**International Disability Alliance (IDA)**

Down Syndrome International, Inclusion International,

International Federation of Hard of Hearing People,

World Blind Union, World Federation of the Deaf,

World Federation of the DeafBlind, World Network of Users and Survivors of Psychiatry,

Arab Organization of Disabled People, European Disability Forum,

Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus familias (RIADIS), Pacific Disability Forum

**IDA submission to the CRC Committee on**

**the right of adolescents with disabilities**

IDA welcomes the initiative of the Committee on the Rights of the Child to formulate a General Comment on the rights of adolescents with disabilities and encourages the Committee to ensure that its discussion and ensuing outcome document/and or General Comment on the subject fully include the perspective and rights of youth / adolescents with disabilities in line with the latest developments and standards of international human rights law as enshrined in the Convention on the Rights of Persons with Disabilities.

The period of adolescence is a time of rapid and dynamic change physically, emotionally and socially which brings young people into many new and diverse situations of learning and exploration. Harnessing and nurturing their skills and the exercise of their rights will ensure that adolescents are both a major human resource for development and key agents for social change, economic development and technological innovation. The ways in which the challenges and potentials of young people are addressed by policy will influence current social and economic conditions and the well-being and livelihood of future generations.[[1]](#footnote-2)

The world is currently witnessing the largest ever youth cohort in history, all in the midst of rapid forces of globalization, escalating demographics, climate change, knowledge-fuelled pursuit, and shifting inequalities[[2]](#footnote-3). These are shaping the situation of children and young people and setting the post-2015 path. Not surprisingly, targets in social development both at the country and global levels are aiming clearly at children, women and youth.[[3]](#footnote-4)

**Challenges**

Youth with disabilities are among the poorest, and most marginalised of all young persons. Worldwide 80% of 180-220 million youth with disabilities are estimated to be in developing countries facing barriers particularly in the areas of access to education, employment, health care and social services.[[4]](#footnote-5) In 2014, the Conference of States Parties to the Convention on the Rights of Persons with Disabilities held an event on youth with disabilities which identified key challenges:[[5]](#footnote-6)

* an expected rise in the number of youth with disabilities, particularly in low, and middle income countries resulting from better treatment access for infants with disabilities, increased disabling injuries in the military, and greater chronic disabling illnesses and mental health conditions most of which appear during adolescence.
* Exclusion due to stigma of young persons with disabilities leading to social isolation and discrimination which may lead to them being hidden at home or being sent to institutions; exclusion from decision making on where and with whom to live and engagement in civic participation.
* poverty of youth with disability and their households; families with a child with disabilities are more likely to face poverty, due to additional demands on household income for medical care and disability-related expenses, and the need for parents and family members to take on caregiving roles and the loss of income-generating activities in order to stay home and provide support. The result is that households with members with disabilities generally have lower incomes than other households and are more likely to live below the poverty line.
* Inaccessibility of general and specialist health care, particularly rehabilitation, in terms of communications, information, affordability (assistive devices) and the environment.
* Exclusion from education due to segregation, inaccessibility, lack of awareness and capacity of teachers; the cumulative lack of adequate primary education can consequently hinder higher and further education or employment, including apprenticeships and job training.
* Youth with disabilities with poor education and weak skills are at greater risk of unpaid work, receiving lower wages or facing unemployment and exploitation.
* Lack of data on youth with disabilities and the need for research particularly in the low/middle income countries, beyond current information from higher income countries which are primarily on formal education or health care systems, and transition to work programmes;
* Continued lack of visibility of youth with disabilities compared to programmes targeted for children or adults which frequently lack accessibility, for example the limited incorporation of youth with disabilities as a distinct and vulnerable group including in the landmark World Programme of Action on Youth.

Adolescence is a time of critical development when young persons begin distinguishing themselves from their parents and families and forming their own relationships, and own identities and autonomy which is fostered by experiences within education, employment and the community. Yet young people with disabilities are disproportionately excluded from school, work, and the community, and thereby deprived of building fundamental social, educational and economic skills; this exclusion distinguishes young people with a disability from all groups of young people in every society.[[6]](#footnote-7)

**International human rights law**

All UN human rights treaties also apply to youth with disabilities and issues specific to them which have been raised include: education[[7]](#footnote-8), including sexuality and reproductive health (CRC);[[8]](#footnote-9) employment (CESCR); and women’s rights[[9]](#footnote-10) (CEDAW).

