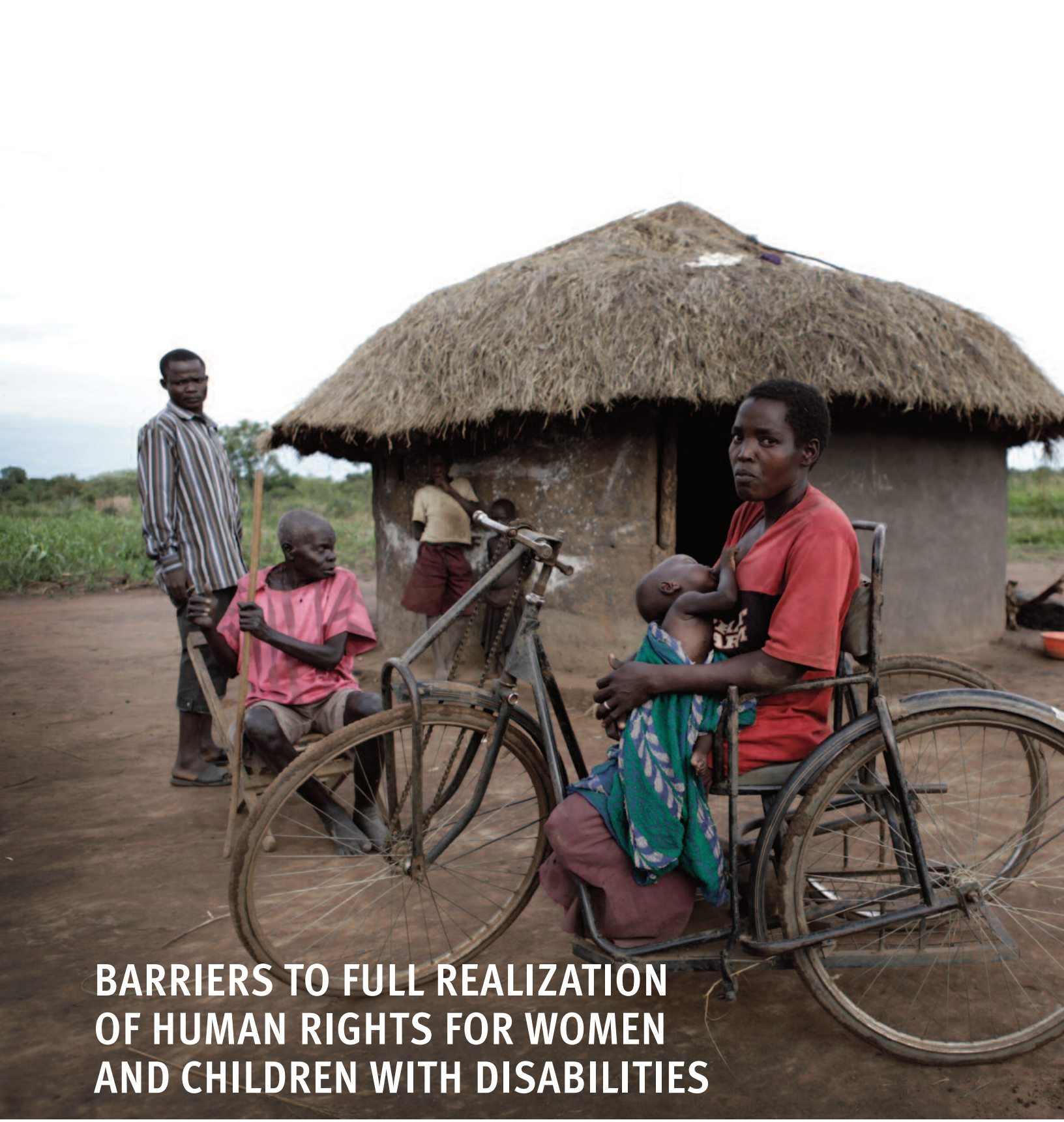
HUMAN RIGHTS WATCH

HUMAN RIGHTS FOR WOMEN AND CHILDREN WITH DISABILITIES



BARRIERS TO FULL REALIZATION OF HUMAN RIGHTS FOR WOMEN AND CHILDREN WITH DISABILITIES

A woman with mobility impairments uses a hand-crank bicycle to move around her village.

