalition on Disability and Development and Share-Net International, 2017), <http://share-netinternational.org/everybody-matters/>.
- 2 Pooja Khanna, Zachary Kimmel, and Ravi Karkara, *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) for Youth* (New York: UN Women, 2016), <https://www.unwomen.org/en/digital-library/publications/2016/12/cedaw-for-youth>.
- 3 International Women's Development Agency (IWDA), *CEDAW at a Glance* (Melbourne, Australia: IWDA, 2016), <https://iwda.org.au/assets/files/CEDAW-at-a-Glance.pdf>.
- 4 Save the Children, UN Convention on the Rights of the Child (UNCRC): An International Agreement for Child Rights, <https://www.savethechildren.org.uk/what-we-do/childrens-rights/united-nations-convention-of-the-rights-of-the-child>.
- 5 UNFPA, International Conference on Population and Development, <https://www.unfpa.org/icpd>.

PRESENTATION SCRIPT

The Path to Equality for Women and Young Persons With Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence

An ENGAGE multimedia presentation

Slide 1

The Path to Equality for Women and Young Persons With Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence

→ Click to move to Slide 2

One in seven people worldwide is a person with a disability—that's an estimated 1 billion people!¹

→ Click to move to Slide 3

We are leading efforts to make the world more equitable and inclusive by raising awareness of disability, setting standards for inclusivity, and championing legislation to advance our rights.

But we face unique, multi-layered challenges compared to our peers, particularly when it comes to accessible information and services on sexual and reproductive health and rights, and gender-based violence prevention and response.

→ Click to move to Slide 4

Germán Tourón (Uruguay): "We, persons with disabilities, have rights. We are backed up by the Convention on the Rights of People With Disabilities."

Sithembile Mabuza (eSwatini): "We are also human beings... One day, I also want to have a family, I want to have a husband and children. The only difference in me is that I have a disability."

→ Click to move to Slide 5

Approximately one in five women has a disability. And 180 million to 220 million are young persons, with around 80 percent living in developing countries.²

→ Click to move to Slide 6

We face barriers that restrict our agency and put us at increased risk for unintended pregnancy; pregnancy complications; sexually transmitted infections, including HIV; abuse; exploitation; and forced and involuntary treatment. We often are judged if we want to be in relationships, be married, or have children.

→ Click to move to Slide 7

Abia Akram (Pakistan): "When we talk about the sexual health and reproductive rights of women, and especially the young girls, with disabilities, it's so challenging. Especially because of the stigma, the discrimination, and all of the violation they are facing."

→ Click to move to Slide 8

Women and young persons with disabilities are *more* likely to face gender-based violence and *less* likely to have full and equal access to prevention and response services. So when we experience violence, we often can't access services.

→ Click to move to Slide 9

We envision and work toward a world where all people feel safe in their relationships, their societies, and their homes... and are free to be themselves.

We are determined to overcome the obstacles we face. And we welcome you to work with us.

→ Click to move to Slide 10

Global conventions and agreements like the Convention on the Rights of Persons With Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the International Conference on Population and Development Programme of Action, and UN Sustainable Development Goals provide frameworks guaranteeing our rights to exercise our sexual and reproductive health and rights and live free from gender-based violence.

International conventions require states to put in place legislative and legal protections for persons with disabilities; combat harmful stereotypes and stigma throughout society by raising awareness, including at the family level; and affirm that all persons, including those with disabilities, are equal in the eyes of the law.

→ Click to move to Slide 11

What's the best way to achieve these conventions?

By involving us and amplifying our efforts. Persons with disabilities are the best resource to inform decisionmakers on how to accomplish these agreements. We decide.

→ Click to move to Slide 12

Jackline Waiharo (Kenya): "When they [policymakers] are making laws, when they are making campaigns, when they have civic education—they should involve people like us."

→ Click to move to Slide 13

We can best speak to our needs and the challenges we face, from accessing services to information and education about relationships, parenthood, contraceptives, and other topics.

→ Click to move to Slide 14

Chrissy Zimba (Malawi): "As a person with a disability, I would like others to know that people with disabilities have the same sexual and reproductive health needs as their able-bodied counterparts, and yet they face barriers to information and services."

Natalia Fariás (Uruguay): "I think it is basic and very important that persons with disabilities are not seen as eternal children."

→ Click to move to Slide 15

Girls and young women with disabilities have the lowest levels of sexual and reproductive health information and education.³

Research shows that several factors combine to discourage persons with disabilities from obtaining information and services, including the effects of poverty and exclusion, service providers' ignorance about disability, communication barriers, lack of physical access, and attitudes toward persons with disabilities.⁴

→ Click to move to Slide 16

Lucy Meyer (United States): "Yes, I learned about sex education in school, but I did not know that I learned about it because it was not taught to me in a way I was able to understand."

Sofia Savoy (Argentina): "The professionals working in the area of sexuality are very poorly prepared about how to react, how to work when a person with disabilities comes asking about this subject."

→ Click to move to Slide 17

In a recent study, 20 percent of women with disabilities had never used ANY sexual and reproductive health service.⁵

→ Click to move to Slide 18

When we do receive services, it is not always with our informed consent. Women with disabilities—particularly those with intellectual disabilities—have long been subject to forced use of contraceptives or sterilizations in their supposed best interest.⁶

This example is just one of the ways we may be targeted for gender-based violence, including harmful practices, because of our disability.

→ Click to move to Slide 19

Women with a disability are more likely to experience violence than male peers with a disability or female peers without a disability.⁷ Strong evidence from countries as diverse as Nepal, Uganda, the United States, and Australia shows very high rates of violence against women with disabilities.⁸

And while we experience many of the same forms of violence that all women may face, as the authors of the "Forgotten Sisters" report describe, "when gender and disability intersect, violence takes on unique forms, has unique causes, and results in unique consequences."⁹

→ Click to move to Slide 20

Recent research compiled through the UNFPA's We Decide program found that around the world young persons with disabilities, especially girls, are far more vulnerable to violence than their peers without disabilities.

Those under age 18 are almost four times more likely than their peers without disabilities to be victims of abuse. Young persons with intellectual disabilities, particularly girls, are at greatest risk.¹⁰

We also experience mistreatment or controlling behaviors from intimate partners, caretakers, or others.

→ Click to move to Slide 21

Carly Jones (United Kingdom): "We need to be aware of the amount of autistic women and girls who end up in controlling relationships—control can look a lot like care."

Controlling behavior is often mistakenly normalized as protection rather than properly identified as abuse.

→ Click to move to Slide 22

Despite these heightened risks, we often can't use prevention and response services because of lack of accessibility, discrimination, and social isolation.

→ Click to move to Slide 23

For these same reasons, we're often denied access to fair and equal treatment from law enforcement and courts of law.

Those of us with intellectual disabilities face a higher risk of being denied legal capacity, making it even more difficult to access justice services.

→ Click to move to Slide 24

Anisia Byukusenge (Rwanda): "I dream of the world in the future, where everyone's testimony will be valued. Not depending on any type of disability."

