

SEXUAL HARASSMENT AGAINST WOMEN WITH DISABILITIES IN THE WORLD OF WORK AND ON CAMPUS



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TABLE OF CONTENTS

INTRODUCTION	2	IV. SEXUAL HARASSMENT IN THE WORLD OF WORK AND ON CAMPUS	13
I. GENERAL CONCEPTS	4	4.1 The world of work	14
1.1 Persons with disabilities	4	4.2 University campuses	14
1.2 Sexual harassment - call it what it is	5	4.3 Policies, procedures and practices addressing sexual harassment	15
II. POWER AND INEQUALITIES	6	V. ACCESS TO JUSTICE	19
2.1 Intersectionality	6	VI. CULTURAL CHANGE	21
2.2 Ableism and the transition to the human rights model of disability	7	VII. CONCLUSION	22
2.3 The continuum of violence	8	ANNEX I: INTERNATIONAL AND REGIONAL NORMATIVE STANDARDS	23
III. UNDERSTANDING DISCRIMINATION AGAINST WOMEN WITH DISABILITIES	9		
3.1 Discrimination	9		
3.2 Discrimination during the 2020 coronavirus pandemic	10		
3.3 Violence against women with disabilities	11		

INTRODUCTION

Commitments to end discrimination and eliminate all violence against women must have meaning to all those targeted by perpetrators and at risk thereof. Women and girls with disabilities rightly demand enjoyment of the full panoply of human rights to which all human beings are entitled. Work remains to be done to ensure that the links between gender and disability feature more routinely in efforts to end sexual harassment. Common approaches to disability rights, women's rights and gender equality have yet to place centrally the lives, experiences or voices of women and girls with disabilities.

Their call - "Nothing about us without us!" - must be heeded if our work is to make a relevant contribution to undoing structural discrimination and realising rights.

Equality for all depends on it.

This publication has been developed with the benefit of consultations with women with disabilities to place their experiential knowledge at the core of the work to end sexual harassment. It builds from the work of two previous publications: "*Towards an end to sexual harassment: The urgency and nature of change in the era of #MeToo*" (2018) and "*What will it take? Promoting cultural change to end sexual harassment*" (2019). This paper contributes to the development of

intersectional approaches for addressing sexual harassment as it manifests in the lives of women with disabilities. It also offers advice and support for policy makers to address the urgency of:

- (i) strengthening efforts to end discrimination against women in the promotion of the rights of persons with disabilities; and
- (ii) centering disability rights and community knowledge in work to end discrimination against women.

This paper contributes to these objectives, acknowledging the limited documentation of experiences of sexual harassment (or sexual violence) and disability.

Women with disabilities comprise one fifth of the world female population. Disability, gender and discrimination are interlinked in their shaping of women's lives. Women are at increased risk of developing a disability for a number of reasons, including due to violence against women and discrimination in health care.¹ UN Women recognizes that sexual harassment is a human rights violation of gender inequality that intersects with all structural social inequalities, including disability. The limited available survey data shows that women with disabilities experience sexual harassment at higher rates than women without disabilities (see Box 1).

BOX 1

Sexual harassment and disability

Several studies suggest that sexual harassment is the most common form of violence against women and girls² and that women with disabilities experience such abuse at higher rates than women without disabilities:

- **European Union:** 61% of women with disabilities experienced sexual harassment since the age of 15, as opposed to 54% of women without disabilities.³ (2015)
- **USA:** The National Council on Disability found that 31.6% of female undergraduates with disabilities experienced some type of sexual violence on campus, compared to 18.6 % of female undergraduates without a disability.⁴ (2018)
- **Canada:** Women with disabilities are twice as likely as women without disabilities to have been sexually assaulted.⁵ (2014)
- **Australia:** 89% of women with disabilities and 68% of men with disabilities have experienced sexual harassment. Persons with disabilities are more likely than those without to have been sexually harassed in the workplace (44% and 32% respectively).⁶ (2018)
- **United Kingdom:** A survey conducted in adults aged 16 to 59 years in England and Wales found that women with disabilities are twice as likely to have experienced sexual assault than women without disabilities.⁷ (2019)

I. GENERAL CONCEPTS

1.1 PERSONS WITH DISABILITIES

The Convention on the Rights of Person with Disabilities (CRPD) defines persons with disabilities as those “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”⁸

Persons with disabilities are not a homogenous group. Their diversity includes all types of impairments, which are further shaped and influenced by intersecting social inequalities including gender, race and ethnicity, sexual orientation and gender identity, migration status, age and more. Persons with disabilities experience social disadvantages worldwide, such as discrimination in laws and practices, environmental and informational barriers, constrained access to education, health and employment, higher rates of poverty and expenditure related to the cost of living with a disability that do not apply to others. This is a feature of societies being structured on the

assumption of ableness and disabilities not being accommodated socially, economically or in other ways.⁹

Intersectional invisibility of women with disabilities is a core problematic: they are neither considered adequately in work to promote the rights of persons with disabilities nor work to promote the rights of women, including on ending violence.¹⁰ Disability and gender inequality, effectuated by discrimination, are closely interlinked.¹¹ It is estimated that approximately 15.6% of the world’s population live with a disability but disability is more prevalent among women than men, affecting 12% of men and 19% of women.¹² Women with disabilities are therefore almost one fifth of the world’s female population. The higher rates of disability among women are due to various factors, such as longer life expectancy, lack of access to sexual and reproductive health services, exposure to violence against women and harmful practices and the gendered impacts of war, humanitarian and natural disasters.¹³

BOX 2

Key concepts

Disability: The CRPD defines disability as “an evolving concept” and a result of “the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”.¹⁴

Impairment: The Committee on the Rights of Persons with Disabilities (CRPD Committee) defines impairment as “physical, psychosocial, intellectual or sensory conditions that may or may not come with functional limitations”.¹⁵ Impairment is a medical condition that may lead to disability.

Reasonable accommodation is defined by the CRPD as the “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”.¹⁶ In the world of work or university campuses, reasonable accommodation is made to ensure an equal working and educational environment for all, by adapting these spaces, and working or educational arrangements to maximize the participation of persons with disabilities.