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There are an estimated one billion people, or 15 percent of the world's population, living with a disability, according to the World Health Organization. Despite this, people with disabilities face barriers to inclusion and their needs are often given low priority. Women and children with disabilities are particularly vulnerable to discrimination. They experience multiple discrimination—both from their disability and their age or gender. In many parts of the world, it is common practice to isolate, abuse, and deny basic human rights to these particularly vulnerable groups.

The Convention on the Rights of Persons with Disabilities (the "Disability Rights Convention") explicitly recognizes the difficulties facing women and children with disabilities, including multiple discrimination. The Convention in articles 6 and 7 obligates governments to "take all appropriate measures to ensure the full development, advancement and empowerment of women" and ensure that children with disabilities enjoy human rights "on an equal basis with other children." The Convention on the Rights of the Child reaffirms this latter principle in article 23, stating that governments should make sure that children with disabilities "enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community."

Importantly, both article 4 of the Disability Rights Convention and article 2 of the Convention on the Elimination of Discrimination against Women require governments to take steps to eliminate discrimination by not only the government and government officials, but also private actors, including any person, organization, or private enterprise.

Human Rights Watch has conducted numerous investigations into human rights abuses against women and children with disabilities, including on the following topics:

- Sexual and Gender-Based Violence Targeted at Women and Girls with Disabilities;
- Discrimination in Health and Reproductive Rights, including Forced Sterilization and HIV and Disability;
- Barriers to Education for Children with Disabilities;
- Violence against Children with Disabilities in Schools; and
- Abuses in Institutions.

This woman has communicative and physical disabilities. She was attacked and raped by a neighbor. Her husband also has a physical disability.

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SEXUAL AND GENDER-BASED VIOLENCE TARGETED AT 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, communication barriers, isolation, and common myths that persons with disabilities are weak, stupid, or asexual. It is estimated that women with disabilities are 1.5 to 10 times more likely to be abused, either physically or sexually, by a family member or caregiver than women without disabilities. Children with disabilities are 4 to 5 times more likely to experience violence and sexual abuse than non-disabled children.

Women with disabilities have a greater chance of being raped because men perceive them as less able to defend themselves or demand justice for violence. Unfortunately, in many cases, these suppositions are true. For women with disabilities, the process of reporting violence is made more difficult by factors such as long distances to travel from remote areas on inaccessible roads or without accessible transport to police posts or lack of sign language interpreters.

The United Nations Committee on the Elimination of Discrimination against Women addresses violence against women in General Recommendation No. 19 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." Additionally, under article 16 of the Disability Rights Convention, governments shall "take all appropriate legislative, administrative, social, education 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."

Irene's Story

"One night, when I was sleeping alone, a man who was drunk entered my home and started raping me. My husband was not around. He had gone to look for food. No one came to rescue me, and the man raped me and beat me. I know the man. He lives in the neighborhood. The man was arrested and was held for only one day."

Irene, a woman with communicative and physical disabilities in Uganda

Irene is a woman with communicative and physical disabilities who communicates with her husband, who has a physical disability, through a combination of a few words, facial expressions, and hand gestures. Her husband explained to Human Rights Watch, "I can't stay away from home. I heard there was food distribution at another camp…I went there, but that place was far, and I stayed there for a night. [My] neighbor came back [before me] and raped my wife." In a follow-up interview with Irene alone, she told Human Rights Watch that her husband had also beaten her in the past. As a result of severely limited ability to move and communicate, Irene has little recourse and almost no ability to report the assaults to others.