→ Click to move to Slide 25

We may be discriminated against for many reasons. More research and programming are needed to better understand how stigma and multiple forms of discrimination intersect and compound the disadvantages we face.

→ Click to move to Slide 26

For instance, refugees and displaced people face an added layer of challenges and rights violations because responses to humanitarian and emergency situations are often not accessible or inclusive.

→ Click to move to Slide 27

All of these facts sound overwhelming, but changes are happening daily that give us hope. And more concrete steps can be taken to address the challenges we're facing.

Disability-inclusive, gender-equitable, *and* youth-friendly policies and programs **can** be created and implemented to better realize our rights.

→ Click to move to Slide 28

Many countries have laws and policies that recognize gender equality and the right to health and safety for all citizens, but only *some* have laws and policies specifically and adequately addressing persons with disabilities.

→ Click to move to Slide 29

Even where legal frameworks exist, available services may still need improvement. Community- and facility-based service providers can be provided knowledge and skills to ensure their services and programming are accessible to everyone and of high quality. Service provision criteria for Availability, Accessibility, Acceptability, and Quality of care are fundamental to realizing the right to health.¹¹ Many other tailored resources are also available, such as new service provision guidelines from UNFPA and Women Enabled International.¹² This and other resources provide step-by-step instructions for service providers to ensure full accessibility.¹³

→ Click to move to Slide 30

Such actions are more effective, inclusive, and sustainable when taken in partnership with disabled persons organizations.

→ **Click to move to Slide 31**

Abia Akram (Pakistan): "Women with disabilities need to be involved as advocates and leaders. If we engage their perspectives, it will be much easier to make the environment inclusive for women and girls with disabilities."

→ **Click to move to Slide 32**

Let's work together by taking concrete steps to ensure our sexual and reproductive health and rights are fully realized and to combat the gender-based violence we face, no matter where in the world we live.

→ **Click to move to Slide 33**

- **States should commit to and implement the Convention on the Rights of Persons With Disabilities, as well as the full elimination of discriminatory laws and regulations,** and ensure that rights violations are outlawed and that those laws are enforced.

→ **Click to move to Slide 34**

- **States and partners should take a twin-track approach by ensuring that we are fully included** in all laws, policies, and programs, **and by creating targeted programs** when necessary to address our specific needs and risks.

→ **Click to move to Slide 35**

- **Government agencies and civil society organizations must learn from and collaborate with each other**—and ensure our participation and leadership and that of our representative organizations.

→ **Click to move to Slide 36**

- **States, donors, and lending institutions must ensure full inclusivity within their organizations and their programs. They should also allocate more resources to ensure sustainable partnerships** with disabled persons organizations, full accessibility, and adequate policy implementation.

→ **Click to move to Slide 37**

- **Service providers should adopt an approach of Availability, Accessibility, Acceptability, and Quality** in the provision of all services.

→ **Click to move to Slide 38**

- **Communities, families, and individuals should work to combat the stigma we face, promote positive attitudes toward us,** and support a full realization of our rights.

→ **Click to move to Slide 39**

- **Research institutions and governments should collect more data on disability and disaggregate all data by disability, sex, and age.** Data are critical to understand our situation and inform policies to ensure our social inclusion and human rights. It should be made publicly available and accessible to us.

→ Click to move to Slide 40

Jackline Waiharo (Kenya): "As a person with disability I completely accept myself, and you cannot expect me to blend in when I was born to stand out."

→ Click to move to Slide 41

Partner with us. Together we can build a more inclusive society.

→ Click to move to Slide 42

Logos for AECID, We Decide, UNFPA, and PRB.

Script References

- 1 World Health Organization (WHO), Disability and Health, Jan. 16, 2018, <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>.
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- 10 Lisa Jones et al., "Prevalence and Risk of Violence Against Children With Disabilities: A Systematic Review and Meta-Analysis of Observational Studies," *The Lancet* 380, no. 9845 (2012): 899-907.
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- 12 Holoboff Radford, Phillips, and Ortoleva, *Women and Young Persons With Disabilities*.
- 13 See The Ethiopian Centre for Disability and Development at <http://www.ecdd-ethiopia.org/about-us.html> and the Nia Foundation at <http://nia-foundation.org/> as cited in UNFPA, *Young People With Disabilities*.

KEY MESSAGES

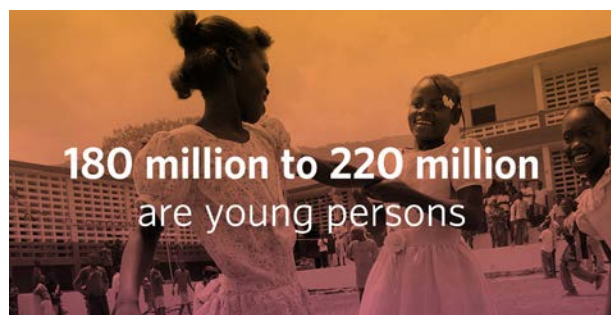


One in seven people worldwide is a person with a disability—that's an estimated 1 billion people!¹



Persons with disabilities are leading efforts to make the world more equitable and inclusive by raising awareness of disability, setting standards for inclusivity, and championing legislation to advance their rights.

But they face unique, multi-layered challenges compared to their peers, particularly when it comes to accessible information and services on sexual and reproductive health and rights and gender-based violence prevention and response.



Approximately one in five women has a disability. And 180 million to 220 million are young persons, with around 80 percent living in developing countries.²



They face barriers that restrict their agency and put them at increased risk for unintended pregnancy; pregnancy complications; sexually transmitted infections, including HIV; abuse; exploitation; and forced and involuntary treatment. They often are judged if they want to be in relationships, be married, or have children.



Women and young persons with disabilities are:

more likely to face gender-based violence

less likely to have full and equal access to prevention and response services

Women and young persons with disabilities are *more* likely to face gender-based violence and *less* likely to have full and equal access to prevention and response services. So when they experience violence, they often can't access services.



Women and young persons with disabilities envision and work toward a world where all people feel safe in their relationships, their societies, and their homes... and are free to be themselves.

They are determined to overcome the obstacles they face. And they welcome others to work with them.



Global conventions and agreements like the Convention on the Rights of Persons With Disabilities, the Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child, the International Conference on Population and Development Programme of Action, and UN Sustainable Development Goals provide frameworks guaranteeing persons with disabilities rights to exercise their sexual and reproductive health and rights and live free from gender-based violence.

with their knowledge, and to be provided with necessary and age-appropriate assistance to realize that right.

Article 8 Awareness-raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:

(a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

(b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

(c) To promote awareness of the capabilities and contributions of persons with disabilities.

2. Measures to this end include:

(a) Initiating and maintaining effective public awareness campaigns designed:

International conventions require states to put in place legislative and legal protections for persons with disabilities; combat harmful stereotypes and stigma throughout society by raising awareness, including at the family level; and affirm that all persons, including those with disabilities, are equal in the eyes of the law.



What's the best way to achieve these conventions?

By involving women and young persons with disabilities and amplifying their efforts.