Procedural accommodations are those arrangements made to “ensure effective access to justice for persons with disabilities on an equal basis with others (...) [that] facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary

stages”.¹⁷ Procedural accommodations are different from reasonable accommodation in that they are not limited by the concept of “disproportionate or undue burden”. This means that procedural accommodations should always be granted, no matter the adjustments needed nor cost they may generate. Procedural accommodations are essential to ensure the right of access to justice, which guarantees the effective enjoyment and exercise of all rights.¹⁸ An example of procedural accommodations is the recognition of diverse communications methods for persons with disabilities in courts.¹⁹

Persons with disabilities are twice as likely to experience violence than persons without disabilities, and those with psychosocial or mental disabilities are six times more likely to experience violence.²⁰ The marginalization of disabilities perspectives from policies has an impact on how we understand violence, including sexual harassment as the intersection of gender, disability and all social inequalities shape women’s experiences of sexual harassment (see Section III below). Women with disabilities experience sexual harassment at higher rates than women without disabilities. Prevailing stereotypes, stigma and discrimination impregnate cultural assumptions of how society views disability, legitimizing some forms of violence or not perceiving abuse as sexual in others (see Section III below). These stereotypes and stigma also impact men with disabilities, who experience sexual harassment at higher rates than men without disabilities.²¹ Prejudice about their perceived manhood - not being “real men” - ideas of their being weak or harmless can render them potential targets of sexual harassment.

1.2 SEXUAL HARASSMENT - CALL IT WHAT IT IS

Sexual harassment constitutes a violation of the human right to freedom from gender-based discrimination, regardless of sex, in a context of unequal power relations such as a workplace and/or gender hierarchy. It intersects with all structural social inequalities, such as disability, race and ethnicity, age, social status, sexual orientation and gender identity. Intersectional dynamics influence who is targeted for sexual harassment and they can shape its nature; they also privilege certain perpetrators, undermining efforts at accountability even if their behaviors are reported.²²

Sexual harassment is any **unwelcome** sexual conduct in a context of unequal power relations. The concept of “unwelcomeness” is the standard used to determine

sexual harassment, not the concept of “consent”. People may consent to things they do not want in situations of inequality. Victim-survivors are those who should determine whether and when sexual conduct is unwelcome.

Sexual harassment expresses and reinforces inequalities of power. Anything that places a person in a less powerful or lower status position, an unequal position, increases the risk of sexual harassment.²³ It can be “quid pro quo” or hostile environment:

- **Quid pro quo:** the powerful can use sexual harassment as part of an exchange, where they confer something (e.g. a promotion, attendance at a meeting, a better grade) in return for sexual engagement. Here, the inequality behind sexual harassment is illustrated by the reprisals that can follow a refusal to comply or the material benefits or other positive consequences that flow from undesired compliance.²⁴
- **Hostile environment:** is created when sexual harassment creates an intimidating, hostile or humiliating working environment for the recipient of unwelcome sexual attention or atmosphere.²⁵

While typically involving a pattern of conduct, sexual harassment may take the form of a single incident.²⁶ It may involve any conduct of a verbal, nonverbal or physical nature, including written and electronic communications. It can take a wide range of forms, from looks to words to touching, to interfering with assistive devices, to physical contact to sexual assault and rape.

“[Sexual harassment] is not what people want to popularly trivialise as women having no sense of humour to take a sexual joke”

– Purna Sen²⁷

II. POWER AND INEQUALITIES

An intersectional analysis is a necessary core component in addressing sexual harassment.²⁸ Intersectional approaches ensure that the voices and expertise of women with intersecting social inequalities not only have legitimacy but inform the shaping, review and revision of policies and practices. Women with disabilities are neither marginal nor optional in discussions about ending sexual harassment; rather they are central to understanding the specific ways in which discrimination works against them. These experiences are shaped by interlocking forms of oppression, including sexism and ableism.

2.1 INTERSECTIONALITY

The term intersectionality was coined by feminist legal scholar Kimberlé Crenshaw²⁹ to draw attention to the specific experiences of black women in the USA. Crenshaw noted that black women “experience discrimination in ways that are both similar to and different from those experienced by white women and Black men” and that “sometimes Black women experience discrimination as Black women - not the sum of race and sex discrimination, but as Black women.”³⁰ Discrimination that is directly about those intersectional inequalities has been relatively neglected in laws and policies, which fail to recognize the specific experiences of many women at the intersection of different dimensions of inequality.

An intersectional approach recognizes the heterogeneity and differences within groups. It challenges any conception of womanhood that is homogenized, most commonly based on the experiences of white heterosexual women without disabilities. It demands an end to the marginalization of the experiences of women whose oppression is shaped by intersecting structural social inequalities.

Women are not a monolithic category - rather, there is diversity among women. Garland-Thomson describes disability as one of the structural social inequalities that “disrupts the unity of the classification woman

and challenges the primacy of gender as a monolithic category”³¹. Disability and gender may also intersect with race, age or any inequality, creating unique experiences that efforts to end sexual harassment must place at the core.

“What history has shown us time and again is that if marginalized voices—those of people of color, queer people, disabled people, poor people—aren’t centered in our movements then they tend to become no more than a footnote (...). Ending sexual violence will require every voice from every corner of the world and it will require those whose voices are most often heard to find ways to amplify those voices that often go unheard” - Tarana Burke³²

Single-axis approaches distort and risk erasing the experiences of women with disabilities by limiting understanding to privileged members of any given category, be it (white, heterosexual) women without disabilities or men with disabilities. People with disabilities have often been represented without gender, yet “the image of disability may be intensified by gender – for women – a sense of intensified passivity and helplessness, for men a corrupted masculinity generated by enforced dependence” (Chakravarti).³³

BOX 3

Intersectionality in international human rights instruments

- The **CRPD** is the first human rights treaty that references multiple discrimination. Article 6 recognizes the intersectional discrimination that women with disabilities can experience: “women and girls with disabilities are subject to multiple discrimination”. The **CRPD Committee**³⁴ further recognizes that women with disabilities experience discrimination not as “a homogeneous group but, rather, as individuals with multidimensional layers of identities, statuses and life circumstances”.³⁵
- The **Committee on the Elimination of Discrimination against Women (CEDAW Committee)**³⁶ has repeatedly recognized the intersectional discrimination that women with disabilities face.³⁷ It considers that “intersectionality is a basic concept for understanding the scope of the general obligations of States parties”³⁸ under the **Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, recommending that States Parties “legally recognize such intersecting forms of discrimination and their compound negative impact on the women concerned and prohibit them.”³⁹
- The **Human Rights Committee**⁴⁰ recognizes that “discrimination against women is often intertwined with discrimination on other grounds” and calls States to “address the ways in which any instances of discrimination on other grounds affect women in a particular way”.⁴¹
- The **Beijing Declaration and Platform for Action** called on Member States to ensure human rights and fundamental freedoms for women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, disability.⁴²

2.2 ABLEISM AND THE TRANSITION TO THE HUMAN RIGHTS MODEL OF DISABILITY

Ableism centers the lives and experiences of people without disabilities, rendering persons with disabilities of less value and consequently marginalized.⁴³ It is reinforced by structural segregation and exclusion of persons with disabilities from the mainstream, leaving their concerns unknown and without respect. Ableism is a form of discrimination that interlocks with sexism, racism and other forms of oppression. Policies on disability have been framed by different models: medical, social and human rights.