DISCRIMINATION IN HEALTH AND REPRODUCTIVE RIGHTS

Throughout the world, an alarming number of women and girls with disabilities have been, and continue to be, denied reproductive and sexual rights through the practice of forced sterilization. Forced sterilization occurs when a person is sterilized after expressly refusing the procedure, without her knowledge, or is not given an opportunity to provide consent.

The purposes of forced sterilization include eugenics-based practices of population control, menstrual management and personal care, and pregnancy prevention (including pregnancy that results from sexual abuse). In many countries, the practice of forced sterilization continues to be debated and justified by governments, legal, medical, and other professionals, and family members and caregivers as being in the "best interests" of women and girls with disabilities.

However, arguments for their "best interests" often have little to do with rights and more to do with social factors, such as avoiding inconvenience to caregivers, the lack of adequate measures to protect against the sexual abuse and exploitation of women and girls with disabilities, and the lack of adequate and appropriate services to support women 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. In many cases, forced sterilization is a result of attitudes that characterize disability as a personal tragedy or matter for medical management and rehabilitation.

The difficulty some women and girls with disabilities may have in understanding or communicating what was done to them increases their vulnerability to forced sterilization. A further aggravating factor is the widespread practice of legal guardians or others making life-altering decisions for persons with disabilities, including consenting to sterilization on their behalf.

Sterilization is an irreversible medical procedure with profound physical and psychological effects. The International Federation of Gynecology and Obstetrics has characterized forced sterilization as an act of violence, a form of social control and a violation of the right to be free from torture and other cruel, inhuman or degrading treatment or punishment.

According to article 23 of the Disability Rights Convention, people with disabilities have the right to found and maintain a family and to "retain their fertility on an equal basis with others." Article 12 of the Convention also ensures that people with disabilities can make their own choices, including when it comes to fertility and medical procedures, by providing a right to "enjoy legal capacity on an equal basis with others in all aspects of life." When medical procedures are performed without authorization, this can be a form of torture or other cruel, inhuman, or degrading treatment, as rearticulated in article 15 of the Disability Rights Convention. Forced sterilization, which keeps women with disabilities from starting families and is often done without their consent, is a violation of these human rights principles.

Two sisters with disabilities, at their village in Gulu district, Uganda.
One sister is deaf, and the other has a physical disability.

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HIV AND DISABILITY

After being raped, Charity was unable to get HIV post-exposure prophylaxis and other necessary treatment. She and other rape survivors with physical disabilities told Human Rights Watch that it is especially difficult to travel the long distances to health centers. As a result, they "live without knowing."

Women with disabilities are particularly vulnerable to HIV infection, and especially unlikely to have access to antiretroviral drugs. All of the risk factors associated with HIV are compounded for women with disabilities: poverty, stigma, inability to negotiate safe sex, increased risk of violence and rape, and lack of access to services and information.

Women with disabilities are frequently abandoned by their partners, and each new partner brings a heightened risk of HIV infection. In northern Uganda, women with disabilities who were raped told Human Rights Watch that they did not undergo HIV testing afterward because they were unable to reach a health clinic. In one case, hospital staff were uncooperative and told the rape victim to go to the police instead. Healthcare personnel are sometimes hostile toward women with disabilities and make derogatory remarks, including questioning why a woman with a disability would ever engage in sex or have a child.

Filda, a landmine survivor, has HIV and has to travel a far distance to get her anti-retroviral drugs.

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Denial of Education and Information about Sexual Health

"Everything that has to do with sex [for persons with disabilities] is taboo."

Silvia Valori, a disability rights activist in Argentina

It is commonly assumed that individuals with disabilities are not sexually active, but research shows that they are as likely to be as sexually active, and engage in the same kinds of sex (including homosexual sex) as their non-disabled peers. However, they are less likely to receive information about HIV prevention and safe sex, and are less likely to have access to prevention methods such as condoms.

