

December 20, 2011

Office of the United Nations High Commissioner for Human Rights United Nations
Office at Geneva
CH 1211 Geneva 10
E-mail: registry@ohchr.org

**Re: Call for Submissions on the Issue of Violence Against
Women and Girls with Disabilities**

To the Office of the High Commissioner for Human Rights:

Thank you for the opportunity to submit our comments on the issue of violence against women and girls with disabilities in advance of the Office of the High Commissioner for Human Rights (OHCHR) thematic study. Human Rights Watch welcomes and strongly supports the OHCHR's interest in examining violence against women and girls with disabilities, particularly in light of the multiple discrimination they experience and the limited information on this issue.

This submission is based on research and advocacy conducted by Human Rights Watch, in particular our report *"As If We Weren't Human": Discrimination and Violence against Women with Disabilities in Northern Uganda*, issued in August 2010,¹ our joint briefing paper on forced sterilization of women and girls with disabilities,² and our ongoing monitoring of the human rights situation of women and girls with disabilities.

Women and girls with disabilities face a heightened risk of physical and sexual violence. Many factors contribute to this risk, including limitations in physical mobility, isolation, and common myths about women and girls with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) provides that states parties must protect the human rights of all persons with disabilities, including through legislation and the provision of support services. Recognizing the unique difficulties faced by women and girls with disabilities, Article 6 of the CRPD specifically obligates governments to take measures to protect the human rights of women and girls with disabilities.

¹ Human Rights Watch, *"As If We Weren't Human": Discrimination and Violence against Women with Disabilities in Northern Uganda*, August 2010, available at <http://www.hrw.org/reports/2010/08/24/if-we-weren-t-human>.

² Human Rights Watch, *"Sterilization of Women and Girls with Disabilities"*, November 2011, available at <http://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>.

For the purpose of this submission, violence against women and girls encompasses “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.³ Such physical, sexual, and psychological violence may occur (1) in the family, including marital rape and female genital mutilation, (2) in the general community, including workplace sexual harassment and intimidation and trafficking, and (3) in ways that are condoned by governments.⁴

I. DATA AND STATISTICS

Women and girls with disabilities are often described as facing “double discrimination” – both resulting from their disability and from their status as women. This discrimination and stigma is common in the community and in the home, and impacts the ability of women and girls with disabilities to exercise their rights, to integrate into the community, and to become self-sufficient. There are very little data on violence against women and girls with disabilities. It is estimated that women with disabilities are 1.5 to ten times as likely to be abused, either physically or sexually, by a family member or caregiver as women without disabilities.⁵ Children with disabilities are 4 to 5 times more likely to experience violence and sexual abuse than non-disabled children.⁶

Research conducted in the United States found that women with disabilities experience violence by a larger number of perpetrators, at a higher frequency, and for a longer duration than women without disabilities.⁷ Serious health consequences are associated with intimate partner and sexual violence, including mental health issues, post-traumatic stress disorder, and reproductive health problems.⁸ Intimate partner violence during pregnancy may lead to miscarriage, stillbirth, or other complications.⁹

Girls with disabilities also experience physical and verbal abuse at home, as

³ United Nations General Assembly, “Declaration on the Elimination of Violence Against Women”, A/RES/48/104, December 1993, art. 1, available at <http://www.un.org/documents/ga/res/48/a48r104.htm>.

⁴ *Id.*, at art. 2.

⁵ Family Violence Against Women with Disabilities website, http://dawn.thot.net/violence_wwd.html (last accessed Nov. 28, 2011).

⁶ World Health Organization (October 2010). *Protection from harm and abuse*. Briefing paper WHO Europe. EUR/51298/17/PP/1. Sullivan, P. & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24 (10), 1257-1273.

⁷ Baylor College of Medicine, Violence Against Women with Disabilities Factsheet, 1992-2002, available at <http://www.bcm.edu/crowd/index.cfm?pmid=1409>.