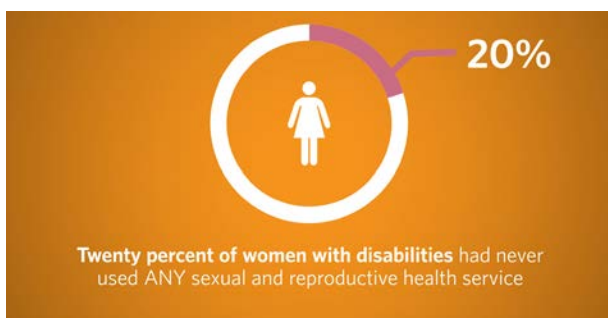


Women and young persons with disabilities can best speak to their needs and the challenges they face, from accessing services to information and education about relationships, parenthood, contraceptives, and other topics.



Girls and young women with disabilities have the lowest levels of sexual and reproductive health information and education.³

Research shows that several factors combine to discourage persons with disabilities from obtaining information and services, including the effects of poverty and exclusion, service providers' ignorance about disability, communication barriers, lack of physical access, and attitudes toward persons with disabilities.⁴

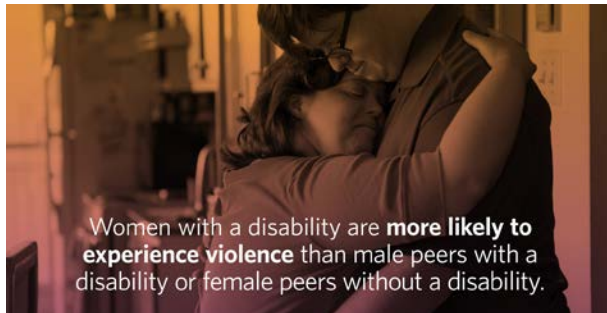


In a recent study, 20 percent of women with disabilities had never used ANY sexual and reproductive health service.⁵



When they do receive services, it is not always with their informed consent. Women with disabilities—particularly those with intellectual disabilities—have long been subject to forced use of contraceptives or sterilizations in their supposed best interest.⁶

This example is just one of the ways they may be targeted for gender-based violence, including harmful practices, because of their disability.



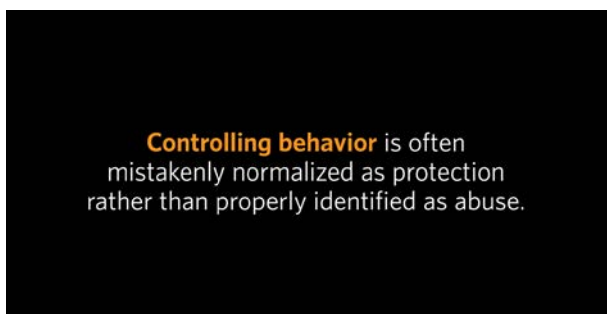
Women with a disability are more likely to experience violence than male peers with a disability or female peers without a disability.⁷ Strong evidence from countries as diverse as Nepal, Uganda, the United States, and Australia shows very high rates of violence against women with disabilities.⁸

And while they experience many of the same forms of violence that all women may face, as the authors of the "Forgotten Sisters" report describe, "when gender and disability intersect, violence takes on unique forms, has unique causes, and results in unique consequences."⁹



Recent research completed through the UNFPA's We Decide program found that studies around the world show that young persons with disabilities, especially girls, are far more vulnerable to violence than their peers without disabilities.

Those under age 18 are almost four times more likely than their peers without disabilities to be victims of abuse. Young persons with intellectual disabilities, especially girls, are at greatest risk.¹⁰



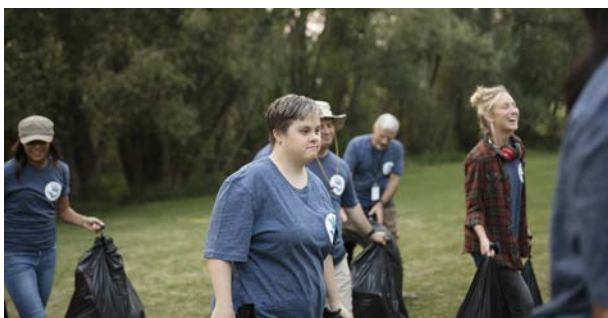
Women and young persons with disabilities also experience mistreatment or controlling behaviors from intimate partners, caretakers, or others.



Despite these heightened risks, they are often unable to use prevention and response services because of lack of accessibility, discrimination, and social isolation.

For these same reasons, they are often denied access to fair and equal treatment from law enforcement and courts of law.

Women and young persons with intellectual disabilities face a higher risk of being denied legal capacity, making it even more difficult to access justice services.



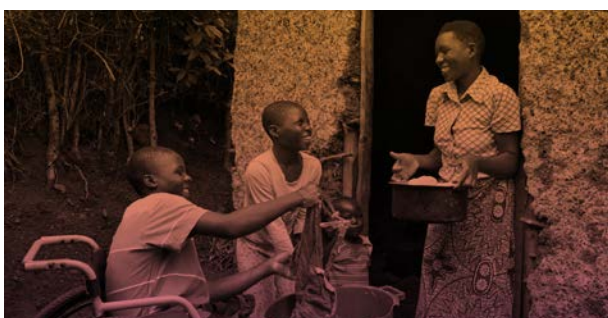
Women and young persons with disabilities may be discriminated against for many reasons. More research and programming are needed to better understand how stigma and multiple forms of discrimination intersect and compound the disadvantages they face.

For instance, refugees and displaced people face an added layer of challenges and rights violations because responses to humanitarian and emergency situations are often not accessible or inclusive.



All of these facts sound overwhelming but changes are taking place daily that provide a sense of hope. And concrete steps can be taken to address the challenges persons with disabilities face.

Disability-inclusive, gender-equitable, and youth-friendly policies and programs *can* be created and implemented to better realize their rights.



Many countries have policies that recognize gender equality and the right to health, physical, and moral integrity for all citizens, but only *some* have policies specifically and adequately addressing persons with disabilities.



Even where legal frameworks exist, available services may still need improvement. Community- and facility-based service providers can be provided knowledge and skills to ensure their services and programming are accessible to everyone and of high quality. Service provision criteria for Availability, Accessibility, Acceptability, and Quality of care are fundamental to realizing the right to health.¹¹



Many other tailored resources are also available, such as new service provision guidelines from UNFPA and Women Enabled International.¹² This and other resources provide step-by-step instructions for service providers to ensure full accessibility.¹³

Such actions are more effective, inclusive, and sustainable when taken in partnership with disabled persons organizations.

Let's work together

Let's take concrete steps by working together to ensure the sexual and reproductive health and rights of persons with disabilities are fully realized and to combat the gender-based violence they face.



States should commit to and implement the Convention on the Rights of Persons With Disabilities, as well as the full elimination of discriminatory laws and regulations, and ensure that rights violations are outlawed and that those laws are enforced.



States and partners should

take a twin-track approach by ensuring that we are fully included, and creating targeted programs

States and partners should take a twin-track approach by ensuring that we are fully included in all laws, policies, and programs, **and by creating targeted programs** when necessary to address our specific needs and risks.