The **medical model** has a medical understanding of disability, where disability is a deviation from the “norm” (being a person without a disability) that needs a cure or rehabilitation.⁴⁴ This model does not take into consideration the attitudinal and environmental barriers that impede the full participation of persons with disabilities in society and the realization of their rights.⁴⁵ It places persons “within a hierarchy of bodily traits that determines the distribution of privilege, status and power.”⁴⁶ The CRPD Committee has contested this model.⁴⁷

This **social model** understands disability as the interaction of the impairment with society: disability is the result of how society responds to that impairment. The exclusion of persons with disabilities from society is therefore the result of attitudinal and environmental barriers and discrimination⁴⁸ and not an inevitable consequence of any impairment.

The social model informed the negotiations of the CRPD.⁴⁹ However, the adoption of the CRPD brought another paradigm shift and crystalized the **human rights model of disability**, which aims to build a world where the rights of all are realized.⁵⁰ Despite this, ableism continues to be present in many medical, legal and philosophical discussions on the rights of persons with disabilities.⁵¹

“[D]isabled people’s politicization has its roots in the assertion that ‘the personal is political’; that our personal experiences of being denied opportunities are not to be explained by our bodily limitations (our impairments) but by the disabling social, environmental and attitudinal barriers which are a daily part of our lives”- Jenny Morris⁵²

2.3 THE CONTINUUM OF VIOLENCE

The linkages between a variety of forms of violence against women and girls constitute a continuum,⁵³ reflecting and underpinning inequalities of power. Attempts to eliminate, end and eradicate sexual harassment need to be framed within the continuum of violence that women experience throughout their lifetimes.

Recognizing sexual harassment as part of this continuum provides a fuller understanding and avoids addressing it as random or isolated behavior. The latter can easily be dismissed as ‘bad apples’, rather than expressions of structural inequality and pervasive experiences for women and girls. The continuum of violence makes sense of women’s experiences such that “typical” male abusive behaviors shade into one another.⁵⁴ This framing further enables an understanding that all forms of violence against women should be treated as serious and that hierarchies between forms are not helpful.⁵⁵

III. UNDERSTANDING DISCRIMINATION AGAINST WOMEN WITH DISABILITIES

Discrimination against women with disabilities is shaped by the intersection of their gender and disability, as well as by all structural inequalities. Measures to end violence against women, including sexual harassment, commonly do not include disability perspectives, making invisible the specific experiences of women with disabilities. Agenda 2030 has promised to leave no one behind and can only be achieved with intersectional approaches. The latter will build a nuanced understanding of discrimination and violence against women with disabilities.

3.1 DISCRIMINATION

Discrimination against women with disabilities is shaped by interlocking systems of oppression, including at a minimum sexism and ableism. Women and girls with disabilities do not enjoy fully their rights to education, employment, adequate housing and the highest attainable standards of health care.⁵⁶ They face denial of political, economic and social rights due to persistent cultural, legal and physical institutional barriers.⁵⁷

Accessibility constraints reduce access to basic services, including food, health care, education, water and sanitation, transport and information.⁵⁸ Poverty, gender and disabilities are interconnected.⁵⁹ For example, women with disabilities are more likely than women without disabilities to be employed in low-status and low-paid jobs, with poor working conditions.⁶⁰

Box 4 below presents some data on discrimination against women and girls with disabilities.

BOX 4

Discrimination against women and girls with disabilities

- **Education:** A study conducted in 51 countries found that 41.7% of girls with disabilities complete primary school, compared to 50.6% of boys with disabilities, and 52.9% of women without disabilities.⁶¹
- **Literacy:** An analysis conducted in 49 countries by UNESCO found that persons with disabilities have lower literacy rates than persons without disabilities. Women with disabilities are three times more likely to be illiterate than men with disabilities.⁶²
- **Employment:** A 2011 study conducted in 51 countries found that women with disabilities have a 19.6% employment rate, compared with 52.8% of men with disabilities, and are more likely to be unemployed than women or men without disabilities.⁶³ These rates vary considerably for persons with intellectual disabilities, who experience lower employment rates.⁶⁴ In **India**, 87% of people with disabilities work in the informal

sector.⁶⁵ In the **USA**, 44% of workers with disabilities are in contingent (employed only when there is a direct and immediate demand for their services) or part-time employment, compared with 22% of those without disabilities.⁶⁶ In the **European Union**, more than half of the working-age population of women with disabilities were economically inactive in 2011.⁶⁷

- **Political participation:** There is a dearth of data on women with disabilities in political leadership. In the Asia Pacific region, only 4 out of 18 countries have female parliamentarians with disabilities in the national legislative body, where the percentage ranges from 0.3% to 6.3%.⁶⁸
- **Violence against women with disabilities:** discussed in Section 3.3 below.

Women with disabilities see themselves as dehumanized and infantilized by the legislation of many countries through institutions that are deemed to “protect” them. Owing to gender stereotypes, some women with disabilities, especially those with intellectual disabilities, are at particularly high risk of being denied, or having reduced, their legal capacity and put under substitute decision-making regimes such as guardianship or curatorship.⁶⁹ This limits their rights and freedoms, including the right to vote, the right to marry and form a family, or provide free and informed consent to health care.⁷⁰ They become perpetual minors in the eyes of the law. This constrains their possibilities of participating in public life, with their voices, knowledge and experiences being neglected and overlooked. Equality in social, political and economic life is not the experience of many women with disabilities, despite international standards committing to equality for all.

Prevailing negative stereotypes, myths and prejudices against women with disabilities are often linked to gender norms and perceptions as well as being associated with types of impairments. For example, women with disabilities can be deemed asexual or hypersexual and/or promiscuous - thus unable to control their sexual impulses. Our consultations⁷¹ heard testimony that disbelief can greet reports of sexual violence from the former while the latter may be subjected to prejudices that they consent to or actively seek any or all sexual behaviors.

