**POLICY BRIEF ON SDG 5**

**Achieve gender equality and empower all women and girls**

**Vision**

Gender equality will be achieved when all women – including women and girls with disabilities – are free from violence and discrimination, able to exercise their human rights and are valued as equals. The gender movement must include the perspective of women and girls with disabilities as part of women and girls’ diversity, and the disability movement must strengthen the promotion of the rights of women and girls with disabilities.

**Introduction**

Women and girls with disabilities are subject to multiple discrimination. Marginalized on account of their disability and their gender, they face social isolation and rejection, and are taught that they are inferior to their peers. Additional factors in discrimination include race, religion, sexual orientation and poverty.

Women and girls with disabilities are at least two to three times more likely than women and girls without disabilities to experience violence and abuse.[[1]](#endnote-1) Women and girls with disabilities worldwide face a wide range of unique human rights abuses, including forced sterilization[[2]](#endnote-2), in sexual and reproductive healthcare settings, due to both their gender and disability.[[3]](#endnote-3)

Women and girls with disabilities encounter many barriers in participating in society, including widespread inaccessible information concerning sexual and reproductive health, general health care, and related services. Additionally, there are barriers to accessing justice including with regard to exploitation, violence and abuse, due to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed.[[4]](#endnote-4) Also, girls and women with disabilities are largely invisible in mainstream gender-equality programs.

Girls with disabilities are often left out of schooling, starting at the primary level and women with disabilities are far less likely to find employment, be paid equally for the work they do, advance in their careers, be included in micro-credit schemes or establish their own businesses.

The views of women and girls with disabilities are often ignored and they have fewer leadership opportunities. Currently, the CRPD committee has only one female member and the CEDAW committee has no representation of women with disabilities.

**Link to CRPD**

The CRPD is unique in recognizing women and girls with disabilities as a distinct group. Both CRPD Article 6 and CRPD Committee General Comment No. 3 recognize that women and girls with disabilities are subjected to multiple discrimination. Specifically, the CRPD recognizes the multiple discrimination women and girls with disabilities face (Article 6); the right to own and inherit property (Article 12); freedom from exploitation, violence and abuse, including their gender-based aspects (Article 16); the right to live in community on an equal basis with others (Article 19); the right to decide freely and responsibly about the right of children with disabilities to retain their fertility (Article 23); the right to sexual and reproductive health (Article 25); the right to work (Article 27); access to social protection (Article 28); right to political participation (Article 29). Further, the CRPD reiterates the fact that the universal rights set out in the CRC and CEDAW apply equally to women and girls with disabilities.

**Recommendations**

* Introduce measures to ensure full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life to women with disabilities.
* Ensure disaggregation of data by gender and disability in all data efforts (i.e. census, employment statistics, violence statistics, access to health, and so forth)
* Enable girls and women with disabilities to have equitable access to mainstream development opportunities.
* Mainstream the concerns of women and girls with disabilities throughout plans to implement the SDGs at the global, regional, and national levels. Actively involve women and girls with disabilities in the planning, monitoring, and evaluation of development programs.
* Specifically include women and girls with disabilities and set targets and indicators for tackling the particular barriers they face to accessing human rights-based sexual and reproductive health information and services and in exercising their sexual and reproductive autonomy. Involve women and girls with disabilities in the planning, monitoring, and evaluation of programs designed to ensure their health.[[5]](#endnote-5)
* Ensure that accessible information about sexuality and reproduction is available and provided to women and girls with disabilities and that they are included in comprehensive sexuality education programs.[[6]](#endnote-6)
* Include women and girls with disabilities in plans for addressing gender-based violence and eliminating harmful traditional practices and involve them in planning, monitoring, and evaluation of programs designed to eliminate these practices.[[7]](#endnote-7)
* Take special measures to address the barriers faced by women and girls with disabilities in accessing justice, including by abolishing laws that limit their capacity to bring cases to court or testify in court, providing training to justice system actors—including those in the court system and in police forces—about the rights of women and girls with disabilities, and requiring that justice systems ensure reasonable accommodation.[[8]](#endnote-8) [[9]](#endnote-9)
* Specifically include women and girls with disabilities and adopt state-level targets and indicators for tackling the particular barriers they face to accessing education—including inaccessible school environments, norms in families that devalue their education, violence and harassment in schools, and lack of adequate sanitation facilities. Involve women and girls with disabilities in the planning, monitoring, and evaluation of programs designed to ensure access to education, and collect data specifically on access to education for girls with disabilities as part of larger data collection efforts.[[10]](#endnote-10)
* Take special measures to address the barriers faced by women and girls with disabilities residing in institutions, ensure their immediate access to justice and healthcare services, including reproductive health services, ensure their privacy and dignity, and progressively/in a timely manner ensure their right to live in the community. Deinstitutionalization process from its planning to implementation and evaluation must involve relevant DPOs and residents of the institutions.

1. United States Agency for International Development (USAID), Untied States Strategy to Prevent and Respond to Gender-based Violence Globally 7 (Aug. 10, 2012), http://www.state.gov/documents/

   organization/196468.pdf. It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data. [↑](#endnote-ref-1)
2. In 1998, the UN Human Rights Committee recommended compensation for women with disabilities who had been subjected to forced sterilization. While some countries have taken such measures (ie Germany and Sweden), others have not (ie Japan). In March 2016, the CEDAW committee, in its concluding observations on Japan, recommended that Japan provide redress such as compensation, official apologies and rehabilitation. [↑](#endnote-ref-2)
3. Women Enabled International Submission to OHCHR: *Protection of the Rights of the Child and 2030 Agenda for Sustainable Development,* October 17, 2016 [↑](#endnote-ref-3)
4. CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 52. [↑](#endnote-ref-4)
5. *See* Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 56, U.N. Doc. A/HRC/32/32 (2016); CRPD Committee, *General Comment No. 3*, *supra* note 2, ¶¶ 23 & 62. [↑](#endnote-ref-5)
6. *See* CRPD Committee, *General Comment No. 4*, *supra* note 10, ¶ 52. [↑](#endnote-ref-6)
7. *See* Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 56, U.N. Doc. A/HRC/32/32 (2016); CRPD Committee, *General Comment No. 3*, *supra* note 2, ¶¶ 23 & 62. [↑](#endnote-ref-7)
8. OHCHR, *Access to justice for children: Report of the United Nations High Commissioner for Human Rights*, ¶ 60, U.N. Doc. A/HRC/25/35 (2013). [↑](#endnote-ref-8)
9. CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 27. [↑](#endnote-ref-9)
10. *See* CRPD Committee, *Gen, Comment No. 4*, *supra* note 10,¶¶ 44 & 49; *Gen. Comment No. 3*, *supra* note 2, ¶¶ 23 & 62. [↑](#endnote-ref-10)