Government agencies and civil society organizations must

learn from and collaborate with each other

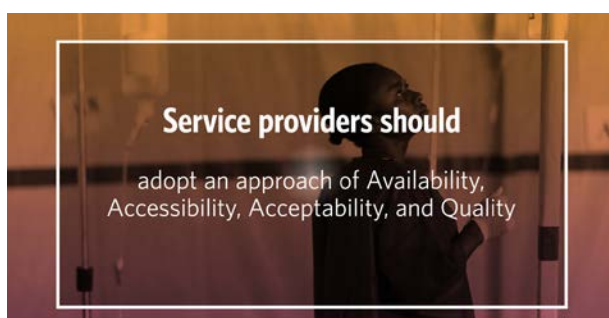
Government agencies and civil society organizations must learn from and collaborate with each other—and ensure our participation and leadership and that of our representative organizations.



States, donors, and lending institutions must

ensure full inclusivity within their organizations and their programs. They should also allocate more resources to ensure sustainable partnerships

States, donors, and lending institutions must ensure full inclusivity within their organizations and their programs. They should also allocate more resources to ensure sustainable partnerships with disabled persons organizations, full accessibility, and adequate policy implementation.



Service providers should

adopt an approach of Availability, Accessibility, Acceptability, and Quality

Service providers should adopt an approach of Availability, Accessibility, Acceptability, and Quality in the provision of all services.



Communities, families, and individuals should

work to combat the stigma we face, promote positive attitudes toward us, and support a full realization of our rights

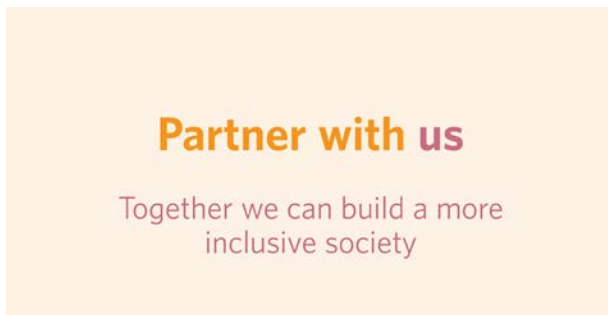
Communities, families, and individuals should work to combat the stigma we face, promote positive attitudes toward us, and support a full realization of our rights.



Research institutions and governments should

collect more data on disability and disaggregate all data by disability, sex, and age.

Research institutions and governments should collect more data on disability and disaggregate all data by disability, sex, and age. Data are critical to understand our situation and inform policies to ensure our social inclusion and human rights. It should be made publicly available and accessible to us.



Partner with us

Together we can build a more inclusive society

Partner with women and young persons with disabilities to build a more inclusive society!

Key Messages References

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- 12 Holoboff Radford, Phillips, and Ortoleva, *Women and Young Persons With Disabilities*.
- 13 See The Ethiopian Centre for Disability and Development at <http://www.ecdd-ethiopia.org/about-us.html> and the Nia Foundation at <http://nia-foundation.org/> as cited in UNFPA, *Young People With Disabilities*.

Discussion Guide

After delivering the presentation *The Path to Equality for Women and Young Persons With Disabilities: Realizing Sexual and Reproductive Health and Rights and Ending Gender-Based Violence* there may be an opportunity for discussion with the audience. We suggest making the discussion specific to the recommendations in the presentation and asking the audience, whether from civil society, the government, or private sector, about the actions they can take to support the SRHR of persons with disabilities, including through equitable and accessible SRH- and GBV-related services.

Suggested discussion questions appear below and they are meant to guide post-presentation facilitation. Facilitators should feel free to use only those questions that are relevant for their audience, to adapt them as they deem appropriate, and to create their own questions based on the participants.

DISCUSSION ABOUT SRHR, INCLUDING ACCESS TO SRH INFORMATION, EDUCATION, AND SERVICES

1. What are your thoughts about the lack of accessible, quality SRH information and services available to women and young persons with disabilities? What stands out to you about this barrier?
2. Were you aware of the lack of data available on the SRHR of women and young persons with disabilities? Why do you think data is needed for action on this issue?
3. Why do women and young persons with disabilities need to fully realize their reproductive rights, and access SRH information, education, and services?
4. What are the short-term and long-term consequences of women and young persons with disabilities being unable to exercise their reproductive rights or access SRH information, education, and services?
5. Why do you think the need for SRH information and services, and in an accessible format, among women and young persons with disabilities is overlooked?
6. Why do you think women and young persons with disabilities are not always included in SRHR-related program design or policy creation? How can these processes be more inclusive?
7. How does geographic location (rural vs. urban) affect the ability of women and young persons with disabilities to access SRH information and services? How does their socio-economic status affect this? What other factors might limit access?
8. How can making SRHR-related information, education, and services accessible to women and young persons with disabilities help protect their rights and allow them to reach their full potential?
9. How can being more inclusive of women and young persons with disabilities in SRHR-related information, education, and services make a positive difference for families, communities, and countries?
10. A variety of perspectives exist on the need for SRH information and services, especially for young people and people with disabilities. Did you learn anything from the presentation that changes what you think about young persons with disabilities, their rights related to SRH, and their ability to access SRHR information and services?
11. How might you use this presentation to advocate with or for persons with disabilities, particularly women and young persons with disabilities?

DISCUSSION ABOUT THE NEED FOR AND ACCESS TO GBV RESPONSE AND PREVENTION SERVICES

12. What are your thoughts about the higher rates of GBV faced by women and young persons with disabilities, especially girls? What stands out to you about this service gap?

13. Were you aware of lack of data available about the GBV faced by women and young persons with disabilities? Why do you think data is needed for action on this issue?
14. Why do women and young persons with disabilities need to access GBV prevention and response services?
15. What are the short-term and long-term consequences of women and young persons with disabilities not being able to access GBV prevention and response services?
16. Why do you think the need for GBV-related information and services, and in an accessible format, among women and young persons with disabilities is overlooked?
17. Why do you think women and young persons with disabilities are not always included in GBV prevention and response design or policy creation? How can these processes be more inclusive?
18. How does geographic location (rural vs. urban) affect women and young persons with disabilities' capability to access GBV prevention and response services? How does their socio-economic status affect this? What other factors might limit access?
19. How can making GBV prevention and response services available to women and young persons with disabilities help protect their rights and allow them to reach their full potential?
20. How can being more inclusive of women and young persons with disabilities in GBV prevention and response services make a positive difference for individuals, families, communities, and countries?
21. Did you learn anything from the presentation that changes what you think about the increased risk of experiencing GBV faced by women and young persons with disabilities and their lack of access to GBV prevention and response services?
22. How might you use this presentation to advocate with or for women and young persons with disabilities?