“As disabled people, we are too often portrayed as being infantile and inexperienced. Being

disabled labels us “asexual,” “unsexy,” and “undesirable.” Being disabled also labels us “easy,” because we are expected to feel grateful if someone actually shows interest — even when it’s exploitative and not consensual.”⁷²

3.2 DISCRIMINATION DURING THE 2020 CORONAVIRUS PANDEMIC

The coronavirus pandemic has further exacerbated pre-existing inequalities and exposed cracks in social, political and economic systems. Research will be needed to uncover the impact of the pandemic on people at the intersections of inequalities, including women with disabilities, but there is reason to presume it is disproportionate and perhaps specific.⁷³ Available data shows that women with disabilities are three times more likely than men with disabilities to have unmet needs for health care, three times more likely to be illiterate, two times less likely to be employed and two times less likely to use the internet.⁷⁴ Women with disabilities are therefore at higher risk of being left behind in initiatives to curb or respond to the pandemic. A clear example of this is how governments and media have fallen short in including a gender and disability perspective on messaging, information on COVID-19 and protection measures.⁷⁵

The **International Labor Organisation** found that women are disproportionately affected by this crisis because they are over-represented in some of the worst affected sectors. Almost 40% of women work in these sectors which include accommodation, food,

sales and manufacturing.⁷⁶ With the amplification of pre-existing structural and intersectional discrimination, the impact of this economic crisis on the employment of women with disabilities can reasonably be expected to be higher than for women without disabilities as well as men with disabilities. A recent study of **Women Enabled International** found that the pandemic has already had significant impacts on women with disabilities' ability to meet basic needs, achieve an adequate standard of living, including because of issues related to employment and income, access to support services and assistive devices, access to public transportation, and access to assistance from friends, family, and the public.⁷⁷ Having a disability per se has not at the time of writing been shown to increase risk of contracting COVID-19, though it may be that persons with disabilities do have specific underlying conditions that can make the disease especially dangerous for them. Stressed health care systems pose additional obstacles to some women with disabilities in disruptions to ongoing health care and widespread quarantines; infection rates and isolation/quarantine measures risk access to and support from caregivers.

3.3 VIOLENCE AGAINST WOMEN WITH DISABILITIES

Disability rights perspectives are often missing from conversations on violence against women. A nuanced understanding of violence against women must include an intersectional approach that examines how gender and disability together shape women's experience of violence, including sexual harassment.

Women with disabilities suffer similar forms of gender-based violence to women without disabilities, but at significantly higher rates, more frequently, over a longer period of time and they can experience more severe injuries.⁷⁸ **UNFPA** estimates that girls and young women with disabilities may face up to 10 times more violence than women and girls without disabilities.⁷⁹ The **European Parliament** found that women with disabilities are four times more likely than other women to suffer sexual violence.⁸⁰ Other studies have found that women with disabilities also experience domestic violence at twice the rate of other women.⁸¹

The profile of the perpetrators and the context where violence occurs can be different from those of women without disabilities. For example, violence against women with disabilities can take place in institutions and can be perpetrated by caregivers. Research suggests that a significant proportion of perpetrators are their male caregivers.⁸² This creates additional barriers in escaping violence: leaving a violent partner might also mean losing a caregiver or risking a future in institutional care.⁸³

Women with disabilities also experience unique forms of violence owing to discrimination and stigma based on both gender and disability. These can include forced institutionalization, forced isolation, violence in institutions, withholding of medication and mobility, vision and hearing aids and modification of their legal capacity.⁸⁴

A poor understanding of violence against women with disabilities makes it difficult to conceptualize some behaviors as violence, including sexual violence and violence perpetrated and/or condoned by the State.⁸⁵ Forced sterilizations and abortions are permitted in some legislation and jurisdictions and can be rationalized as "protecting" women with disabilities.⁸⁶ Women with disabilities have repeatedly named forced sterilizations and abortions as violence.⁸⁷ Behaviors such as purposely neglecting women with disabilities by denying them assistance over long periods to "punish" or manipulate them, are not always understood as violence against women. This is also true for sexual harassment, where some abusive behaviors might have a sexual dimension in some contexts, such as inappropriate medical examinations or withholding mobility aids, communication equipment or medications but do not easily fit in the general definitions of sexual harassment.⁸⁸

"(...) it became evident to me how many disabled women did not feel they belonged or that their experience of violence did not tick the boxes of more normative definitions of violence. The culture of violence is so normalised for many of us that we don't even recognise it. The different representation of violence makes it difficult for us to explain it or even believe it is 'violent enough' - Freyja Haraldsdóttir⁸⁹

Some forms of violence against persons with disabilities are more prevalent for women. **CERMI Mujeres** found that in Spain women with disabilities have their legal capacity modified and are put under substitute

decision-making regimes at higher rates than men. This is a result of prevailing stereotypes that support ideas of women being more “helpless” and incapable of taking the same decisions as men with disabilities⁹⁰.

BOX 5

Violence against women with disabilities

Australia: 67% of women with disabilities reported experiencing sexual or other forms of harassment during hospitalization and almost half (45%) reported experiencing sexual assault during an in-patient admission.⁹¹ (2016)

Canada: 39% of women with disabilities have experienced spousal violence. 38% reported physical or sexual assault before the age of 15, and 18% reported sexual abuse by an adult before the age of 15.⁹² (2018)

Colombia: 72% of women with disabilities have experienced at least one type of violence from their husbands or partners, with the most common types being psychological (69%), physical (42%), economic (39%) and sexual (11%).⁹³ (2019)

European Union: 34% of women with disabilities experienced physical or sexual partner violence, compared to 19% women without disabilities.⁹⁴ (2015)

Kenya: 51% of women with disabilities report experiencing sexual abuse. 51% of the perpetrators were family members, guardians, care givers and other close relatives.⁹⁵ (2013)

Nepal: A study conducted among 475 women with disabilities aged 16 and above found that 57.7% reported having experienced violence, including emotional violence (55.2%), physical violence (34%), and sexual violence (21.5%). 42% experienced violence over the 12 months preceding the survey.⁹⁶ (2015)

Netherlands: 61% of women with disabilities reported sexual violence, as compared to 33% of women without disabilities.⁹⁷ (2018)

Spain: A study on the prevalence of gender-based violence perpetrated by current or former partners found that 23.3% of women with a legally recognized disability experienced violence, compared to 15.1% of women without a disability.⁹⁸ (2015)

Taiwan: Women with disabilities reported sexual assault 2.7 times more than women without disabilities. Intellectual disability, chronic psychosis and voice and speech impairments were consistently associated with a higher prevalence of sexual assault than the general population (2002-2007).⁹⁹

IV. SEXUAL HARASSMENT IN THE WORLD OF WORK AND ON CAMPUS

Workplaces and university campuses have obligations to staff and students to end sexual harassment. Policies, procedures and initiatives require an intersectional approach if they are to be effective in both achieving the aspiration of the Sustainable Development Goals (SDGs) to eliminate violence and in the commitment to leave nobody behind, as Agenda 2030 promises. Intersectional framing and practice require centering those voices hitherto at the margins, including women with disabilities. The experiential expertise of victim-survivors, including women with disabilities, would thus be treated as authentic and as valuable sources of knowledge. The following section draws on consultations conducted by UN Women¹⁰⁰ with women with disabilities on what changes they would expect to be made to policies, procedures and practices adequately to address and end sexual harassment.