⁸ World Health Organization website, <http://www.who.int/mediacentre/factsheets/fs239/en/> (last accessed Nov. 28, 2011). Family Violence Against Women with Disabilities website, http://dawn.thot.net/violence_wwd.html (last accessed Nov. 28, 2011).

⁹ *Id.*

described by this 16-year deaf girl in northern Uganda:

*"I was hated because I was deaf, even by my parents. My mother used to beat me so much. There was a time when another relative pierced me [points to a scar on her leg]. They say "You are always a problem. We will have police arrest you if you continue to cause problems." Even my brothers don't care about me. I think they are even happy because I am suffering. They tell me: "You are very stupid. We will fight you if you are not serious. We're not going to give you food.""*¹⁰

Some forms of violence are not limited to girls with disabilities but are experienced by children with disabilities in different parts of the world. Research in over 25 countries in the Americas, the United States, Eastern Europe and Russia, the Middle East and Asia documents violence and abuses against children with disabilities living in institutions, including the use of forced electroshock treatment, long-term restraints and systematic sedation.¹¹ Furthermore, children with disabilities still experience corporal punishment at a disproportionate rate. According to research carried out in the US in 2009, children with disabilities make up 19 percent of those who receive corporal punishment in schools, yet represent just 14 percent of the nationwide student population.¹² Forced sterilization is performed on women and girls with disabilities in many countries throughout the world.¹³ The purposes of forced sterilization include population control, menstrual management, and

¹⁰ Human Rights Watch interview with Margaret (a pseudonym), 16 year old deaf girl, Gulu, Uganda, May 16, 2010.

¹¹ Human Rights Watch, Open Letter to Mr. Loverdos, Greek Ministry of Health, June 14, 2011, <http://www.hrw.org/news/2011/06/14/open-letter-mr-loverdoss-greek-minister-health>. Disability Rights International, *Abandoned and Disappeared: Segregation and Abuse of Children and Adults with Disabilities in Mexico*, (2010), <http://www.disabilityrightsintl.org/media-gallery/our-reports-publications/>. Disability Rights International, *Torture Not Treatment: Electric Shock and Long-Term Restraint in the United States on Children and Adults with Disabilities at the Judge Rotenberg Center*, (2010), <http://www.disabilityrightsintl.org/media-gallery/our-reports-publications/>. Disability Rights International, *Torment Not Treatment: Serbia's Segregation and Abuse of Children and Adults with Disabilities*, (2007), <http://www.disabilityrightsintl.org/media-gallery/our-reports-publications/>. Disability Rights International, *Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities* (2006), <http://www.disabilityrightsintl.org/media-gallery/our-reports-publications/>. Disability Rights International, *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey* (2005), <http://www.disabilityrightsintl.org/media-gallery/our-reports-publications/>.

¹² Human Rights Watch, (2009), *Impairing Education: Corporal Punishment of Children with Disabilities in US Schools*, <http://www.hrw.org/reports/2009/08/11/impairing-education-0> (accessed September 1, 2011).

¹³ Human Rights Watch, "Sterilization of Women and Girls with Disabilities", November 2011, available at <http://www.hrw.org/news/2011/11/10/sterilization-women-and-girls-disabilities>.

pregnancy prevention.¹⁴ Research has found clear evidence of forced sterilization of women with disabilities, especially women and girls with intellectual or psychosocial disabilities, in several countries in Europe, as well as in Asia, Australia, Latin America, and the Middle East.¹⁵

II. LEGISLATION AND POLICIES

Key international instruments protect the rights to non-discrimination,¹⁶ freedom from violence,¹⁷ access to justice,¹⁸ and security of the person,¹⁹ including by requiring that governments have domestic legislation to protect these rights. Regional human rights instruments also contain parallel protections.²⁰