DISCUSSION ABOUT THE RECOMMENDATIONS

23. The presentation highlighted a few examples of successful approaches to ensure the rights of women and young persons with disabilities. Do you think this is possible in your community? If so, how?
24. After viewing this presentation, how would you explain the “twin-track approach” mentioned in the presentation as the best way to affirm the SRHR of women and young persons with disabilities and ensure SRH services and GBV prevention and response efforts meet their needs?
25. The presentation included a number of recommendations. What actions do you feel inspired to take in your personal and professional life to support persons with disabilities, particularly access to SRH-related services and GBV prevention and response services among women and young persons with disabilities?
26. Who will you share this presentation with? What action will you suggest they take after viewing the presentation?
27. What sorts of commitments and policies can governments and regional governing bodies make and implement to expand access to SRHR-related information and services to women and young persons with disabilities?
28. What sorts of commitments and partnerships can governments and researchers collaborate on with persons with disabilities?
29. What can we do to increase funding for expanding these services and make them more accessible to women and young persons with disabilities?
30. What sorts of commitments and policies can governments and regional governing bodies make and implement to reduce GBV and expand access to GBV prevention and response services to women and young persons with disabilities?

31. How can governments be motivated to align current SRHR service provision and GBV prevention and response laws and policies with the various international agreements, such as the CRPD, CEDAW, CRC, as well as ICPD PoA, that call for making SRHR- and GBV-related information and services accessible to all?
32. How can policymakers ensure that health care providers have the knowledge, skills, resources, and support needed to provide accessible, gender-equitable, and youth-friendly SRHR-related services, education, and information, as well as GBV prevention and response services for women and young persons with disabilities?
33. How can governments and policymakers ensure that law enforcement and the judicial system (police, court system, etc.) have the knowledge, skills, resources, and support needed to provide accessible GBV prevention and response services to women and young persons with disabilities?
34. What is the role of each sector in ensuring women and young persons with disabilities understand their rights and can fully realize their SRHR?
35. What are some measures you think parents and caregivers of persons with disabilities can take so that persons with disabilities are enabled to realize their SRHR and are protected from GBV without their autonomy being hampered?
36. How can diverse stakeholders, such as disabled-persons organizations (DPOs), families and communities, health care providers, policymakers, and law enforcement work together to affirm the SRHR of women and young persons with disabilities and expand their access to youth-friendly and gender-equitable SRH services and GBV prevention and response services?
37. The presentation describes persons with disabilities as the best partners to work with as governments seek to reach global goals, like the Sustainable Development Goals. What do you think policymakers should do to create sustainable partnerships with persons with disabilities and their representative organizations?
38. What are some ways to monitor the implementation of inclusive, accessible SRH-related services and GBV prevention and response services for women and young persons with disabilities?
39. How might SRHR information and education and GBV prevention and response services need to be differentiated between women and men? Young persons and adults?
40. What types of accommodations and assistive technology need to be present to make SRHR information and education and GBV prevention and response services more inclusive?

Frequently Asked Questions

Audience members often have questions about the presentation. Some of these questions may be specific to the information presented (data, pictures, figures, sources of information) while other questions may be generally related to the topic. For questions about specific data points included in the presentation, you can refer to the references cited in the script.

Below are some frequently asked questions and suggested answers.

QUESTIONS ABOUT THE PRESENTATION

Q. How accurate are your data?

A. The evidence that we have shared in this presentation is from the most accurate sources of recent and available data, such as national statistics offices and academic studies. The primary resources include UNFPA's report *Young People With Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights*, the World Health Organization, and academic and journal articles. Please see the reference list below for more information.

Q. How do you know that women and young persons with disabilities are not able to access SRHR information, education, and services and GBV prevention and response services?

A. Global research from renowned researchers and organizations demonstrates that all around the world, women and young persons with disabilities face difficulty of varying levels accessing quality SRHR information, education, and services and GBV prevention and response services. Available research describes the experiences of women and young persons with disabilities as well as shares findings on the negative consequences of insufficient and non-accessible SRHR information and services and GBV prevention and response services. For more information, please see the UNFPA report *Young People With Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights*, as well as the additional resources included below.

Q. Why do you focus more on women and girls with disabilities than men with disabilities—don't they face the same challenges accessing SRHR-related services and GBV prevention and response services?

A. Men and boys with and without disabilities also experience challenges accessing SRHR-related services and GBV prevention and response services, but research from around the world shows that women and girls with and without disabilities face a greater risk of violence than men and boys and have poorer SRHR outcomes. An estimated one in three women will experience sexual or physical abuse in her lifetime.¹ Also, due to pervasive gender inequality around the world, girls and women often cannot access SRHR information and services, for instance if they are expected to stay at home, cannot go out in public alone, or need the approval of a male partner to obtain such health services.

Q. Why isn't there more data presented from more countries?

A. Unfortunately, there is not as much research conducted on this topic as one might expect, so this presentation includes a sample of available data from different regions. Also, we aimed to keep the presentation succinct, which resulted in us needing to be selective about data used. In this guide, we provide a list of all of the resources used in the presentation and this guide and others identified during its development for those who would like to learn more.

Q. Have the people in the photographs and videos in your presentation given their consent?

A. We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviors of the people featured in this presentation.

QUESTIONS ABOUT THE SRHR OF WOMEN AND YOUNG PERSONS WITH DISABILITIES

Q. What do you mean by “SRHR”?

A. Please reference the definition provided in the Key Terminology section, which is adapted from UNFPA. Everyone has the right to realize her/his sexual and reproductive health and rights, which requires freedom of choice, accessible information, and service provision adapted for universal access. Multiple international agreements affirm the right to SRHR for all people.

Q. Why would someone with a disability need to know about SRHR topics?

A. Persons with disabilities have the same rights as all of us to knowledge about their SRHR and access to the services to protect it. Multiple international agreements, such as the CRPD, CEDAW, CRC, as well as ICPD, to which most nations are signatories, state this, and many nations acknowledge these rights in their legislative and policy planning and resource allocation. Persons with disabilities have the same interest in intimate relationships, having children, contraception, and preventing STIs as anyone else.

Q. If we talk about sex, won’t young people become more promiscuous?

A. Global research consistently shows that young persons (adolescents and youth) who receive comprehensive sexual education (CSE) **do not** have increased rates of sexual activity compared to their peers who do not receive CSE. Also, research reveals that young persons who receive this information have better SRH outcomes, such as delayed initiation of sexual intercourse, increased use of contraception and condoms, and more gender equitable relationships.² For more information on CSE, see UNESCO’s guidance on the topic.

Q. Are persons with disabilities interested in sex?

A. Persons with disabilities, like all people, experience varying levels of interest in sex and intimate relationships.³

Q. Can disabled women still get pregnant and have children? Can disabled men still get a woman pregnant?

A. Yes, women and men with disabilities can still become parents and raise children. Women with disabilities deserve the same quality health care before, during, and after a birth as other expecting parents.

Q. What does it mean to ensure Availability, Accessibility, Acceptability, and Quality of SRHR services? How does this apply to persons with disabilities?

A. The AAAQ Framework is a tool to ensure human rights principles are upheld. Applied to the issue of SRHR of persons with disabilities, it means that health care facilities, goods and services, and programs are present and sufficient; physically accessible and have accessible information; acceptable—respectful and sensitive—to the different populations using them; and scientifically and medically approved.⁴

QUESTIONS ABOUT GBV PREVENTION AND RESPONSE FOR WOMEN AND YOUNG PERSONS WITH DISABILITIES

Q. The presentation mentioned that women and young persons with disabilities are more likely to experience GBV as compared to their peers. What is GBV?