Sexual harassment can be experienced by anyone, although it tends to follow the contours of inequalities.¹⁰¹ Factors such as job insecurity, precarious working conditions or low salaries also express and maintain such structural inequalities. Targets are disproportionately those who experience discrimination whereas perpetrators tend to be those who enjoy privilege and power that shield them from examination and accountability.¹⁰²

Intersecting social structures influence how women experience sexual harassment. Our consultations elicited that the bodies of women with disabilities are often deemed to belong to others, to be public property, such that decision-making is removed from the person concerned, including about whether, when and how to control contact. Blind women report regular inappropriate touching from people who offer them help. Such unwanted touching can become normalized – “it always happens”, “it is normal that people touch you when helping you cross the street”.¹⁰³ Female wheelchair users also reported that people push their chairs without asking permission to do so.¹⁰⁴

BOX 6

Not how it is for able-bodied women

“Quite often things happen to me that would not happen to an able-bodied woman that are deemed appropriate for me but inappropriate for an able-bodied woman. For example, several times random men who have wanted my attention have grabbed my wheelchair and forcefully pushed me to a place where they wanted me (like to get a drink) despite my protestations, with his friends saying “oh, let him buy you a drink, he’s a catch” (...). If he had grabbed an able-bodied woman by the arm and dragged her to the bar, the management would have booted him” – Anonymous, shared with UN Women

Sexual harassment in the world of work and on university campuses undermines the realization of fundamental rights, including the right to work in an environment free of violence and the right to an education. With such rights violated, many women with disabilities do not have full access to the world of work or to education.

Workplaces and universities have obligations to prevent sexual harassment.¹⁰⁵ Speaking up remains risky and can bring harm, injury or retaliation. Structural discrimination impedes women with disabilities from feeling confident to report sexual harassment. During UN Women’s consultations several women with disabilities shared that they do not report sexual harassment for fear of retaliation. In a society where employment rates for women with disabilities are already extremely low and health insurance or other essentials for life may be reliant upon employment, the prospect of losing their job is too high a risk. Some women declared that they do not report to avoid being perceived as “trouble-makers”, given that their workplace has already made specific accommodations for them. Not being sufficiently appreciative or being overly demanding are potential risks, therefore, of reporting sexual harassment for women with disabilities.

4.1 THE WORLD OF WORK

The **International Labor Organization’s Convention No. 190 on Violence and Harassment**, adopted in 2019, recognizes the right of everybody to a world of work free from violence and harassment, including gender-based violence. It obliges Members to adopt an integrated and gender-responsive approach for the prevention and elimination of violence and harassment in the world of work (Article 4). This Convention applies to workers and other persons in the world of work, irrespective of their contractual status (Article 2), and defines the workplace in a broad sweep that extends well beyond a narrowly defined physical place. This Convention applies to all work, including in the informal sector.

Article 3 states that:

“This Convention applies to violence and harassment in the world of work occurring in the course of, linked with or arising out of work:

- (a) in the workplace, including public and private spaces where they are a place of work,
- (b) in places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities,

- (c) during work-related trips, travel, training, events or social activities,
- (d) through work-related communications, including those enabled by information and communication technologies,
- (e) in employer-provided accommodation, and
- (f) when commuting to and from work.”

This groundbreaking Convention affirms that gender-based violence and harassment in the workplace are human rights violations and further recognizes the effects of domestic violence in the world of work. By expanding the concept from workplace to the world of work, and covering everyone who works, irrespective of their contractual status, including interns, job applicant and volunteers, this Convention fills gaps in national legislations. It goes further than national or regional legislation that limit the concept of sexual harassment to the physical workplace or protect from sexual harassment only persons with an employment relationship.¹⁰⁶ Third parties, such as clients, customers, service providers and patients, are also pertinent to the Convention, as they can also be victim-survivors or perpetrators.^{107,108}

4.2 UNIVERSITY CAMPUSES

UN Women’s “*Guidance note on campus violence prevention and response*” (2018)¹⁰⁹ notes that universities have an obligation to keep women safe and free from violence, including sexual harassment. It provides the following key principles to guide policies on ending violence against women:

- (i) establish a comprehensive approach to ensure barriers to ending violence against women are effectively addressed,
- (ii) promote a victim-centered and a “do no harm” approach, to empower victim-survivors by prioritizing their rights, needs and wishes and treating them with dignity and respect,
- (iii) apply a human rights approach, and
- (iv) ensure that perpetrators are held accountable.

Policies and procedures addressing sexual violence on campus, as well as all materials, websites and training, need to ensure an intersectional approach adequately

to address the needs of all the students.¹¹⁰ Otherwise they will be ineffective.

BOX 7

Absence of disability perspective in campus assault prevention programs

The **USA National Council on Disability** found that campus assault prevention and education programs are not fully accessible for students with disabilities. For instance, not all university online trainings are captioned, and in-person education or prevention programs are not accessible to deaf or blind students. Few university staff are trained in disability accommodations and little information on sexual assault is accessible to students with visual impairments and with print-based disabilities, such as dyslexia.¹¹¹ (2018)

4.3 POLICIES, PROCEDURES AND PRACTICES ADDRESSING SEXUAL HARASSMENT

UN Women's publication "*Towards an end to sexual harassment: The urgency and nature of change in the era of #MeToo*" (2018) included Professor Catharine A. MacKinnon's core elements of effective sexual harassment policy and procedure policy.¹¹² One of these elements is to define sexual harassment to include its intersection of gender with all structural social inequalities.

Policies, procedures and practices need to work in the interest of all, ensuring that victim-survivors are at the center and that their voices are heard throughout. This is also true for women with disabilities - their motto "nothing about us without us", must be heeded in all work to make a relevant contribution to undoing structural discrimination and realizing rights.

The following elements offer guidance to workplaces and university campuses on how to embed disability work in policies, procedures and practices:

1. Nuance and complexity

International standards enshrined in human rights instruments set the frame for policies and procedures to address sexual harassment. These include the CEDAW and the CRPD. An understanding of unequal power dynamics, structural discrimination and how these shape the experiences of sexual harassment needs

to be reflected in all work to end it. An intersectional approach would deepen recognition of and efforts to address the structural discrimination and barriers faced by women with disabilities.

Work to end sexual harassment that learns from and meets women with disabilities in all their complexity and variety have the greatest likelihood of being effective. Needs, requirements and expectations are varied. For example, captioning, sign language interpretation or communication aids are essential for some women; information provided in easy-to-read format for others; and accompaniment by a person of their choice through any process of reporting or investigation are reasonable expectations for others. Some disabilities, such as psychosocial and intellectual, are accompanied by more costly stigma than others, rendering women affected by these less likely to find hearing or belief.