For example, recommendations to States by the CESCR Committee have focused on the reduction of unemployment[[10]](#footnote-11) and employer incentives for job retention,[[11]](#footnote-12) and the CEDAW Committee has targeted reproductive health and education for women and girls with disabilities.[[12]](#footnote-13)

General Comments by the CRC Committee which have specifically discussed the rights of youth with disabilities have addressed: adolescent health (No 4), rights of children with disabilities (No 9), indigenous children (No. 11), right to be heard (No 12), freedom from all forms of violence (No 13), best interests of the child (No 14), children’s rights and business (No 16), right to play (No17) and eradicating harmful practices on women and girls (No 18).

Convention on the Rights of Persons with Disabilities

With the entry into force of the CRPD, elaborated guidance on the rights of children and youth with disabilities has been further developed:

**Best interest, the right to be heard and right to express one’s views**

Article 7 of the CRPD states that in all actions concerning children with disabilities, the best interests of the child shall be a primary consideration. The CRPD is also explicit that States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them. Their views are to be given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

More often than not however, adults make policies and decisions related to children and adolescents with disabilities while they themselves are left out of the process. It is essential that youth with disabilities be heard in all procedures affecting them and that their views be respected in accordance with their evolving capacities, a principle of the Convention. Engaging young persons in such a process not only ensures that the policies are targeted to their needs and desires, but also functions as a valuable tool for inclusion since it ensures that the decision-making process is a participatory one.

Having a disability should not diminish the weight given to the child’s views in determining their best interest nor should it be the basis of substitution of determination and decision making by parents, guardians, carers or the public authorities. In accordance with their evolving capacities, children/youth with disabilities, have valid insights into their well-being, valid solutions to their problems and a valid role in implementing those solutions.[[13]](#footnote-14) They should be provided with support they need to facilitate expressing their views. Support should not be viewed as invalidating the legitimacy of the child’s views; contrary to substitution, support implies respect for the child’s views and assistance in expressing those views. Therefore, the adoption of specific measures to guarantee the exercise of their equal rights should be subject to individual assessment which assures a role to the adolescent him or herself in the decision making process, and the provision of reasonable accommodation and support where necessary to ensure their full participation in the determination of their individual best interest.

Furthermore, States parties should support the training for families and professionals on promoting and respecting the evolving capacities of young persons to take increasing responsibilities for decision-making in their own lives.[[14]](#footnote-15)

Young persons with disabilities as a group have commonly been marginalised by laws and policies on *inter alia* social services, health, education and recreation which yield to the interests of others over the best interest of children with disabilities. For example, the practice of institutionalisation of youth with disabilities gives precedence to the State whose resources are less strained by building residential institutions than developing community based services and providing appropriate support to families to care for their children at home, which is in every child’s best interest.[[15]](#footnote-16)

As part of the collective dimension of the best interest of adolescents with disabilities, the State should make every effort within its power to create accessible environments and a universal design to facilitate an inclusive society so that adolescents with and without disabilities experience that diversity is something that enriches society.

Adolescents with disabilities are entitled to disability and age appropriate assistance to realise the right to express their views[[16]](#footnote-17) as well as to develop accessibility related measures to enjoy their right to freedom of expression.[[17]](#footnote-18) As highlighted by the CRC Committee, “programmes and activities designed for the child’s cultural development and spiritual well-being should involve and cater to both children with and without disabilities in an integrated and participatory fashion.”[[18]](#footnote-19) Hence, all legislation and policies concerning adolescents with disabilities require their close consultation and active involvement through their representative organisations[[19]](#footnote-20) as an essential input to consider their own perspectives and needs.

The positive impact which accessible digital media and ICTs have on facilitating the participation of adolescents with disabilities can be highlighted by some examples: the internet, including chat websites and social media with messaging and video communication allows for interaction of children with disabilities who are deaf or hard of hearing through sign language (using video communication software and applications- e.g. Skype, facetime, etc), as well as through typed communication. Captions of all verbal content is also vitally important. Particular applications have been created for different constituencies of children with disabilities, for example, Apple Distinguished Educators have compiled a list of applications for students with autism, and generally digital media offers increased ways to participate in distance education. Besides educational purposes, online social media has rapidly opened up the possibilities of global communities such as those of autistic persons and others who prefer socialising through chat or typed communication.