A. GBV includes any harmful act that is committed against a person's will and based on socially constructed gender differences between men and women. The most common forms of GBV are intimate partner violence and non-partner sexual assault but many other forms exist, including forced sterilization, female genital mutilation, and early and forced marriage. Women and young persons with disabilities may experience GBV at a higher rate due to people targeting them because of their disability and because they are female. For this reason, they need to understand their rights, know how to report violations, and know where to seek the necessary health and legal services.

Q. Can we really believe a person with disabilities, especially if young, who claims to have experienced GBV? Maybe this person was confused by or misunderstood the situation.

A. We need to believe *anyone* reporting violence and determine the most appropriate way to make them feel safe, to protect their physical and emotional health, to work with them to seek justice, and to involve the relevant authorities—such as health care providers and law enforcement, ideally with training in trauma-informed and rights-based care provision—to facilitate all of this. As the presentation indicated, young persons with disabilities, especially girls, are at high risk for GBV, so they need support and care when reporting their experience. For more information on what to do if someone reports GBV, see chapter 3 of UNFPA and Women Enabled International, *Women and Young Persons With Disabilities: Guidelines for Providing Rights Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*.

Q. The presentation said that some women with disabilities are in controlling relationships and that control can look a lot like care. What does this mean?

A. Sometimes people interpret intense and consistent attention from a partner or loved one, such as being told what to do, how to act, who to spend time with, etc., as care and concern. In fact, these are often controlling behaviors. Women with disabilities can be at risk of being in controlling relationships if they sometimes need support from another individual to carry out their daily tasks and this person uses that need to control the woman.

Q. How should we ensure that women and young persons with intellectual disabilities provide consent, such as in intimate relationships or to receive GBV response services?

A. Supported decisionmaking, informed consent, and survivor-centered services are good practices to use to protect the rights, dignity, autonomy, and choices of women and young persons with intellectual disabilities as they engage in intimate relationships or if they need GBV response services.⁵ Guidance for using these models appear in the references included here.

Q. How should we address the challenges of police response to persons with disabilities experiencing GBV and the limited accessibility of legal services?

A. Law enforcement, courts, and health service providers need to be educated about GBV, harmful gender norms, and the rights and needs of persons with disabilities who have experienced GBV. They should receive training on providing trauma-informed care and survivor-centered services and must be required to obtain informed consent and use supported decisionmaking as appropriate to ensure they act in accordance with the will of the survivor.⁶ Upholding these principles should be in their job descriptions and they should be held accountable for maintaining them. The coordination between law enforcement, courts, and service providers (health and legal) must also be strengthened to facilitate persons with disabilities receiving the full range of services to protect their rights and health.

Q. How can I help my community understand that women and young persons with disabilities face discrimination and exclusion that increase their likelihood of experiencing GBV?

A. Start by showing them this presentation! Also, the resources that informed this presentation and the additional ones included in this presentation guide, such as *Women and Young Persons With Disabilities: Guidelines for Providing Rights Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights* will provide the necessary language and framing to use for informing others about protecting the rights of women and young persons with disabilities. Community-based rehabilitation (CBR) is another tool for the social inclusion of persons with disabilities.⁷ Point of View's [Skin Stories](#) may also provide an interesting, informative and empowering way to connect with these topics through the blogs of persons with disabilities.

QUESTIONS ABOUT HUMAN RIGHTS, INCLUSIVITY, AND ACCESSIBILITY

Q. The presentation explained that multiple forms of discrimination intersect and compound the disadvantages faced by persons with disabilities. What does that mean? Can you give some examples?

A. Persons with disabilities may be discriminated against based on age, gender, sexual orientation, gender identity, income level, lack of education, race, and ethnicity. Sometimes they face discrimination based on their unique type of impairment and where they live, such as in a rural area or an institution. They may experience GBV and be targeted for it based on their specific disability. Pervasive gender inequality around the world means that women and girls with disabilities are even less likely than their peers without disabilities to receive necessary care and nutrition in their homes and are more likely to be excluded from family interactions and activities. The global lesbian, gay, bisexual, transsexual, queer, or intersex (LGBTQI) community faces high rates of persecution, discrimination, and violence.⁸ Young LGBTQI people may experience additional limitations, such as lacking support from family and access to sexuality education, limiting their understanding of sexual orientation and gender identity.⁹ Furthermore, LGBTQI activities or campaigns are sometimes not inclusive of persons with disabilities.¹⁰

Q. It's a challenge to find youth-friendly SRH services and GBV prevention and response services in our community and fully realize young persons' SRHR. The local government says they do not have resources for more training for health care workers and law enforcement. How are we supposed to address the SRHR- and GBV-related needs of individuals with disabilities?

A. This presentation and the included resources offer multiple recommendations to address the SRHR- and GBV-related information and service needs of women and young persons with disabilities. The AAAQ Framework is a good tool to reference for this. Some recommendations require resource allocation, such as hiring sign language interpreters for health care settings, making facilities more accessible to those using wheelchairs or assistive technology, or holding mandatory survivors with disabilities-informed GBV response training for law enforcement. These changes may require advocating with authorities at local or national levels. But some solutions do not require many resources, such as starting a social group at a school or community center for people living with disabilities and their allies or using an established SRHR resource from a library to share information. The WHO has guidelines for implementing CBR, which is a multisectoral approach to meet the needs of persons with disabilities and ensure their inclusion in their communities. Any of these endeavors should include working with the persons with disabilities to inform and lead this effort.

Q. How can we ensure women and young persons with disabilities understand their rights and know how to seek help and how to report violations?

A. Schools, families, service providers, law enforcement, courts, and organizations that work with and advocate for persons with disabilities need to educate women and young persons with disabilities in a way that is appropriate and adapted to their unique needs. This will ensure that they learn and understand their rights and know where to go and whom to speak with to report poor SRHR services or GBV. There are resources about protecting the rights of persons with disabilities that have been adapted to be more accessible, such as the easy-read version of the UNFPA and Women Enabled International Guidelines.¹¹

These stakeholders must also receive training on how to most appropriately serve the needs of women and young persons with disabilities and how to ensure their rights are upheld. This training should include guidance on obtaining informed consent and using supported decisionmaking as appropriate to ensure that stakeholders act in accordance with the will of the individual reporting an incident. For more information, see the recommendations provided in UNFPA and Women Enabled International's *Women and Young Persons With Disabilities: Guidelines for Providing Rights Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*, such as on supported decisionmaking and informed consent, and UNFPA's, *Young People With Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights*.

Q. As a civil society organization and DPO, how do we obtain the resources to make our health/legal services more inclusive, accessible?

A. One of the first steps to take is to follow the principles in the AAAQ Framework. Join a network or alliance that advocates for the rights of persons with disabilities. If one doesn't exist, start one! This serves several purposes: you can learn about funding opportunities for your efforts, present a united voice to national or sub-national policymakers to advocate for increased budget allocation for the needs of persons with disabilities, and recommend a partnership between your organization and a government office or agency to ensure disability rights are mainstreamed and services are more inclusive and accessible. An example of this type of advocacy is the International Disability and Development Consortium.¹² You can also apply for funding from foundations or grant-making organizations and government agencies, especially those that focus on social inclusion, human rights, health, and education. Also, partnering with these government departments is a good way to build their capacity on SRHR and GBV response and prevention, while ensuring the sustainability of these more inclusive and accessible services.