The CRPD explicitly recognizes the difficulties facing women and girls with disabilities, including multiple discrimination, and obligates states parties to “take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms” and “take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the [CRPD]”.²¹ In addition, the CRPD requires that states parties take affirmative steps to raise awareness of and foster respect for issues related to disability, including to combat stereotypes, prejudice, and harmful practices against persons with disabilities, such as those based on gender. Importantly, both the CRPD and the Convention on the Elimination of Discrimination Against Women (CEDAW) require states to take steps to eliminate discrimination by not only state actors, but also private actors, including any person, organization, or private enterprise.²²

¹⁴ *Id.*

¹⁵ European Disability Forum, “Violence Against Women: Forced Sterilization of Women with Disabilities is a Reality in Europe”, November 2009, available at http://www.edf-feph.org/Page_Generale.asp?DocID=13855&thebloc=26517; Human Rights Watch, “Futures Stolen: Barriers to Education for Children with Disabilities in Nepal”, August 2011, at 37, n. 147, available at <http://www.hrw.org/sites/default/files/reports/nepal0811ForWebUpload.pdf>; Sterilization Briefing Paper.

¹⁶ CRPD, arts. 3(b), 4(1), and 5; Convention on the Elimination of Discrimination Against Women (CEDAW), art. 5; Convention on the Rights of the Child (Child Rights Convention), arts. 2(1) and 4; International Covenant on Civil and Political Rights (ICCPR), art. 4.

¹⁷ CRPD, art. 16; CEDAW Committee General Recommendation No. 12 (eighth session, 1989); Child Rights Convention, art. 19(1).

¹⁸ CRPD, art. 13; CEDAW, art. 2(c); Child Rights Convention, art. 37; Human Rights Committee General Comment No. 31 (2004), para. 15.

¹⁹ CRPD, arts. 14, 16, and 28; CEDAW Committee General Recommendation No. 19 (11th session, 1992); ICCPR, art. 9.

²⁰ See, e.g., African Charter on Human and Peoples’ Rights (African Charter); The Protocol on Women’s Rights under the African Charter (Women’s Protocol).

²¹ CRPD, art. 6.

²² Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs; United Nations Population Fund; Wellesley Centers for Women, “Disability Rights,

The CRPD also requires that states parties “take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects”.²³ The CRPD reinforces the right of people with disabilities to found and maintain a family and to retain their fertility on an equal basis with others.²⁴ In addition, the CRPD provides that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination and that free and informed consent should be the basis for providing health care to persons with disabilities.²⁵

The Committee on the Elimination of Discrimination Against Women (CEDAW Committee), which monitors implementation of the treaty, recommends that states parties to CEDAW take “special measures to ensure that [women with disabilities] have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.”²⁶ General Recommendation 19 addresses violence against women and defines gender-based violence as “a form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men.”²⁷

The Convention on the Rights of the Child (CRC) ensures children’s rights without discrimination on the basis of disability,²⁸ and obliges states parties to protect children from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.²⁹ The CRC furthermore recognizes that a child with a mental or physical disability should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community.³⁰

Gender, and Development – A Resource Toll for Action”, 2008, p. 19. CEDAW also condemns discrimination against all women, and requires states parties to take all appropriate measures “to modify the social and cultural patterns of conduct of men and women with a view to achieving the elimination of prejudices . . . and all other practices which are based on the inferiority or superiority of either of the sexes.” (Article 5)

²³ CRPD, art. 16.

²⁴ CRPD, art. 23.

²⁵ CRPD, art. 25.

²⁶ CEDAW Committee General Recommendation No. 18 (tenth session, 1991), General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, available at <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>.

²⁷ CEDAW Committee General Recommendation No. 19 (eleventh session, 1992), General recommendations made by the Committee on the Elimination of Discrimination against Women, Division for the Advancement of Women, UN Department of Economic and Social Affairs, available at <http://www.unhchr.ch/tbs/doc.nsf/0/300395546e0dec52c12563ee0063dc9d?Opendocument>.

²⁸ CRC, art. 2.