In more than one General Comment, the CRC Committee calls on States to establish copyright exceptions that benefit children with visual or other impairments,[[20]](#footnote-21) reinforcing the obligation set out under Article 30 of the CRPD for States “to ensure that laws protecting intellectual property rights do not constitute an unreasonable or discriminatory barrier to access by persons with disabilities to cultural materials." In this connection, the CRPD Committee has urged States to ratify and implement the recently adopted Marrakesh Treaty of the World Intellectual Property Organisation[[21]](#footnote-22) that calls for copyright exceptions to ensure the accessibility of published works (in any media) for blind, visually impaired or otherwise print-disabled persons.[[22]](#footnote-23) It requires that the protection of circumventions by effective technological measures used to protect IP rights in the digital environment, do not impede persons benefitting from exceptions to copyright protection.[[23]](#footnote-24)

**Inclusive education**

Article 24 of the CRPD recognises that inclusive education is the right of every student and it is in the best interest of adolescents with disabilities to learn with their peers in the community, however they are often excluded from the general education system on the basis of disability because the necessary support measures, resources, training, and awareness raising have not been allocated and undertaken to promote educational environments that maximise academic and social development consistent with the goal of full inclusion of children with disabilities.[[24]](#footnote-25) The CRPD requires that the whole education system meet the diverse needs of students, which necessitates having a fully student-centred approach. The CRPD Committee stressed that the “concept of inclusive education is essential to the implementation of Article 24”[[25]](#footnote-26) and criticised the high number of special schools and the policy of actively developing them,[[26]](#footnote-27) as well as rejected the use of special classes or units for persons with disabilities within regular schools.[[27]](#footnote-28)

The practice of UN treaty bodies is developing to increasingly reflect the CRPD’s right to inclusive education,[[28]](#footnote-29) sometimes under provisions related specifically to children with disabilities, such as Article 23 of the Convention on the Rights of the Child, but not exclusively. For example, the Committee on the Rights of the Child has called on States to “[i]nvest additional resources in order to ensure *the right of all children to a truly inclusive education*”,[[29]](#footnote-30) and including in conflict-affected and remote zones, “to expand, build and reconstruct adequate school facilities throughout the State party and create a truly inclusive educational system welcoming children with disabilities as well as children from all minorities.”[[30]](#footnote-31) The Committee on Economic, Social and Cultural Rights advocates “the *preferred model of inclusive education* as well as the obligation to provide reasonable accommodation.”[[31]](#footnote-32) The Committee on the Elimination of Discrimination against Women has expressed concern about the lack of measures to provide inclusive education[[32]](#footnote-33) and called on States “to adopt comprehensive policies and programmes to protect the rights of women and girls with disabilities, ensuring their *right to inclusive education*.”[[33]](#footnote-34)

Exclusion of students with disabilities from mainstream education programs is an additional barrier to accessing inclusive comprehensive sexuality education.[[34]](#footnote-35) In some contexts, education structures and practices continue to segregate students with disabilities in special schools or in institutions outside of the mandate of Ministries of Education. In these settings, sexuality education does not figure as part of the program, nor can it be inclusive. It is in particular important for adolescent girls with disabilities who are often denied this based on stereotypes and prejudices about their sexuality leading to significant consequences, sex education serves as a means of protection “from all forms of exploitation, violence and abuse, including their gender-based aspects”,[[35]](#footnote-36) notably sexual violence, and promotion for the exercise of their reproductive rights.[[36]](#footnote-37) The OHCHR stated that “[t]he lack of sexual education of women and girls with disabilities, wrongly perceived as non-sexual beings, contributes to sexual violence committed against them, as they are unable to distinguish inappropriate or abusive behaviours”.[[37]](#footnote-38)

In order to ensure sexual and reproductive autonomy free from violence, discrimination, or coercion, the CRPD Committee has found a right to sexuality education under both Articles 23 (respect for home and family) and 16 (the right to be free from exploitation and abuse), recommending to a state that “sex education be taught to children and adolescents with intellectual disabilities…”[[38]](#footnote-39) Other treaty bodies have also highlighted the importance of sexuality education.[[39]](#footnote-40) The CEDAW Committee, concerned about “the limited access to and inadequate quality of sexual and reproductive health services for women with disabilities”,[[40]](#footnote-41) recommended to Hungary not only to “improve the quality and increase accessibility of sexual and reproductive health services, in particular to women with disabilities”,[[41]](#footnote-42) but also to “[e]nsure adequate and continuous age and gender-sensitive education on sexual and reproductive health and rights in primary and secondary schools by properly trained teachers”.[[42]](#footnote-43)