Q. What can I do so that my child with a disability realizes their SRHR and is protected from GBV?

A. It is crucial that parents, families, and caregivers of persons with disabilities recognize the agency of persons with disabilities and their right to dignity when seeking SRHR and GBV-related prevention and response services. Caregivers can support fulfilment of these rights but are sometimes overprotective, which limits the autonomy of persons with disabilities. Families need to give young people and adults with disabilities the space to make decisions about their bodies and in their relationships. Organizations that work with families of persons with disabilities can educate them on the best ways to see that their rights are realized. Supported decisionmaking is one of the ways parents and caregivers can do this.

Suggested resources for parents and caregivers of boys and girls with disabilities include the Vanderbilt Kennedy Center's *Healthy Bodies Toolkits for Boys and Girls*, which explains puberty, and DiAnn L. Baxley and Anna L. Zendell's *Sexuality Across the Lifespan: Sexuality Education for Children and Adolescents With Developmental Disabilities*, a manual for educators about CSE for students with developmental disabilities.¹³

Q. As an interested policymaker, how can I encourage my colleagues in the ministry/district government office to implement the reforms to make SRH services and GBV prevention and response services more inclusive, accessible, and effective?

A. Show them this presentation! Make sure they know about the international agreements that protect the rights of women, young persons, and persons with disabilities. Provide them with the Handbook for Parliamentarians on the Convention on the Rights of Persons With Disabilities. Schedule meetings between your colleagues in government and local DPOs and CSOs so that they can learn directly from persons with disabilities about their experience, as well as the needed reforms based on the AAAQ Framework to increase inclusivity and accessibility. Inform them that by implementing these reforms, they are helping to uphold the rights of all citizens in your community or country, which is essential for development. For more ideas, see the recommendations in UNFPA's *Young People With Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights*, such as disability-inclusive budgeting.

Q. How should I work with DPO efforts that are already taking place?

A. Speak with them to learn what you can do together! Mainstreaming of all SRHR and GBV information and services helps ensure that they are as inclusive as possible for the entire population. Those in a position to do so, such as donors and policymakers, need to alter existing practices and programs to be more disability inclusive. They must also allocate additional resources so DPOs and other service providers can provide accommodations that will make information and service provision as inclusive as possible, such as hiring more staff to accommodate the needs of persons with disabilities, adding the necessary assistive technology, and implementing universal design in their facilities as much as possible.

Q. In my community, some people believe that those with a disability will bring bad luck. Is this true?

A. This myth is rooted in a lack of understanding of persons with disabilities. Persons with disabilities will **not** bring bad luck and deserve the same human rights and respectful treatment that we all want and deserve.

QUESTIONS ABOUT FUNDING AND PARTNERS

Q. Who developed this presentation?

A. This presentation was developed by the United Nations Population Fund and Population Reference Bureau with the guidance of a global Technical Advisory Group comprised of researchers; advocates for disability and inclusion rights, SRHR, GBV prevention, and gender equality; and health professionals from UN agencies and DPOs.

Q. Who is funding this ENGAGE presentation?

A. This ENGAGE presentation was developed by UNFPA and Population Reference Bureau, and made possible through UNFPA's We Decide Programme, which is funded by the Spanish Agency for International Development Cooperation.

Frequently Asked Questions References

- 1 UNFPA, Gender-Based Violence, <https://www.unfpa.org/gender-based-violence>.
- 2 UNESCO, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach* (Paris: UNESCO, 2018), <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>.
- 3 Advocates for Youth (AFY), *Sexual Health Education for Young People With Disabilities: Research and Resources for Educators*, (Washington, DC: AFY, 2016), <https://advocatesforyouth.org/resources/fact-sheets/sexual-health-education-for-young-people-with-disabilities>.
- 4 WHO, AAAQ (Geneva: WHO, 2016), <https://www.who.int/gender-equity-rights/knowledge/AAAQ.pdf?ua=1>.
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- 11 UNFPA, *Your Rights: Information for Women and Young People with Disabilities* (New York: UNFPA, 2018), <https://www.unfpa.org/sites/default/files/resource-pdf/English-PDF-v2.pdf>.
- 12 International Disability and Development Consortium, Advocacy, <https://www.iddconsortium.net/resources-tools/advocacy>.
- 13 Holoboff Radford, Phillips, and Ortoleva, *Women and Young Persons With Disabilities*.

Key Terminology

This ENGAGE presentation uses a number of key terms defined here for clarity. The definitions are taken from two resources that provide an orientation and create a shared foundation for the ENGAGE: Anastasia Holoboff Radford, Suzannah Phillips, and Stephanie Ortoleva's *Women and Young Persons With Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons With Disabilities*, and the United Nations Population Fund's (UNFPA's) *Young People With Disabilities: Global Study on Ending Gender-Based Violence, and Realising Sexual and Reproductive Health and Rights*.¹ These resources, in turn, draw from other authoritative sources, and we have acknowledged them in our definitions to illustrate the common understanding of the terms.

AAAQ framework: a tool to ensure that health-related information, goods, and services be available, accessible, acceptable, and of good quality.²

Capacity: generally refers to “a patient’s ability to understand the significant benefits, risks, and alternatives to proposed healthcare and to make and communicate a healthcare decision. It is question- and decision-specific and should be documented relative to each decision. Capacity to consent should be assessed and documented for each treatment or plan of treatment. An individual is presumed to have capacity to make a healthcare decision, to give or revoke an advance directive, and to designate or disqualify a surrogate.” However, service providers and support staff must look to their national and local legal systems and professional standards for the definition applicable to their practice.

Comprehensive sexuality education (CSE): as defined by the United Nations Educational, Scientific, and Cultural Organization (UNESCO), a rights-based and gender-focused approach to sexuality education, whether in school or out of school, that aims to equip children and young people with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

Empowerment: as defined by UNESCO, the process by which people—both women and men—take control over their lives by setting their own agendas, gaining skills, building self-confidence, solving problems and developing self-reliance. No one can empower another: only the individual can empower herself or himself to make choices or to speak out. However, institutions including international cooperation agencies can support processes that can nurture empowerment of individuals or groups.

Gender: as defined by the United Nations Population Fund (UNFPA), the economic, social, and cultural attributes and opportunities associated with being male or female. In most societies, being a man or a woman is not simply a matter of different biological and physical characteristics. Men and women face different expectations about how they should dress, behave, and work. Relations between men and women, whether in the family, the workplace, or the public sphere, also reflect understandings of the talents, characteristics, and behavior appropriate to women and to men. Gender thus differs from sex in that it is social and cultural in nature rather than biological. Gender attributes and characteristics, including the roles that men and women play and the expectations placed upon them, vary widely among societies and change over time.