2. Victim-survivor centered approach

UN Women's publication "*What will it take? Promoting cultural change to end sexual harassment*" (2019) gives content to the term victim-centered approach. It calls for control to be given to victim-survivors - of whether or not to report and of deciding where, when and with whom they speak about their experience, whether or not they report formally.¹¹³ Women's stories are to be taken seriously, even if their cases are not finally upheld or the charges are dropped. A victim-centered approach requires asking victim-survivors what they need, including in relation to reasonable accommodation, as each woman might

need something different or might feel comfortable in specific ways.

Trust in reporting systems can be fostered by offering multiple reporting options, so victim-survivors can follow the procedure of their choice.¹¹⁴ This is especially important for women with disabilities, as having only one reporting option might not adequately address their needs. Organizational transparency is key to promoting cultural change in workplaces¹¹⁵ (see section VI on cultural change). Building trust in the system requires, but is not limited to, providing clear information on the reasons why the investigation or charge has been dropped and broader data on case disposal. Communicating the outcome of cases, without breaking confidentiality and through the use of disaggregated data, can promote transparency and help to assure victim-survivors that their case will not disappear into a black hole. These steps will also show whether or not perpetrators are held accountable and, if so, how.

“The people who are most abused are least likely to say so, they are the least likely to come to people in authority. It’s a challenge that any procedure needs to begin with: to justify the trust of someone who has been (multiply) violated by someone with power over them. It is not the case that survivors don’t want to talk – it’s a question of, under what circumstances, to whom... It’s our challenge to create these conditions.” — Professor Catharine A. MacKinnon¹¹⁶

3. Interviews during an investigation

Investigations tend to be surrounded by complicated technicalities that make them hard for non-specialists to understand and follow. The interviewer’s approach, including the attitudes they display or embody, encourages or undermines the trust of victim-survivors. Therefore, an awareness of the needs and experiences of women with disabilities is crucial. Some women with disabilities, especially those with psychosocial and intellectual disabilities or with communication difficulties, may struggle to explain what happened

to them. For this, it is important to work with women with disabilities who have (perhaps previously) experienced sexual harassment or those whom the victim-survivor determine to be their advocates. They are best placed to advise interviewers on methods.¹¹⁷

Interviewers need to enable women with disabilities to communicate their story in confidence and comfort. This can be done by adapting question to their needs and disability. For example, some women with intellectual disabilities might find it hard to answer questions that contain abstract concepts like time or might not be able to connect different events or behaviors. For blind women, answering the often initial question of the physical description of the perpetrator or surroundings might not be possible, so alternative means to obtain relevant information need to be in place.

Inclusion Europe¹¹⁸ conducted a study on sexual violence against women with intellectual disabilities and recommends interviewers to:

- (i) introduce themselves and explain the purpose of the interview,
- (ii) explain how the process will be conducted and what will happen with the testimony and information shared,
- (iii) avoid keeping a professional distance: assuring women that they can ask questions contributes to building trust,
- (iv) be willing to take more time than in other interviews or than planned, and consider the possibility of taking breaks or continuing the interview on different days, and
- (v) avoid long periods of questioning.

When women are unable to communicate with words or have difficulty in expressing their experience, professional interpreters need to be present and companions permitted, if the person bringing a report so wishes. The use of images or pictures can facilitate communication.

4. Training and learning sessions

Effective training can drive cultural change to end sexual harassment (see section VI on cultural change). Conducted by experts in-person and framed within an intersectional approach, adequate training can disrupt entrenched and discriminatory values and norms that express or uphold inequalities.¹¹⁹ Training should address gender stereotypes and all forms of inequalities, including the prejudices faced by women with disabilities.

Training can be adapted to the needs of women with disabilities by:

- (i) ensuring that the content is accessible, using plain language, easy-to-read formats, braille, etc., and
- (ii) focusing on some aspects specific to women with disabilities by, for example, using training scenarios that reflect their experiences. Some women with disabilities may not be aware of their rights nor be able to name behaviors as sexual harassment.¹²⁰ This is not so different for women without disabilities but may take particular form or justification, layering across disability specific discrimination.

Learning sessions addressing specific needs of women with disabilities should be informed by assessment of individual and groups' needs. This is critical to avoid assumptions, system bias and stereotyping.

6. Reporting

Procedures should be adapted/flexible so that they can work for women with disabilities, including the form of reporting, making declarations, providing evidence or allowing accompaniment. Complicated reporting procedures discourage women from talking about their experiences. Reporting mechanisms need to be clear and accessible to women with disabilities. For example, online reporting is not always accessible for women using screen-readers. For women with intellectual disabilities, reporting mechanisms might be hard to understand. A variety of reporting

mechanisms is thus recommended, including on-line, phone, in-person, etc. Likewise, transportation to reporting offices can be considered.

Procedural accommodations are essential to ensure access to justice. Flexibility on type of evidence can also encourage engagement by women with disabilities. For example, although blind women cannot physically identify perpetrators, there might be circumstances where they can identify them by listening to voices or identifying physical characteristics through touch.¹²¹

7. Interim measures and remedies

Reintegration measures need to focus on prevention and ensuring non-repetition by addressing existing inequalities. Various remedies exist for cases of sexual harassment, such as counselling, leave or other measures (both at work and in education) to support reintegration, appropriate compensation, providing the right to resign with compensation, safe learning environments, reinstatement, payment of legal or educational fees and costs, etc.¹²² Interim measures and remedies need to be tailored for the specific needs of women with disabilities and aim to address the power dynamics that enabled sexual harassment to happen. Below are some examples of how to adapt interim measures and remedies to women with disabilities:

- Train **counsellors** on gender and disability, whether in-house or in specialized referral services. Counsellors should be able to communicate with women with disabilities, including through sign language or communication boards. If this is not possible, the deployment of interpreters with an understanding of gender discrimination and sexual violence is essential.
- Train **sexual harassment focal points** on intersectional discrimination and ensure that they are networked with experts to access on a as needed basis.
- **Leave** can be important for many victim-survivors, in order to rest and recuperate from the impacts of sexual harassment. No matter the type of contract or study modality, victim-survivors should be permitted to take leave. This is specifically important

for women with disabilities, who disproportionately have part-time and contingent work contracts. Granting leave without pay is highly discouraged, due to the economic burden it places on victim-survivors.

- **Reintegration** measures must ensure reasonable accommodation. For example, if reintegration is done by changing a class in university, or a department in an office, these new settings should ensure reasonable accommodation and not deny them on the basis of prior accommodations made.