²⁹ CRC, art. 19.

³⁰ CRC, art 23.

A number of international human rights instruments oblige governments to ensure that any person whose human rights are violated has an effective remedy.³¹ The CRPD specifically requires that governments provide persons with disabilities with effective access to justice and equal access to the judicial process.³² This includes the obligation of states to affirmatively promote the training of proper personnel associated with the administration of justice, including police officers.³³

III. PREVENTION AND PROTECTION

Programs aimed at the prevention of violence against women rarely include women and girls with disabilities. Research has pointed to the lack of education about issues related to violence against women and girls with disabilities as one important obstacle to maintaining safety, especially in the context of interpersonal violence.³⁴ Community-based victims' services agencies, including sexual abuse programs, shelters, and other crisis programs, as well as police departments, often lack the capacity to adequately serve women with disabilities.³⁵

Persons with disabilities are often stripped of their human rights under the pretext of protecting them from perceived harm or difficulties. However, this tendency by government officials, professionals, and others to protect women and girls with disabilities limits control over her own life.³⁶ Research shows that persons with disabilities are best able to maintain their safety when in control of their own support services.³⁷ Thus, programs aimed at training service providers and other professionals on how to protect victims of violence should be accompanied by empowerment-focused programs that provide women and girls with disabilities with information about their rights and the services available to them, and support their access to various service providers.³⁸

³¹ ICCPR, art.2(3)(a); CRPD, art. 13; CEDAW, art. 2(c); Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment, art. 4.

³² CRPD, art. 13.

³³ *Id.*

³⁴ VAWnet, "Interpersonal Violence and Women with Disabilities: A Research Update", September 2009, available at http://vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf.

³⁵ Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University, "Violence and Abuse Against People with Disabilities: Experiences, Barriers and Prevention Strategies, available at <http://www.directcareclearinghouse.org/download/AbuseandViolenceBrief%203-7-04.pdf>.

³⁶ Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University, "Violence and Abuse Against People with Disabilities: Experiences, Barriers and Prevention Strategies, available at <http://www.directcareclearinghouse.org/download/AbuseandViolenceBrief%203-7-04.pdf>.

³⁷ *Id.*

³⁸ Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University, "Violence and Abuse Against People with Disabilities: Experiences, Barriers and Prevention Strategies, available at <http://www.directcareclearinghouse.org/download/AbuseandViolenceBrief%203-7-04.pdf>.

Women and girls with disabilities often find themselves in relationships in which the same people who abuse them are those on whom they are dependent for financial support and access to services. Women and girls in these situations may be afraid to advocate for their rights because they fear they will lose that support if they do, which leaves them particularly vulnerable to abuse.³⁹ In addition, women in these situations may face heightened risk of contracting sexually transmitted diseases because they may not refuse sex or insist on condom use out of fear of abuse or being denied housing or other basic needs.⁴⁰

A June 2011 United Nations Population Fund (UNFPA) report examined efforts to prevent violence against women, including research on women with disabilities in Latin America and the Caribbean that found that there was a need for increased accessibility for persons with disabilities to basic services for sexually transmitted infections, pregnancy, and gender-based violence.⁴¹

Forced sterilization is often conducted under the pretext of the wellbeing of the person with a disability and framed within traditional social attitudes that characterize disability as a personal tragedy or a matter for medical management.⁴² Women and girls with sensory, mental, or intellectual disabilities may be particularly vulnerable to forced sterilization because of communication barriers and stigma.⁴³ Other highly marginalized ethnic groups, notably the Roma, are also often targeted for such practices. As such, women with disabilities from such ethnic groups may be at particular risk of forced sterilization.

Aggravating the problem is that in many countries, the practice of forced sterilization continues to be justified as a matter of government policy, as well as by medical professionals.⁴⁴ There is often a lack of appropriate services to support women and girls with disabilities in their decision to become parents, such as accessible sexual education and parenting programs, training in self-defense, and other community support services.⁴⁵

IV. PROSECUTION AND PUNISHMENT

³⁹ VAWnet, "Interpersonal Violence and Women with Disabilities: A Research Update", September 2009, available at http://vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf.