Often, this is because people with disabilities are shut out of education, including on sexual and reproductive health. They are considered a distraction in schools, or incapable of learning. In many parts of the world, children with disabilities do not go to school because schools are physically inaccessible. The World Bank estimates that as many as 97 percent of all individuals with disabilities—and 99 percent of women with disabilities—are illiterate.

"I would have to crawl a long distance to get tested for HIV and sleep on the road on the way there, so I just live without knowing."

Charity, a Ugandan woman with a physical disability who cannot walk

Stigmatizing beliefs also play a part in this discrimination. In many societies, it is widely accepted that women with disabilities are asexual and therefore cannot be infected. In high HIV-burden countries, myths persist that sex with a virgin can cure AIDS, making women and girls with disabilities targets of sexual violence.

The Disability Rights Convention calls for "the highest attainable standard of health without discrimination on the basis of disability." In addition, article 15 of the Convention requires that health services for persons with disabilities be "gender-sensitive" while providing "the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs." Article 25 of the Disability Rights Convention also states that governments shall "provide these health services as close as possible to people's own communities, including in rural areas."

BARRIERS TO EDUCATION FOR CHILDREN WITH DISABILITIES

Millions of children with disabilities worldwide are deprived of the right to attend school. It is estimated that children with disabilities represent more than one-third of the 67 million children who are out of school worldwide. In some countries, according to the UNESCO Education for All initiative, the chances of a child with a disability not attending school are two or three times greater than a child without a disability.

Children with disabilities are often denied admission or have to leave school permanently because of inaccessible schools, inadequately trained teachers, or lack of awareness among parents and school staff. Some parents of children with disabilities who are unable to find schools or support to educate their children say they have no choice but to lock their children in a room or tie them to a post while they go to work or complete daily chores.

Although many governments promote an inclusive education system, whereby children with and without dis-

(above) Amman, a 16-year old boy with physical disabilities, uses his tricycle to get to school. His school does not have a toilet that he can use independently, so he must refrain from going to the bathroom all day or has to ask another child to run to fetch his mother at their home so she can assist him.

(opposite) A resource class for children with intellectual disabilities at Mahendranagar Secondary School in the far western region of Nepal. The number of students in this class varies from 2 to 15. Human Rights Watch research found that children with disabilities have lower attendance and higher drop out rates than other children due to inadequately trained teachers, lack of appropriate teaching materials, lack of awareness of the right to education among parents, and negative parental attitudes about the learning capabilities of their children, among other factors.

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abilities attend school together in their community, in practice, many societies have a system of separate schools for deaf, blind, and children with physical and intellectual disabilities, and segregated classes for children with disabilities in mainstream schools.

The Disability Rights Convention provides that children with disabilities are entitled to the same rights as other children, including the right to inclusive education. This means that children with and without disabilities should be able to attend schools in their communities without discrimination. Article 24 of the Convention specifically calls for an "inclusive education system" that allows for the participation of children with disabilities at all levels. The focus of an educational system that includes children with disabilities should be to adapt the environment and teaching methods to support the needs of all students.