**The right to live in the community**

Article 19 of the CRPD protects the right of adolescents with disabilities to live in the community, as opposed to segregated settings such as institutions for children or institutions for adults where adolescents might find themselves. Several treaty bodies, the Human Rights Council[[43]](#footnote-44) and special procedures,[[44]](#footnote-45) have contributed in developing the various elements of the right of persons with disabilities to live independently and be included in the community. While the CESCR Committee considers this right from a non-discrimination perspective, the CRC Committee adopts the position that disability should never be a reason for institutionalisation of children. The CRC Committee could be encouraged to adopt the suggestion of UNICEF as pronounced in its 2013 World Report on the State of the World’s Children - to end the institutionalisation of children and adolescents with disabilities starting with a moratorium on new admissions and more attention and resource allocation invested in the promotion of and increased support for family based care.[[45]](#footnote-46)

**The right to health and free and informed consent**

In general, children face barriers to express their views and to assert their decisions. These barriers are multiplied for adolescents with disabilities whose autonomy, credibility, will and preferences are put in doubt and substituted by parents, doctors, judges and the community as being in the child’s best interest. Adolescents with disabilities are thus more vulnerable to overmedication, forced interventions including rehabilitation, therapy and surgery aimed at “correcting” impairments, and harmful practices such as forced sterilisation, forced contraception and forced abortion, all of which violate a child’s right to enjoy the highest attainable standard of health.

The current level of accessibility of health services and their affordability, particularly specialised health and rehabilitative services, are present barriers to the enjoyment of the right to health for children and adolescents with disabilities. The lack of physical accessibility of buildings and equipment, lack of assistive technologies, as well as the lack of accessibility of information and communications with staff and professionals limit the exercise of the right to health of adolescents with disabilities on an equal basis with others

These issues must be addressed through the lens of non-discrimination; specific measures must be taken to ensure access on an equal footing through disability specific supports and accommodations which are applicable in the context of health and rehabilitation as they are with respect to the exercise of other adolescent’s rights. This includes training of health care professionals and interlocutors in accordance with Article 12, CRC and Article 7(3), CRPD to ensure effective communication with and understanding of adolescents with disabilities, and respect for their views and choices. These considerations are all the more imperative given that adolescents with disabilities will generally have greater contact with health services than other young persons. Adolescents with disabilities are at a significantly increased risk of violence, and health services should be designed to be both disability and gender sensitive in order to respond to their short term and long term needs for protection.

Another point of significance is the negative impact of the business or private sector on the right to health of adolescents with disabilities. The over prescription of medication to adolescents with disabilities and/or “behavioural difficulties” has been largely driven by the pharmaceutical industry which exercises influence on professionals and research centres with respect to the expansion of spectrums of conditions, corresponding diagnoses and the assigning of pathologies to adolescents concerning behavioural issues usually associated with childhood and mental health, thereby constructing social barriers for adolescents with intellectual and psychosocial disabilities. The clearest example of this influence and process is the imprecise and unfounded increased diagnoses of attention deficit disorder, a trend particularly prevalent in highly developed countries. The impact of this process reinforces the segregation of this group through medicalisation, which poses serious risks to the health and development of adolescents, whereas efforts could rather be made on improving interaction with the community through social programmes. Similarly, the insurance industry infringes the right to health of adolescents with disabilities through the exclusion from, or reduced coverage of, health and life insurance based on medical criteria and risk evaluation centred on the impairment which constitutes disability based discrimination.

Similarly, adolescent girls with disabilities have been, and continue to be subjected to forced sterilisation where their best interest is trumped by the interests of the State, community or family to eliminate the burden of menstrual and contraceptive management of adolescent girls with disabilities, and the likelihood of them falling pregnant. In this vein, another example of a harmful medical treatment is the growth attenuation treatment commonly known as the “Ashley treatment”, [[46]](#footnote-47) which is reported to be on the rise. The Ashley treatment is administered on young girl with developmental disabilities and high dependence, who are embarking on puberty. The purported purpose of the treatment is to improve the child’s quality of life by limiting her growth in size, eliminating menstrual cramps and bleeding, and preventing discomfort from large breasts and this was achieved by estrogen therapy, hysterectomy and bilateral breast bud removal. While it was argued that this was in the best interest of the child, and even considered that this would put her at less risk of sexual abuse by carers; this is a violation of several rights of the CRC, CRPD, CEDAW, and CAT. Not only does it violate the principle for respect for the right of adolescents with disabilities to preserve their identities, it in effect denies a child of developing into an adolescent and embarking on adulthood.[[47]](#footnote-48)