⁴⁰ *Id.*; Human Rights Watch, "Fact Sheet: HIV/AIDS and Disability", June 8, 2011, available at <http://www.hrw.org/news/2011/06/08/fact-sheet-hiv-aids-and-disability>.

⁴¹ UNFPA Report on the Promotion and Protection of the Rights of Persons with Disabilities, June 2011, available at http://www.unfpa.org/rights/Disabilities_Report.pdf.

⁴² *Id.*

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

Factors that hinder access to justice for women and girls with disabilities include dependency on family members and others (due to physical and communication barriers), isolation, paternalistic stereotypes, and a lack of access to information. One report on women with disabilities in Europe indicated that the double discrimination experienced by women with disabilities is particularly heightened in the context of the right to access to justice.⁴⁶ Specifically, the report noted that governments typically address gender-based violence and access to justice through legislation and policy, but that these policies lack any targeted focus on the particular needs of women with disabilities.⁴⁷

Women and girls with disabilities face many barriers to reporting incidences of violence compared with those without disabilities.⁴⁸ For example, women with intellectual disabilities may be less likely to report incidences of violence because of negative past experiences in which their complaints were dismissed or ignored.⁴⁹ Furthermore, retaliation for reporting instances of violence, such as being thrown out of the home as in the case of a woman in Fiji, can have a more devastating impact on women with disabilities because of the limited support services available.⁵⁰

VI. THE CASE OF UGANDA

Data and Statistics

According to a 2006 government study, approximately 20 percent of Ugandans have disabilities.⁵¹ However, there are no available data on the number of women with disabilities in Uganda. The 2006 Uganda Demographic and Health Survey indicated

⁴⁶ European Community Programme for Employment and Social Solidarity, “Study on the Situation of Women with Disabilities in light of the UN Convention for the Rights of Persons with Disabilities”, VC/2007/317, December 2009.

⁴⁷ *Id.*

⁴⁸ VAWnet, “Interpersonal Violence and Women with Disabilities: A Research Update”, September 2009, available at http://vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf; Naomi Navoce, “Services for women with disabilities needs improvement”, November 16, 2011, available at <http://www.pina.com.fj/?p=pacnews&m=read&o=184406124ec31e95c1fb9365506623>.

⁴⁹ VAWnet, “Interpersonal Violence and Women with Disabilities: A Research Update”, September 2009, available at http://vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf.

⁵⁰ VAWnet, “Interpersonal Violence and Women with Disabilities: A Research Update”, September 2009, available at http://vawnet.org/Assoc_Files_VAWnet/AR_WomenWithDisabilities.pdf; Naomi Navoce, “Services for women with disabilities needs improvement”, November 16, 2011, available at <http://www.pina.com.fj/?p=pacnews&m=read&o=184406124ec31e95c1fb9365506623>. Naomi Navoce, “Services for women with disabilities needs improvement”, November 16, 2011, available at <http://www.pina.com.fj/?p=pacnews&m=read&o=184406124ec31e95c1fb9365506623>.

⁵¹ Uganda Bureau of Statistics (UBOS) and Macro International Inc., “2006 Demographic and Health Survey”, August 2007, available at <http://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda%20DHS%202006%20Final%20%20Report.pdf>, p.22.

that seven out of ten Ugandan women experience physical or sexual violence, but it is suspected that this underestimates the actual numbers in part because of the decades-long conflict in Uganda.⁵²

In 2010, Human Rights Watch interviewed 64 women and girls with disabilities, of which 36 had physical disabilities, 12 were deaf, eight were visually impaired, one was hard of hearing, and seven had multiple disabilities. Twelve women had disabilities as a result of war, either through assault, gunshot wounds, mutilations, fires, or landmines.⁵³ Human Rights Watch found that over one-third of the women with disabilities interviewed reported having experienced some form of sexual and gender-based violence, including rape.⁵⁴

Legislation and Policies

Uganda has signed and ratified the CRPD, CEDAW, and the Convention on the Rights of the Child (CRC), and has acceded to the International Covenant on Civil and Political Rights and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment. Uganda is also a party to several regional instruments, including the African Charter on Human and Peoples' Rights and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol).