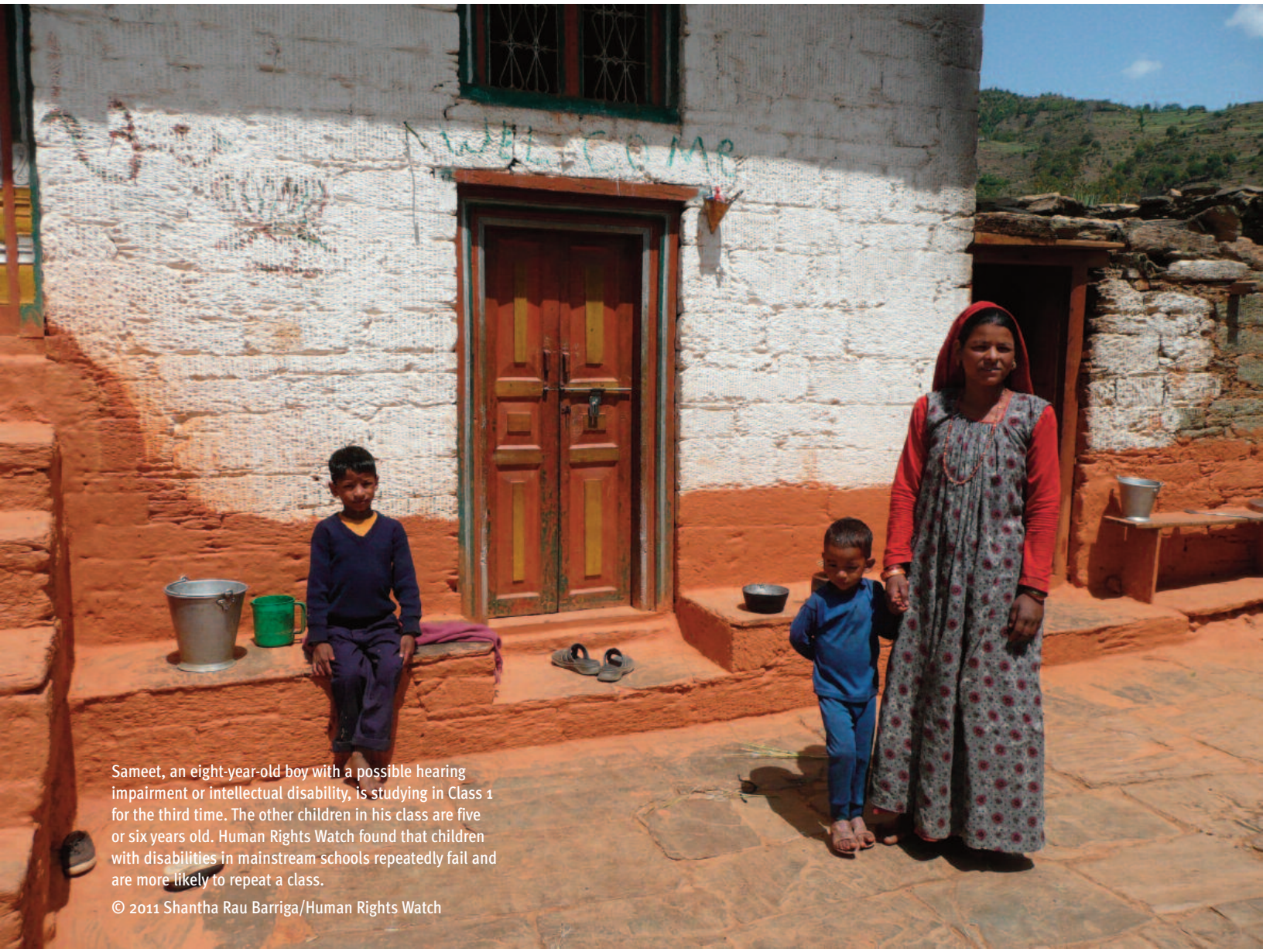
Amman's Story

In 2011, Human Rights Watch met Amman, a 16-year-old boy with a physical disability that limits his movement and speech. Amman started attending school two years before in his village in far western Nepal. He was then in Class 2. His classmates were between 7 and 10 years old. His 11-year-old brother attended the same school but studied in Class 4.

Amman used a tricycle, which was pushed by his mother or other children in the community, to get to school. Because the school entrance had two steep steps and no ramps, Amman had to crawl to his classroom.

His mother, Lakshmi, told Human Rights Watch, "Amman sits [alone] on a smaller chair in the corner. He sometimes drools, so the other children don't feel easy about sitting near him."

Amman has to refrain from using the toilet while in school from 10 a.m. to 4 p.m. When he needs to use the toilet during the day, another child has to run home to fetch his mother to assist him. The teachers say that if he has stomach problems, his mother should not bother bringing him to school.