For adolescent health, the Committee has stated that States parties have the obligation to ensure that all adolescents, both in and out of school, have access to adequate information that is essential for their health and development in order to make appropriate health behaviour choices.[[48]](#footnote-49) This should include information on use and abuse of tobacco, alcohol and other substances, diet, appropriate sexual and reproductive information, dangers of early pregnancy, prevention of HIV/AIDS and of sexually transmitted diseases. Adolescents with a psycho-social disorder have the right to be treated and cared for in the community in which he or she lives, to the extent possible and placement into institutions or segregated settings for treatment or specialised services have proven not to be in the best interest of young persons with disabilities whose development benefits from inclusion and interaction in a family and community setting. The health of the child and possibilities for treatment may also be part of a best-interests assessment and determination with regard to other types of significant decisions (e.g. granting a residence permit on humanitarian grounds).

**IDA proposed recommendations on the rights of adolescents with disabilities**

* Call on States to establish accessible and inclusive consultative bodies across government departments at all levels (national, regional and local) to actively involve adolescents, including adolescents with disabilities, and their youth led representative organisations, in decision, law and policy making. Adolescents with disabilities should be provided support and reasonable accommodation in order to ensure their meaningful participation on an equal basis with other adolescents.
* Through consultations with adolescents with disabilities, call on States to adopt/revise laws, policies and programmes to ensure that the specific interests and rights of adolescents with disabilities are reflected. States must take steps to effectively prohibit inappropriate and forced interventions on children and adolescents with disabilities such as overmedication, and the use of therapies, corrective surgeries, sterilisation, medical experimentation and practices which may violate the right of adolescents with disabilities to preserve their identities, and be harmful and damaging to their development and may constitute a violation of an individual’s integrity and the right not to be subjected to torture or cruel, inhuman or degrading treatment or punishment. In particular, States should take measures to ensure effective protection of adolescent girls with disabilities who are at a heightened risk due to the multiple discrimination exercised against them and their marginalisation in society.
* Call on States to implement measures in the law, policy and guidelines to ensure that decision makers at all levels, schools, family and social services, courts, health and rehabilitative services, etc uphold the best interest principle with respect to adolescents with disabilities and recognise their individual evolving capacity on an equal basis with other adolescents. Guarantee to children and adolescents with disabilities the necessary age and disability specific support needed for them to understand and express their views and decisions relating to all aspects of their lives including the right to family, right to inclusive education comprising also inclusive comprehensive sexuality education, right to live in the community and right to free and informed consent.
* Call on States to conduct more robust regulation, monitoring and evaluation of the business sector in consultation with adolescents with disabilities and their representative organisations, including both multinational and national pharmaceutical, insurance and other health and medical related industries to protect adolescents with disabilities from further stigmatisation, segregation and discrimination in society on account of the continued medicalisation of disability by these industries.

The International Disability Alliance (IDA) is a unique, international network of global and regional organisations of persons with disabilities. Established in 1999, each IDA member represents a large number of national disabled persons’ organisations (DPOs) from around the globe, covering the whole range of disability constituencies. IDA thus represents the collective global voice of persons with disabilities counting among the more than 1 billion persons with disabilities worldwide, the world’s largest – and most frequently overlooked – minority group. IDA’s mission is to advance the human rights of children and adults with disabilities as a united voice of organisations of persons with disabilities utilising the Convention on the Rights of Persons with Disabilities (CRPD) and other human rights instruments. IDA also aims to promote the effective implementation and compliance with the CRPD within the UN system and across the treaty bodies.