Gender-based violence (GBV): an umbrella term, according to the Inter-Agency Standing Committee, for any harmful act that is committed against a person’s will and that is based on socially ascribed (i.e. gender) differences between men and women. It includes acts that result in physical, sexual, or psychological harm or suffering, as well as threats of such acts, coercion, or deprivation of liberty. It is important to note that both men and women may experience GBV, although women and girls are overwhelmingly the victims of violence by men, with intimate partner violence and non-partner sexual violence among the most pervasive forms of GBV.

Gender equality: as defined by UNESCO, the existence of equal conditions for men and women to realize their full human rights and for contributing to and benefiting from economic, social, cultural, and political development. Gender equality is therefore the equal valuing by society of the similarities and the differences of men and women and the roles they play. It is based on women and men being full partners in their homes, their communities, and their societies.

Harmful practices: as defined by United Nations Office of the High Commissioner for Human Rights (OHCHR), constitute a form of violence against women and children and are deeply rooted in societal attitudes that regard women and girls as inferior to men and boys, leading to discrimination on the basis of sex, gender, age, and other grounds. Harmful practices, such as child, early, and forced marriage (CEFM) and female genital mutilation/cutting (FGM/C) often have a severe negative impact on health as well as educational attainment, especially for girls and women.³

Healthcare service providers: those who offer healthcare services in a systemic way. Examples include doctors, midwives, nurses, community health workers, and other individuals trained to provide health services.

Informed consent: the process of communication between a service provider and a service recipient that results in the service recipient providing consent voluntarily and without threats, intimidation, or inducements for a service, referral, or dissemination of the person's private information. The service recipient must receive counselling about the services available and potential alternatives in a language and form that is understandable to the service recipient.

Legal capacity: the right of persons with disabilities to recognition everywhere as people before the law. Under international human rights law, persons with disabilities have a right to legal capacity—which is distinct and independent from mental capacity—on an equal basis with individuals without disabilities. Supported decisionmaking mechanisms may be necessary to empower persons with disabilities to exercise their right to legal capacity.

Justice system: both formal and informal justice systems. Formal justice systems involve the state and its agents administering justice through the enforcement and application of laws. Mechanisms include law enforcement, prosecutors, and courts and judges. Informal justice systems refer to the range of mechanisms varying in formality involved in access to justice and rule of law but that exist outside of the traditional state justice structure. Informal justice systems may or may not be connected or recognized by the state. Mechanisms include mediation and other forms of adjudication by neutral third parties who are not part of the judiciary or formal justice system.

Persons with disabilities: the person-first language used by the Convention on the Rights of Persons With Disabilities and “include[s] those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Reasonable accommodation: based on the Convention on the Rights of Persons With Disabilities, the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.”

Reproductive health: according to the International Conference on Population and Development (ICPD) Programme of Action, the implication “that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health

care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant...” Reproductive health also includes sexual health, which encompasses all issues related to sexual activity, including pleasure and safety.

Reproductive rights: according to the ICPD Programme of Action, “the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents...”

Sexual and reproductive health and rights (SRHR): an umbrella term that refers to reproductive and sexual health, services, and rights within the areas of sexuality and reproduction. In the ICPD Programme of Action, reproductive health is defined as “a state of complete physical, mental and social well-being ... in all matters relating to the reproductive system and to its functions and processes.” It includes sexual health, including the ability to have a “safe and satisfying sex life and... the capability to reproduce and the freedom to decide if, when and how often to do so.” The latter criterion incorporates the right to be informed about and have access to safe, effective, affordable, and acceptable methods of family planning and the regulation of fertility, as well as access to appropriate health-care services. Reproductive rights include the basic right of individuals and couples to attain the highest standard of sexual and reproductive health, which necessitates their right to make decisions regarding their own reproduction, including the ability to decide the number, spacing, and timing of their children, free from coercion, discrimination, and violence.

Sexual health: according to the current working definition as set by the WHO, “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

Sexuality: according to the current working definition as set by the WHO, “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.”

Sexual violence: according to the WHO, “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”

Supported decisionmaking: replaces substitute decisionmaking models, such as guardianship. Supported decisionmaking “comprises various support options which give primacy to a person’s will and preferences and respect human rights norms. It should provide protection for all rights, including those related to autonomy (right to legal capacity, right to equal recognition before the law, right to choose where to live, etc.) and rights related to freedom from abuse and ill-treatment (right to life, right to physical integrity, etc.).”⁴ Substituted decisionmaking models perpetuate power imbalances, which can make women and young persons with disabilities especially vulnerable to gender-based violence and other forms of abuse and ill treatment.

Survivor-centered services: according to the Inter-Agency Standing Committee, “prioritize the rights, needs, dignity and choices of the survivor—including the survivor’s choice as to whether or not to access legal and judicial services.”

Twin-track approach: the requirement by the Convention on the Rights of Persons With Disabilities that states incorporate disability-sensitive measures into mainstream service delivery and provide disability-specific services that are necessary to facilitate the inclusion and participation of persons with disabilities.

Young persons with disabilities: persons with disabilities between the ages of 10 and 24, though this age range can change depending on the local context.

Key Terminology References

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Additional Resources

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UNESCO, *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach* (Paris: UNESCO, 2018), <https://www.unfpa.org/publications/international-technical-guidance-sexuality-education>.

WHO, *Handbook for Conducting an Adolescent Health Services Barriers Assessment (AHSBA) With a Focus on Disadvantaged Adolescents* (Geneva: WHO, 2019), <https://www.who.int/gender-equity-rights/knowledge/adolescent-health-services-barriers-assessment/en/>.

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Rashid Mehmood Khan, “Addressing SRHR Concerns Faced by Persons with Disabilities in Pakistan,” *ARROW for Change* 23, no. 3 (2017): 26–27.

African Child Policy Forum (ACPF), *Educating Children with Disabilities in Africa: Towards a Policy of Inclusion* (Addis Ababa: ACPF, 2011), <https://resourcecentre.savethechildren.net/node/6519/pdf/6519.pdf>.

SELECTED WEBSITES

International Disability and Development Consortium
<https://www.iddconsortium.net/>

International Disability Alliance
<http://www.internationaldisabilityalliance.org/>

Women With Disabilities Australia
<http://wwda.org.au>

Nossal Institute for Global Health,
University of Melbourne
<https://mbspgh.unimelb.edu.au/centres-institutes/nossal-institute-for-global-health>

CREA
<https://www.creaworld.org>

Women Enabled International
<https://www.womenenabled.org/>

World Health Organization
<https://www.who.int/disabilities/en/>

UCLA LGBTQ Resource Center
<https://www.lgbt.ucla.edu/Disabled>

Global Disability Rights Library
<http://www.widernet.org/egranary/gdrl>

Harvard Law School Project on Disability
<http://hpod.org/>

International Disability Rights Monitor
<http://idrmnet.org/>

SELECTED BLOGS

Sexuality and Disability
<https://medium.com/skin-stories/sexualitydisability/home>

Newz Hook
<https://newzhook.com/>

Safe Space Network: Resources for Queer People With Disabilities
<https://safespacenetWORK.tumblr.com/post/25280693869/resources-for-queer-people-with-disabilities>