Sameet, an eight-year-old boy with a possible hearing impairment or intellectual disability, is studying in Class 1 for the third time. The other children in his class are five or six years old. Human Rights Watch found that children with disabilities in mainstream schools repeatedly fail and are more likely to repeat a class.

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VIOLENCE AGAINST CHILDREN WITH DISABILITIES IN SCHOOLS

In many parts of the world, children with disabilities are subjected to violent discipline in schools. According to data from the United States Department of Education, Office for Civil Rights, 41,972 students with disabilities in the US received corporal punishment in the 2006-2007 school year. In some instances, students with disabilities receive corporal punishment at higher rates than students in the general population:

In North Carolina in 2010-11, for example, 22 percent of students receiving corporal punishment were students with disabilities, though they make up just 12 percent of the state's student body.

In the US, corporal punishment typically takes the form of "paddling," a practice that is legal in 19 US states and consists of an educator hitting a child repeatedly on the buttocks with a long wooden board. Along with paddling, students with disabilities are routinely punished by additional forms of violence including hitting children with other objects, slapping, pinching, striking, or grabbing children with enough force to bruise, throwing children into walls or floors, and injuring children in the course of restraint.

Corporal punishment, which is never appropriate for any child, can be doubly harmful to children with disabilities. First, students with disabilities in the US may be punished for behaviors that manifest from their disability. Students with autism are particularly likely to be punished for behaviors common to their condition, stemming from difficulties with appropriate social behavior. Second, some students with disabilities may see their medical conditions worsened as a consequence of the punishment itself. Among families interviewed by Human Rights Watch, episodes of corporal punishment directly preceded children's regression in developmental terms, particularly for children with autism.

Children with disabilities also face violence in schools from their peers, particularly in the form of bullying. According to research in North America, children with disabilities and learning difficulties are vulnerable to exclusion, discrimination, and bullying in schools. Children with speech defects or whose movements are affected by conditions such as multiple dystrophy are also frequent targets of bullying. A study in South Africa found that children with disabilities are sometimes referred to by their disability as if it were their name. Studies covering seven countries in the Middle East and North Africa found that children with learning difficulties were at a high risk of being both the victims and perpetrators of bullying inside and outside of schools.

According to article 19 of the Convention on the Rights of the Child, governments are obligated to protect children from "all forms of physical or mental violence" including while in school. Corporal punishment of children and lack of protection against other violence in schools infringes on this human rights principle and violates children's right to physical integrity.

Landon K.'s Story

Landon K., a 6-year-old boy with autism, was in elementary school in the US state of Mississippi when his assistant principal, "a big, 300-pound man, picked up an inch-thick paddle and paddled him" on the buttocks. His grandmother, Jacquelyn K., told Human Rights Watch, "My child just lost it.... He was screaming and hollering.... It just devastated him." Jacquelyn knew that paddling was harmful for children with autism: "I had already signed a form saying they couldn't paddle. I sent that form in every year.... When a child with autism has something like that happen, they don't forget it. It's always fresh in their minds."

Landon was traumatized and became terrified of school. "He was a nice, quiet, calm boy," noted Jacquelyn, but after the paddling, "he was screaming, crying, we had to call the ambulance, they had to sedate him.... The next day, I tried to take him to school, but I couldn't even get him out of the house. He was scared of going over there, scared it would happen again.... We carried him out of the house, he was screaming. We got him to school but had to bring him back home.... Now he has these meltdowns all the time. He can't focus, he cries."

Jacquelyn withdrew Landon from school, fearing for his physical safety and mental health. She was threatened by truant officers: "[They] said I'd go to jail if I didn't send him back to school.... If I felt he would have been safe in school, he would have been there. I'm sure they would have paddled him again. I don't trust them. If they don't know what they're dealing with, how can they teach a child? And the sad thing about it, he can learn. He can learn."