Although there is domestic legislation in Uganda protecting the rights of women with disabilities, little has been implemented in practice.⁵⁵ The domestic legislative framework in Uganda guarantees fundamental rights to persons with disabilities.⁵⁶ Article 32 of the Ugandan Constitution states that the government “shall take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them.” Article 35 states that “[p]ersons with disabilities have a right to respect and human dignity, and the State and society shall take appropriate measures to ensure that they realise their full mental and physical potential.”⁵⁷

Uganda has a Domestic Violence Act, which was signed into law in March 2010, and is an important piece of legislation that provides for the punishment of perpetrators of domestic violence, sets up procedures and guidelines for victims to seek redress, and allows victims to file for orders of protection.⁵⁸ During consultations of the bill,

⁵² Human Rights Watch, “‘As If We Weren’t Human’: Discrimination and Violence against Women with Disabilities in Northern Uganda”, August 2010, at 33 available at <http://www.hrw.org/reports/2010/08/24/if-we-weren-t-human>.

⁵³ *Id.* at 18.

⁵⁴ *Id.* at 34.

⁵⁵ *Id.* at 58.

⁵⁶ *Id.*

⁵⁷ *Id.*

⁵⁸ *Id.* at 35.

one women's organization suggested a category of "aggravated" crimes that would increase punishment for domestic violence committed against persons with disabilities, but this language fell out during negotiations due to opposition from some members of parliament.⁵⁹ The bill also does not specifically mention marital rape, and marital rape is not prohibited within the Ugandan Penal Code.⁶⁰

Prevention and Protection

During the war, Lord's Resistance Army rebels and Uganda People's Defense Force soldiers, among other actors, committed rape and other sexual violence against women and girls in northern Uganda.⁶¹ Women with disabilities who were unable to flee were particularly vulnerable to such attacks. Children with disabilities, particularly girls, are especially at risk of such setting because of physical and communication barriers and a perception that these children cannot identify the perpetrator or are less likely to report such incidents.

Women with disabilities reported that such violence against them was perceived to be punishment for their disabilities.⁶² Myths about women with disabilities, such as the belief that they are weak or asexual, has lead some who commit rape against women with disabilities to even consider it a favor.⁶³

Women with disabilities in northern Uganda also reported incidences of domestic violence.⁶⁴ Human Rights Watch found that women with disabilities are often trapped in abusive relationships due to poverty and stereotypes, and have limited opportunities for recourse.⁶⁵

Human Rights Watch knows of no government efforts to proactively protect women and girls with disabilities from sexual and gender-based violence in northern Uganda, or to dispel perceptions about women and girls with disabilities that increase their vulnerability.⁶⁶

Prosecution and Punishment

Women and girls with disabilities in northern Uganda are commonly denied justice in connection all types of violence. Stigma associated with both rape and disability discourage reporting, including the fear by women that if they report rape they will be perceived as promiscuous.⁶⁷ In addition, barriers to mobility and communication

⁵⁹ *Id.*

⁶⁰ *Id.*

⁶¹ *Id.* at 32.

⁶² *Id.*

⁶³ *Id.* at 34.

⁶⁴ *Id.*

⁶⁵ *Id.* at 35.

⁶⁶ *Id.* at 7.

