Sexual and reproductive health and rights of women with disabilities in Europe

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20 October 2023

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I would like to thank the organisers for inviting me to speak in this thematic session on sexual and reproductive health and rights.

This theme has been a significant part of the work of the Council of Europe Commissioner for Human Rights, within her mandate, which is centred on promoting awareness of, and respect for human rights in the Council of Europe member states.

The Commissioner attaches great importance to the duty of member states to ensure the full enjoyment of women's and girl's sexual and reproductive health and rights.

Today, I would like to present the Commissioner's main observations and recommendations regarding the sexual and reproductive health and rights of women with disabilities in Europe.

First, women with disabilities face specific barriers in accessing sexual and reproductive health services.

Most Council of Europe member states have ratified the relevant instruments in this field, including the UN Convention on the Rights of Persons with Disabilities (CRPD). They recognise that persons with disabilities have the same rights as persons without disabilities, including as regards their health.

Yet, studies show that the sexual and reproductive health and rights of women with disabilities are often dismissed as irrelevant and that their sexuality is often overlooked except as a matter to be controlled. Women with disabilities suffer the brunt of both sexist and ableist prejudice, including the widespread belief that they are unfit for parenthood.

In addition, little – if any – sexuality education and health counselling is available to girls and women with disabilities.

These challenges are compounded by the lack of recognition of the right to legal capacity of persons with disabilities. Frequently, decisions about the sexual and reproductive health and rights of women with disabilities are made, on their behalf, by guardians, health professionals and other actors.

Institutionalisation represents another barrier – in particular, girls and women with disabilities who live in closed institutions cannot independently access the necessary health services and are instead subjected to involuntary procedures. Moreover, equality bodies and human rights monitoring institutions are not always equipped with adequate mandates or capacity to deal with these issues and NGOs and other human rights defenders are often not granted access to closed institutions.

Secondly, women with disabilities have worse outcomes than women without disabilities as regards their sexual and reproductive health and rights.

As mentioned, women and girls with disabilities are frequently subjected to medical interventions without their free and informed consent. These include, notably, forced sterilisation, contraception and abortion.

To this day, the legislation of several Council of Europe member states allows the forced sterilisation of persons with disabilities, and in a few countries, this also includes children.

Studies also demonstrate that girls and young women with disabilities face much higher risks of experiencing gender-based violence, compared to other women. Again, institutional settings are breeding grounds for such violence, which is facilitated by the impossibility for victims to seek and obtain protection.

This situation continues despite the CRPD standards and the clear anti-discrimination provisions and prohibition of forced abortion and forced sterilisation included in the Istanbul Convention (Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence).

Thirdly, the voices of women with disabilities are still not heard enough.

Women with disabilities are routinely excluded from decision-making spaces and continue to be marginalised in all areas of social life.

They are also among those often left behind in times of crisis. The Commissioner for Human Rights has called for Council of Europe member states' particular attention to including women with disabilities in their responses to emergencies and conflict situations. She has highlighted that women and girls with disabilities face an increased risk of sexual violence, and lack of access to justice and support services in situations of armed conflict, natural disasters and humanitarian emergencies.

She has also underlined that the situation of women with disabilities has considerably worsened during the COVID-19 pandemic.

What needs to be done in this respect - the Commissioner for Human Rights has called on member states of the Council of Europe to:

- Fully ensure the participation of women with disabilities in decision making affecting them, in line with the principle "Nothing about us without us".
- End coercion in mental health care and ensure that women with disabilities can make free and informed decisions regarding their health.
- Build capacity among health care and other professionals to address prejudice and harmful stereotypes against women and persons with disabilities.
- Ensure that comprehensive sexuality education is provided in schools.
- Prioritise deinstitutionalisation and the provision of inclusive services accessible to all persons.
- End the deprivation of legal capacity of persons with disabilities and ensure their access to supported decision-making.
- Treat gender and disability as crosscutting issues, in all policy sectors, and adequately address intersectionality.

- Step up measures to increase gender equality and combat all forms of violence against women and domestic violence.

- Adequately support equality bodies and human rights monitoring institutions and the work of NGOs, of activists and of the academia.

I thank you for your attention.

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