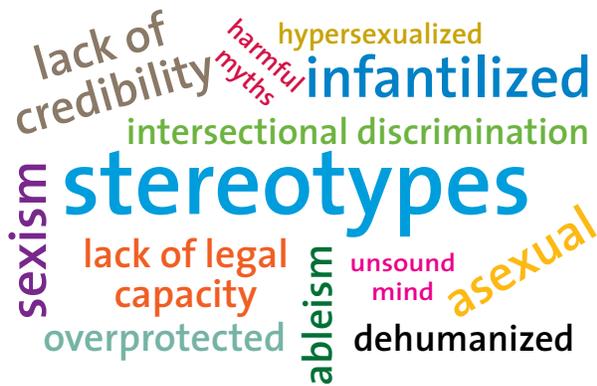
7. Communication and information:

- (i) Women with disabilities might need extra aids for ensuring effective communication. Interpreters may need to employ creative strategies in order to facilitate communication.¹²³ Information regarding policies, procedures and practices to end sexual harassment should be disseminated through different channels and forms to ensure maximum reach. For example, written or online campaigns risk leaving behind women with visual impairments. Information on policies and processes should be made available in accessible formats, such as easy-to-read, pictogram, braille, accessible online documents, and sign languages.
- (ii) The language used in policies, procedures and in material on sexual harassment tends to be very technical. This makes it difficult for some women to understand. Communications should be in plain language and easy to understand.

V. ACCESS TO JUSTICE

Discrimination is still a reality that many women with disabilities experience when seeking justice for sexual harassment. Women with disabilities encounter attitudinal, legal and accessibility barriers. Justice systems continue to be informed by negative stereotypes, prejudices and harmful myths that impede reporting, remedies or accountability.

The following figure is a compilation of the stereotypes and the words most used by women with disabilities during our consultations. They illustrate discrimination against women with disabilities and constitute obstacles to justice.



Access to justice, including compensation and accountability, is key to the elimination of sexual harassment. UN Women was advised during consultations that women with disabilities face multiple barriers in seeking justice. Violence against women with disabilities is rarely reported¹²⁴ and when it is specific obstacles blight the quest for justice. Moreover, law enforcement officials and legal communities tend to be ill-equipped to address violence against women with disabilities.¹²⁵

Negative stereotypes, prejudices and harmful myths constitute **attitudinal obstacles** that contribute to dismissive attitudes from the police or other law enforcement agencies.¹²⁶ Harmful stereotypes call into question the ability of women with disabilities to make judgements,¹²⁷ undermining their credibility and sustaining beliefs that they are unreliable witnesses. Myths of women's sexuality perpetuates victim blaming and justify the harasser's actions: "did you provoke

him?".¹²⁸ Women's testimony can therefore easily be discounted. During an investigation, the primary subject of investigation becomes the woman reporting: judgements of her credibility will determine whether or not her report is taken and whether there will be follow up. Our consultations repeatedly highlighted that the general culture of disbelief in women is sharper for women with disabilities, as credibility diminishes when social structures of inequality intersect.

Women with disabilities are sometimes excluded from formal justice processes because they are deemed too fragile, unable to speak in "adult language" or identify the perpetrator because of their visual impairment: they are infantilized and treated like young children.¹²⁹ The **International Disability Alliance** found that women with psychosocial disabilities may be discredited due to their mental health history and women with intellectual disabilities may be questioned on their ability to tell the truth. Women with visual and hearing disabilities, including those who are deafblind, may be considered unreliable due to the fact that they cannot recount what was seen or heard.¹³⁰ Judges may require more corroborating evidence for women with disabilities than for women without disabilities, especially where psychosocial or intellectual disabilities are present or when women require assistive communication or accommodations.¹³¹

Stereotypes and prejudices against men with disabilities as "not being real men" or being harmless can also impede access to justice. This is the case when men with disabilities report sexual harassment – their voices and experiences can easily be dismissed. Notions of disability rendering men harmless can also mitigate against women who report such men as perpetrators. Women with disabilities can be reluctant to report men with disabilities as perpetrators of sexual

harassment as this can bring opprobrium for acting ‘against their own community’.

Women with disabilities, specifically those with intellectual or psychosocial disabilities, encounter significant **legal barriers** when trying to access justice. Legislation can directly and/or indirectly discriminate against them.¹³² Legal systems that restrict or remove women’s legal capacity may prevent them from being able to start a proceeding, testify or provide evidence.¹³³ Procedural accommodations are not always granted. This impedes women with disabilities from participating in legal proceedings and can leave them struggling in legal systems that have not been designed to accommodate their needs and with processes not designed to facilitate their testimonies.¹³⁴

Accessibility obstacles, such as communication barriers, lack of interpreters, poor understanding of disability discrimination among justice system staff

can be significant.¹³⁵ Assistive communication or reasonable accommodation is not always provided.¹³⁶

Access to justice for women with disabilities remains a true struggle. It is thus not surprising that few cases are reported. The gaps, prejudices and failures to hear women with disabilities discussed in this paper constitute violations of States’ obligations under international human rights law. They deny justice for women, access to effective remedies for victim-survivors and enable impunity for perpetrators.

VI. CULTURAL CHANGE

Culture plays a major role in (ending) sexual harassment. Cultures perpetuate unequal power relations, including based on gender and disability. Cultural assumptions and expressions normalize inequality in many ways, such as the privilege of abusers and the codes of silence that protect them. They can denigrate those who name inequality, discrimination or abuse.¹³⁷ Cultural norms and prejudices permeate the world of work and university campuses. Any serious intent to end sexual harassment must tackle those prejudices and norms, taking on the project of cultural change. Cultural change at work and on campus should also provide conditions in which women with disabilities shape and use their own strategies to upend structural inequalities.

Women who report sexual harassment are still not heard with respect nor believed. Cultural patterns, beliefs, and attitudes of how we understand gender norms, create and reproduce how we think about sexual harassment. Tolerance, silence, acquiescence and victim blaming are still the norm.¹³⁸ All cultures are gender unequal and all cultures are ableist; the world of work and university campuses are not exempt.

UN Women's publication "*What will it take? Promoting cultural change to end sexual harassment*" (2019) addressed the need for cultural change and identifies the following six areas of work to achieve lasting cultural change. These are (i) leadership and messaging; (ii) understand and practice zero tolerance; (iii) understand and embed victim-centered approaches; (iv) update training; (v) practice and promote collective ownership; and (vi) organizational transparency.

All the above elements need to mainstream disability. Ableist discrimination can be combatted through appropriate training and with rights-based leadership and messaging. Workplaces and university campuses should also work towards the full realization of human rights among women with disabilities by:

- Ensuring that women with disabilities are in leadership positions. It is still rare that women with disabilities are managers or in leadership positions of universities.