ABUSES IN INSTITUTIONS

Human rights continue to be violated in psychiatric institutions, orphanages, and other social care facilities around 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.

In Croatia, Human Rights Watch found that more than 70 percent of people with intellectual or mental disabilities living in nine institutions were there without their consent or the opportunity to challenge the decision to keep them there. Living out grim and regimented days, they could not even take a shower in private and were deprived the ability to make even basic decisions, including what to eat and what time to sleep. Many residents had been living in these institutions for most of their lives.

Senada H., a woman who was formerly institutionalized, reported that the building she used to live in only had one bathroom for 20 people, both men and women. If a resident wanted to take a shower, another resident would have to stand guard to make sure no one walked in. Lack of privacy can be especially detrimental to women and children with disabilities as it is strongly related to poor mental health, poor social relationships, and poor child care.

The Disability Rights Convention provides protection for people with disabilities from placement in institutions, stating in article 19 that they have an "equal right to live in the community." According to the UN Office of the High Commissioner for Human Rights, one of the most effective ways of supporting individuals with disabilities in the community is through supportive and independent community living programs that provide housing in individual or group apartments in the community, individual support for community living, and freedom to interact with the community.

Abuses against Children with Mental Disabilities in Ghana

In different parts of the world, children with mental disabilities are admitted to overcrowded and unsanitary psychiatric hospitals and other mental health facilities against their will, where they are subject to a wide range of abuses. In Ghana, for example, Human Rights Watch found that children with mental disabilities are subjected to forced detention and forced fasting while being denied access to medical services. Solomon, a 9-year-old-boy who was taken to a prayer camp (spiritual healing center), told Human Rights Watch, "I have been fasting for 21 days; I feel pains in my stomach, my head, and my whole body." Solomon was chained in a padlocked room with 20 adult men.

Victoria, a 10-year-old-girl, shoeless and covered with dirt, was chained to a tree outside at Nyakumasi Prayer Camp. She had a serious skin disorder with crusting and bumps over both arms. When asked about this condition, the head of the prayer camp said it was Victoria's mother's responsibility to buy medication.

Despite its name, the Children's Ward at Accra Psychiatric Hospital houses people ranging from 14 to 40 years of age, making the children in the ward particularly vulnerable to abuse. During a visit to the ward by Human Rights Watch, dormitories were dirty and children slept on thin mattresses on the floor, some lying down naked next to their feces. There was a shortage of trained staff in the Children's Ward, with only two staff caring for more than 20 people at night, despite their complex needs. In some cases, children with intellectual disabilities were given psychotropic medications, although they did not need them.

(opposite) A 10-year-old Ghanaian girl with a mental disability, chained to a tree in an open compound at Nyakumasi Prayer Camp, a spiritual healing center in the Central Region of Ghana, January 2012.

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Human Rights Watch Reports Addressing the Rights of Women and Children with Disabilities (available at www.hrw.org)

Impairing Education:
Corporal Punishment of Students with Disabilities in US Public Schools
(August 2009).

"As if We Weren't Human":
Discrimination and Violence against Women with Disabilities in Northern Uganda
(August 2010).

Illusions of Care:
Lack of Accountability for Reproductive Rights in Argentina
(August 2010).

"Once You Enter, You Never Leave":
Deinstitutionalization of Persons with Intellectual or Mental Disabilities in Croatia
(September 2010).

Futures Stolen:
Barriers to Education for Children with Disabilities in Nepal
(August 2011).

"Like a Death Sentence":
Abuses against Persons with Mental Disabilities in Mental Health Facilities in Southern Ghana
(forthcoming October 2012).

Youth in Solitary Confinement in Jails and Prisons Across the United States
(forthcoming October 2012).

Cover photo:
Filda, who lost her leg in landmine explosion in Uganda, sits with three children. She faces discrimination in her community and has not benefited from government livelihood assistance programs.
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