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1. UN World Programme of Action for Youth, 2010 [↑](#footnote-ref-2)
2. 51st session of the Commission for Social Development (CSocD) convened from 6 - 15 February 2013 at the UN Headquarters in New York [www.un.org/disabilities/documents/reports/e\_cn5\_2013\_9.doc](http://www.un.org/disabilities/documents/reports/e_cn5_2013_9.doc) [↑](#footnote-ref-3)
3. 51st session of the Commission for Social Development (CSocD) convened from 6 - 15 February 2013 at the UN Headquarters in New York [www.un.org/disabilities/documents/reports/e\_cn5\_2013\_9.doc](http://www.un.org/disabilities/documents/reports/e_cn5_2013_9.doc) [↑](#footnote-ref-4)
4. Youth With Disabilities Why focus on young people with disabilities?<http://undesadspd.org/youth/resourcesandpublications/youthwithdisabilities.aspx> [↑](#footnote-ref-5)
5. Youth with Disabilities, CRPD/CSP/2014/4, April 2014 [↑](#footnote-ref-6)
6. Youth with Disabilities, CRPD/CSP/2014/4, April 2014 [↑](#footnote-ref-7)
7. CRC Committee Concluding Observations on Thailand, [CRC/C/THA/CO/3-4](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2FC%2FTHA%2FCO%2F3-4&Lang=en), 2014 [↑](#footnote-ref-8)
8. e.g. CRC Committee Concluding Observations on Uruguay, [CRC/C/URY/CO/2](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fURY%2fCO%2f2&Lang=en), 2014 [↑](#footnote-ref-9)
9. CEDAW Committee Concluding Observations on Moldova, CEDAW/C/MDA/CO/4-5 [↑](#footnote-ref-10)
10. CESCR Committee Concluding Observations on Belgium, [E/C.12/BEL/CO/4](http://uhri.ohchr.org/document/index/f5f9304f-f4b6-40a7-8802-8cf66215d48c), 2014. CESCR Committee Concluding Observations on Ukraine, [E/C.12/UKR/CO/6](http://uhri.ohchr.org/document/index/a9570b1b-85f7-479f-9f36-a9631ad2621f), 2014 [↑](#footnote-ref-11)
11. CESCR Committee Concluding Observations on Romania, [E/C.12/ROU/CO/3-5](http://uhri.ohchr.org/document/index/f8fee9c7-dccc-43ad-84d7-df218223fd90) , 2014 [↑](#footnote-ref-12)
12. CEDAW Committee Concluding Observations on India, [CEDA W/C/IND/CO/4-5](http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW.C.IND.4-5_en.pdf), 2014 [↑](#footnote-ref-13)
13. Boyden, J. and D. Levison, Children as Economic and Social Actors in the Development Process, Working Paper No. 1, Expert Group on Development Issues, Stockholm, 2000, cited in Lansdown, G., The Evolving Capacities of the Child, UNICEF Innocenti Research Centre, 2005 p. 23 [↑](#footnote-ref-14)
14. An extensive review on transition for youth with disabilities is available, and covers: themes and trends (according to type of disability, parent perspectives), types of transition (across service systems, in contrast with developmental or lifecourse transition); domains such as employment, education, living (i.e., independent, out of parents’ home), social & community life (including leisure, marriage, etc.); factors (barriers/ supports); and complexities (substance abuse interaction with poverty, ethnicity). <http://cirrie.buffalo.edu/encyclopedia/en/article/110/>

Following studies on a US longitudinal national research on youth with intellectual disabilities whose post-school behaviour showed that parent expectations for employment / post secondary education were strongest predictors of post school success. <http://preserve.lehigh.edu/cgi/viewcontent.cgi?article=2128&context=etd> Best Practices in Transition to Adult Life for Youth with Intellectual Disabilities: A National Perspective Using the National Longitudinal Transition Study-2.