⁶⁷ *Id.* at 35-36.

make reporting acts of violence inaccessible to many women and girls with disabilities.⁶⁸

In Uganda, several factors make it difficult for women with disabilities to successfully prosecute rape. These include police corruption, a lack of appropriate forms, the requirement for medical examination, and the reluctance of some medical examiners to testify.⁶⁹ The barriers to prosecution are compounded for women with disabilities, who may have difficulties communicating or getting around.⁷⁰ Several of the women who spoke to Human Rights Watch indicated that their attempts to seek justice for sexual and gender-based violence had failed.⁷¹ In fact, such women were often encouraged to informally mediate with respect to incidents of such violence instead of trying to prosecute.⁷² There are no known cases of successful criminal prosecution of rape in Northern Uganda between 2002 and 2010.⁷³

Recovery, Rehabilitation and Social Reintegration

Human Rights Watch found that health care in northern Uganda is insufficient to reach many persons with disabilities.⁷⁴ Getting to health centers often requires that women with disabilities to rely on the assistance of others to travel far distances.⁷⁵ This prevents many women and girls with disabilities from accessing necessary health services. For example, women with disabilities reported that, after being raped, they did not undergo HIV testing because they could not reach a health clinic or, if they did reach a health clinic, they were not treated.⁷⁶ For example, some women with disabilities reported that health care personnel discouraged them from seeking health services, told them to go to the police instead, or made derogatory remarks to them.⁷⁷

The Peace, Recovery, and Development Plan, which is the Ugandan government's policy for rebuilding northern Uganda after the conflict, and which included in its objective building health centers, has largely ignored vulnerable groups needing health services, such as women with disabilities.⁷⁸

VI. RECOMMENDATIONS

⁶⁸ *Id.* at 36.

⁶⁹ *Id.* at 9.

⁷⁰ *Id.*

⁷¹ *Id.*

⁷² *Id.*

⁷³ *Id.* at 37.

⁷⁴ *Id.* at 9.

⁷⁵ *Id.*

⁷⁶ *Id.* at 10.

⁷⁷ *Id.*

⁷⁸ *Id.* at 23.

Human Rights Watch has the following recommendations with respect to violence against women and girls with disabilities:

To Government Ministries:

(1) Incorporate the perspectives and rights of women and girls with disabilities into existing sensitization programs on community participation, health care (including reproductive health), HIV/AIDS, access to justice, and sexual and gender-based violence among other topics.

(2) Undertake targeted efforts to inform women and girls with disabilities of these programs and encourage their participation. This may include arranging appropriate transportation and providing sign language interpretation.

(3) Incorporate information on how to respect the rights and dignity of women and girls with disabilities into existing trainings of police officers, justice officials, health workers, and others who interact with women with disabilities on the issue of sexual and gender-based violence.

(4) Allocate sufficient funds to gender and disability programs and services for women and girls with disabilities who experience sexual and gender-based violence.

(5) Recognize that only women with disabilities themselves are able to give valid consent to their own sterilization. Family members, legal guardians, medical practitioners, and public officers are not able to consent to sterilization on a woman's behalf. In addition, perceived mental incapacity does not invalidate the requirement of free and informed consent of the woman herself as the sole justification for sterilization.

To United Nations Agencies and Development Partners:


(1) Work together with the local authorities to collect data on the numbers of women and girls with disabilities reporting cases of gender-based violence, including what kind of disability they have, in order to identify the scope of the problem and possible solutions and interventions.

(2) Based on collected data, work together with local governments to develop inclusive programs for women and girls with disabilities, including accessible information on procedures to follow in cases of gender-based violence and training for staff on addressing sexual and gender based violence cases involving women with disabilities.

(3) Include women with disabilities in working groups on gender-based violence to include their perspectives.

We hope you will find these comments useful and would welcome an opportunity to discuss them further with you. Thank you for your consideration of these issues.

Sincerely,

A handwritten signature in black ink, reading "Shantha Rau Barriga". The signature is written in a cursive, flowing style.

Shantha Rau Barriga
Disability Rights Researcher/Advocate
Human Rights Watch