- Actively work towards workforces and student bodies that reflect the diversity of society, including women with disabilities. The use of scholarships at university and targeted recruitment/promotion efforts in all workplaces can assist these efforts.
- Disrupting structural factors that create or exacerbate vulnerabilities for women with disabilities. Permanent/long-term contracts should be preferred to temporary and short-term contracts, women with disabilities should receive a living wage and contracts that assure them the same range of benefits as other employees.
- Guaranteeing reasonable accommodation will allow women with disabilities to enjoy rights on an equal basis with other employees. The establishment of alternative working arrangements, including remote working or working from home, or a flexible working schedule, are some examples of measures that have been evidenced during the coronavirus pandemic as workable and can be adopted in the longer term.
- Engaging in a twin-track approach to disability: ensure that disability rights advocates help to shape every policy, procedure and practice, and additionally employing targeted measures to address inequalities that affect women with disabilities.

VII. CONCLUSION

In Agenda 2030, Member States pledged to ensure to leave no one behind and to reach to the furthest behind first. This requires taking explicit action to end inequalities and confront discrimination. Women with disabilities find themselves left behind: their voices and experiences have not adequately been centered, including in work to end sexual harassment. Women with disabilities experience violence against women, including sexual harassment at higher rates than women without disabilities, and the form of their experiences can differ from those of women without disabilities. The #MeToo global conversations have not widely reflected their experiences; adopting intersectional approaches to ending sexual harassment will reduce the risk of their continued marginalization from this work. Efforts to end sexual harassment need to acknowledge the voices and experiences of women with disabilities as authentic and valuable sources of knowledge. Following the directive “nothing about us without us” of the disability rights movement is at the heart of recognizing how inequalities have shaped sexual harassment and of ensuring that rights are fulfilled.

ANNEX I: INTERNATIONAL AND REGIONAL NORMATIVE STANDARDS

GLOBAL

The **Convention on the Rights of Persons with Disabilities (CRPD)**, adopted in 2006, includes equality between men and women as one of the guiding principles. It recognizes that women with disabilities “are subject to multiple discrimination” and calls States Parties to take appropriate measures to ensure their full development, advancement and empowerment (Article 6). Article 16 obliges States to take all appropriate measures to prevent and protect persons with disabilities from all forms of exploitation, violence and abuse, by ensuring, inter alia, appropriate gender- and age-sensitive assistance and support. In **General Comment No. 3 on Women and Girls with Disabilities** (2016), the CRPD Committee specifically addresses sexual harassment in the workplace.

The **Declaration on Violence against Women**, adopted in 1993, includes sexual harassment as part of the definition of violence against women (Article 2) and calls States to condemn violence against women and to take appropriate measures to eliminate it (Article 4). The **Beijing Declaration and Platform for Action**, adopted in 1995, recognizes sexual harassment as part of a continuum of violence against women. It also calls Governments and organizations to take special measures to eliminate violence against women with disabilities.

The **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**, adopted in 1979, is the global treaty on sex inequality. It defines discrimination against women to include the exclusions or restrictions made on the basis of sex that impedes women’s enjoyment of their rights and freedoms on a basis of equality with men.

- **General Recommendation 19** (1992) recognizes that discrimination against women, as defined in article 1 of CEDAW, includes gender based violence, that is “violence which is directed against a woman because she is a woman or that affects women disproportionately” and, as such, is a violation of their human rights. It further recognizes sexual harassment as a form of gender-based violence.
- **General Recommendation 35** (2017) complements and updates the previous recommendation by highlighting the structural causes of gender-based violence and the effects of prejudice and gender stereotyping. It recognizes the intersecting forms of violence women experience, including women with disabilities.
- **General Recommendation 18** (1991) recognizes the intersectional discrimination that women with disabilities experience.

The **2030 Agenda for Sustainable Development**, adopted in 2015, represents the latest international effort in ending discrimination against women, with 54 gender-related indicators across the 17 SDGs. Goal 5 commits to achieving gender equality and empowering all women and girls, and has a specific target, 5.2, on ending all violence against and exploitation of women and girls. This Agenda also highlights key issues for women with disabilities, including SDG 1 on ending poverty and SDG 3 on ensuring healthy lives. SDG 16 on the promotion of just, peaceful and inclusive societies is relevant to women with disabilities and the overall work on ending sexual harassment.

ILO Convention No. 190 on Violence and Harassment, adopted in 2019, addresses violence and harassment at work including gender-based violence and sexual

harassment. This Convention recognizes the right to a world of work free from violence and harassment, and emphasizes the need to tackle underlying causes and risk factors, including gender stereotypes, and unequal gender-based power relations, as essential to ending violence and harassment in the world of work. The Convention will enter into force the 25th June 2021. **Recommendation 206 on Violence and Harassment** supplements the provisions of the Convention on the core principles, protection and prevention, enforcement, remedies and assistance and guidance, training and awareness-raising.

REGIONAL

Africa

- The **Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol)**, adopted in 2003, obliges States to combat and punish sexual harassment in the workplace and in educational institutions (Articles 12 and 13). It further obliges States Parties to undertake special measures to protect women with disabilities, including by assuring a life free from violence, such as sexual violence and discrimination (Article 23).
- The **Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa**, adopted in 2018, enshrines equality between men and women as a general principle of the Protocol (Article 3). Article 27 obliges States to ensure women and girls with disabilities' full enjoyment of their human and people's rights on an equal basis with others, including by protecting them from discrimination based on disability and from sexual and gender-based violence.

Americas

- The **Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará)**, adopted in 1994, enshrines the right of every woman to be free from violence (Article 6), including sexual harassment (Article 2). It obliges States to condemn all forms of violence against women, to undertake measures to prevent, punish and eradicate it (Article

7), and to take special account of the vulnerability of women to violence by reason of their disability (Article 9).

- The **Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities**, adopted in 1999, aims to prevent and eliminate all forms of discrimination against persons with disabilities and to promote their full integration into society (Article 2).

Europe

- The **Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)**, adopted in 2011, obliges States Parties to take measures to promote and protect the right of women to live free from violence in the public and private sphere, to take measures to prevent violence and to eliminate all forms of discrimination. The implementation of the Convention must be secured without discrimination on any ground, including disability (Article 4). It requires States to sanction sexual harassment (Article 40).
- The **Charter of Fundamental Rights of the European Union**, adopted in 2000, prohibits discrimination on the basis of sex and disability (Article 21). It calls for the integration of persons with disabilities with measures to ensure their independence, social and occupational integration and participation in the life of the community (Article 26).

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