This study on youth development and leadership standards concludes that yo*uth who participate in developmentally appropriate decision making activities and have access to meaningful youth development supports and opportunities are better equipped to make a successful transition to adult life.* Youth Development & Youth Leadership. <http://www.nasetalliance.org/youthdev/research.htm> [↑](#footnote-ref-15)
15. See Articles 19-b, c, 23-3, 4, 5 of the CRPD [↑](#footnote-ref-16)
16. Article 7(3), CRPD [↑](#footnote-ref-17)
17. Article 21, CRPD, see accessibility related issues in the first part of this submission [↑](#footnote-ref-18)
18. General Comment no 9 on the rights of children with disabilities (2006)
CRC/C/GC/9, para 33 [↑](#footnote-ref-19)
19. Article 4(3), CRPD, also reflected in the CRPD Committee’s recommendations on Article 4. [↑](#footnote-ref-20)
20. General Comment no 16 on State obligations regarding the impact of the business sector on children’s rights, CRC/C/GC/16, para 58; see also General Comment no 17 on the right of the child to rest, leisure, play, recreational activities, cultural life and the arts, CRC/C/GC/17, para 22 [↑](#footnote-ref-21)
21. This treaty was adopted by the WIPO Diplomatic Conference that took place in Marrakesh, Morocco, from 17-28 June 2013. The treaty’s full title is the Marrakesh Treaty to facilitate access to published works for persons who are blind, visually impaired, or otherwise print disabled. [↑](#footnote-ref-22)
22. CRPD Committee Concluding Observations on Costa Rica, ([CPRD/C/CRI/CO/1](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%252fC%252fCRI%252fCO%252f1&Lang=en)), para 63; on Sweden, ([CRPD/C/SWE/CO/1](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%252fC%252fSWE%252fCO%252f1&Lang=en)), para 54; on Azerbaijan, ([CRPD/C/AZE/CO/1](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRPD%252fC%252fAZE%252fCO%252f1&Lang=en)), para 47 [↑](#footnote-ref-23)
23. Article 7 of the Marrakesh Treaty provides that “Contracting Parties shall take appropriate measures, as necessary, to ensure that when they provide adequate legal protection and effective legal remedies against the circumvention of effective technological measures, *this legal protection does not prevent beneficiary persons from enjoying the limitations and exceptions provided for in this Treaty”* (emphasis added). [↑](#footnote-ref-24)
24. See Article 24 of the CRPD, see also [IDA’s submission on inclusive education to the CRPD Committee on the occasion of the CRPD Committee’s day of general discussion on the right to education](http://www.ohchr.org/Documents/HRBodies/CRPD/DGD/2015/IDA.doc) [↑](#footnote-ref-25)
25. CRPD Committee Concluding Observations on China, CRPD/C/CHN/CO/1, 2012, para 95 [↑](#footnote-ref-26)
26. CRPD Committee Concluding Observations on China, CRPD/C/CHN/CO/1, 2012, para 35 [↑](#footnote-ref-27)
27. CRPD Committee Concluding Observations on Australia, CRPD/C/AUS/CO/1, 2013, para 45. Furthermore, States have been directed to correct divergent and not fully compliant interpretations of an inclusive environment such as the limiting of children with disabilities in special classes or units within regular schools, substandard education compared to other students (Australia, [CRPD/C/AUS/CO/1](http://www.ohchr.org/documents/hrbodies/crpd/10thsession/crpd-c-aut-co-1_en.doc)) lack of support educational resource centers (Argentina, [CRPD/C/ARG/CO/1](http://www.ohchr.org/documents/hrbodies/crpd/8thsession/crpd-c-arg-co-1_en.doc)), or lack of access to internet and new technologies (El Salvador, [CRPD/C/SLV/CO/1](http://tbinternet.ohchr.org/treaties/crpd/shared%252520documents/slv/crpd_c_slv_co_1_15177_e.doc)). [↑](#footnote-ref-28)
28. CESCR Committee Concluding Observations on Armenia, E/C.12/ARM/CO/2-3, 2014, para 24(b); China, Macao, E/C.12/CHN/CO/2, 2014, para 60; Czech Republic, E/C.12/CZE/CO/2, 2014, para 19 ; Serbia, E/C.12/SRB/CO/2, 2014, para 35(b); Iran, E/C.12/IRN/CO/2, 2013, para 28; Moldova, E/C.12/MDA/CO/2, 2011, para 28; Israel, E/C.12/ISR/CO/3, 2011, para 34; Yemen, E/C.12/YEM/CO/2, 2011, para 29, among others. Committee on the Right of the Child Concluding Observations on Uzbekistan, CRC/C/UZB/CO/3-4, 2013, para 50(c); Cuba, CRC/C/CUB/CO/2, 2011, para 44; Cook Islands, CRC/C/COK/CO/1, 2012, para 44; Costa Rica, CRC/C/CRI/CO/4, 2011, para 56(a), among others. [↑](#footnote-ref-29)
29. CRC Committee Concluding Observations on Argentina, CRC/C/ARG/CO/3-4, 2010, para 68(b). Such an approach can be traced back to Concluding Observations on United Kingdom, CRC/C/GBR/CO/4, para 67(b) [↑](#footnote-ref-30)
30. Concluding Observations on Afghanistan, CRC/C/AFG/CO/1, 2011, para 61 [↑](#footnote-ref-31)
31. It also recommends “the new concept for better accessibility of schools at all levels of education for children, pupils and children with disabilities fully promotes inclusive education for children with disabilities, including by allocating resources for the provision of reasonable accommodation and of any additional professional support needed, and by training teachers.” CESCR Committee Concluding Observations on Czech Republic, E/C.12/CZE/CO/2, 2014, para 19 [↑](#footnote-ref-32)
32. CEDAW Committee Concluding Observations on Dominican Republic, CEDAW/C/DOM/6-7, 2013, para 32 [↑](#footnote-ref-33)
33. CEDAW Committee Concluding Observations on Solomon Islands, [CEDAW/C/SLB/CO/1-3](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%252520Documents/SLB/CEDAW_C_SLB_CO_1-3_18769_E.doc), para 43, see also CEDAW Committee Concluding Observations on GEORGIA, [CEDAW/C/GEO/CO/4-5](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW%25252fC%25252fGEO%25252fCO%25252f4-5&Lang=en), 2014, para 35 [↑](#footnote-ref-34)
34. See [joint IDA & Centre for Reproductive Rights submission to the CRPD Committee on the occasion of the CRPD Committee’s day of general discussion on the right to education](http://www.ohchr.org/Documents/HRBodies/CRPD/DGD/2015/IDA_CRR.doc), April 2015 [↑](#footnote-ref-35)
35. Article 16(1), CRPD [↑](#footnote-ref-36)
36. Recognised to all persons with disabilities in CRPD Article 23(c) that provides that States must ensure “[t]he rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided” [↑](#footnote-ref-37)
37. Office of the High Commissioner for Human Rights, Thematic study on the issue of violence against women and girls and disability*,* A/HRC/20/5, 2012, para 19; see also Milligan & Neufeldt, “The myth of asexuality: a survey of social and empirical evidence”, *Sexuality and Disability*, 19 (2) 2001 91109; Groce, “HIV/AIDS and people with disabilities”, *The Lancet*, 361 (9367) 2003, 14012. According to research in Europe, women with disabilities are “four times more likely than other women to suffer sexual violence” (Office of the High Commissioner for Human Rights, Thematic study on the issue of violence against women and girls and disability, A/HRC/20/5, 2012, para 21 referring to European Parliament, Report on the situation of minority women in the European Union 13 (2003/2109(INI)). Moreover, a study showed that women with intellectual disabilities are more than ten times as likely to be assaulted than other women” (Chenoweth, “Sexual Abuse of People with Disabilities” in Jones & Basser Marks (eds), Disability, Divers-ability and Legal Change, 1999, 301, 303). The Special Rapporteur on the Right to Education has particularly noted that sexuality education is essential for ensuring full free and informed consent in the context of sexual and reproductive health services, particularly for persons with disabilities, an essential part of sexual and reproductive autonomy (*See Report of the Special Rapporteur on the right to education*, A/65/162, 23 July 2010, para. 62) [↑](#footnote-ref-38)
38. CRPD Committee, Concluding Observations on Belgium, CRPD/C/BEL/CO/1, 2014, paras 34-35; China*,* CRPD/C/CHN/CO/1, paras 65-66 [↑](#footnote-ref-39)
39. For example, Committee on the Rights of the Child, Concluding Observations on Costa Rica, CRC/C/CRI/CO/4, 2011, para 64(f); Qatar, CRC/C/QAT/CO/2, 2009, para 53(c); Mozambique, CRC/C/MOZ/CO/2, 2009, para 68(b)(ii). [↑](#footnote-ref-40)
40. CEDAW Committee, Concluding Observations on Hungary, CEDAW/C/HUN/CO/7-8, 2013, para 32 [↑](#footnote-ref-41)
41. CEDAW Committee, Concluding Observations on Hungary, CEDAW/C/HUN/CO/7-8, 2013, para 33(a) [↑](#footnote-ref-42)
42. CEDAW Committee, Concluding Observations on Hungary, CEDAW/C/HUN/CO/7-8, 2013, para 33(c) [↑](#footnote-ref-43)
43. Thematic study on the right of persons with disabilities to live independently and be included in the community, A/HRC/28/37 [↑](#footnote-ref-44)
44. The Special Rapporteur on Torture, A/HRC/22/53, Working Group on Arbitrary Detention, A/HRC/27/47 and the Special Rapporteur on violence against women, see A/67/227 [↑](#footnote-ref-45)
45. UNICEF, State of the World’s Children, 2013, p 80 [↑](#footnote-ref-46)
46. General Comment no 9, para 60, see Article 23(1) of the CRPD [↑](#footnote-ref-47)
47. See Article 3(h) of the CRPD [↑](#footnote-ref-48)
48. Research on suicidal behaviour relating to developmental disabilities reveals less manifestation among children and adolescents with autism and other severe intellectual disabilities. <http://www.ncbi.nlm.nih.gov/pubmed/1042565>6 Suicidal behaviour in children and adolescents with developmental disorders.

Self-harm among children and adolescents is also a continuing area of study. <http://www.psychiatrictimes.com/child-adolescent-psychiatry/treating-self-harm-children-and-adolescents>. Treating Self-Harm in Children and Adolescents [↑](#footnote-ref-49)