

Handbook on Health and Sexual and Reproductive Rights of Women and Girls with Disabilities



FUNDACIÓN CERMI MUJERES

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SERIES EDITORS:
Ana Peláez Narváez and
Pilar Villarino Villarino

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© Author: Natalia Rubio Arribas. Psychologist and sexologist. President of the Asociación Sexualidad y Discapacidad.
© Illustrations: Neus Budi Guillén. Illustrator and designer. Asociación Sexualidad y Discapacidad.

Update and revision: Isabel Rodríguez Rodríguez. Consultant. Fundación CERMI Mujeres.

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The content of this guide has been compiled from various resources produced by the Fundación CERMI Mujeres and authored by different contributors. These materials have been revised and updated to align with current legislation, with a focus on selecting up-to-date information related to the General Observations and Recommendations issued by the principal treaty bodies addressing this issue.

September 2023

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Fundación CERMI Mujeres is a nonprofit organization whose primary objective is to promote conditions that enable women and girls with disabilities to fully enjoy **human rights and fundamental freedoms** on an equal footing.



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Presentation

This **Handbook on Health and Sexual and Reproductive Rights of Women and Girls with Disabilities** is a document intended for women with disabilities and health professionals.

This guide aims to aid women with disabilities to:

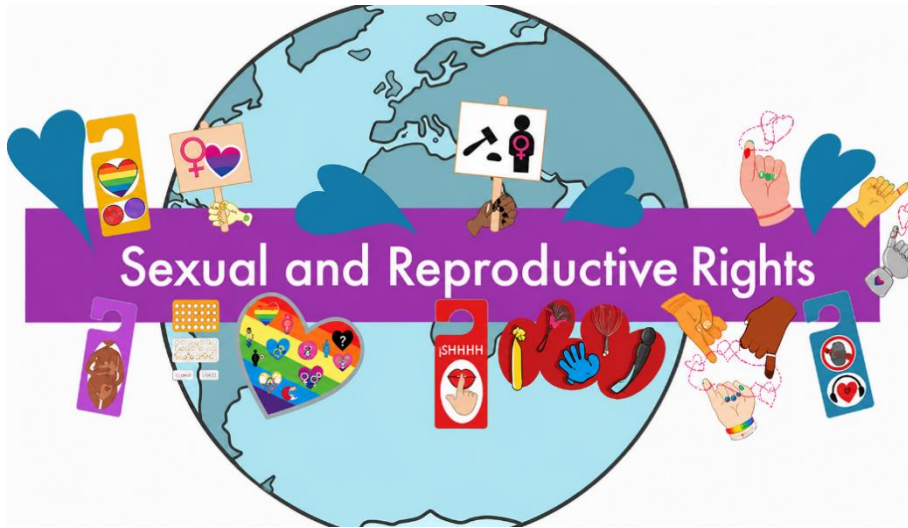
- Understand their sexual and reproductive rights
- Learn more about their bodies and their sexuality
- Take better care of their bodies and fully enjoy them
- Make autonomous and responsible decisions
- Identify situations where their rights may not be respected or even be violated
- Defend and assert their rights
- Feel like they are in charge of their own lives and have control over their bodies and their sexuality.



Introduction

The **right to sexual and reproductive health** is part of everyone's right to health, recognized as a **human right**. Human rights are universal, meaning they apply to all people without exception.

Various international and national instruments establish standards to guarantee these human rights.



“Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health”
(Article 12 of the International Covenant on Economic, Social and Cultural Rights)

We can find sexual and reproductive rights in:

- The Convention on the Elimination of All Forms of Discrimination against Women
- The Convention on the Rights of Persons with Disabilities.
- The Convention on the Rights of the Child.
- The Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment.
- The Beijing Declaration and Platform for Action.
- The 2030 Agenda and its Sustainable Development Goals.
- The Council of Europe Convention on preventing and combating violence against women and domestic violence. Istanbul Convention.

Countries subscribed to these conventions are obligated to respect, protect, and implement human rights, including sexual and reproductive rights.

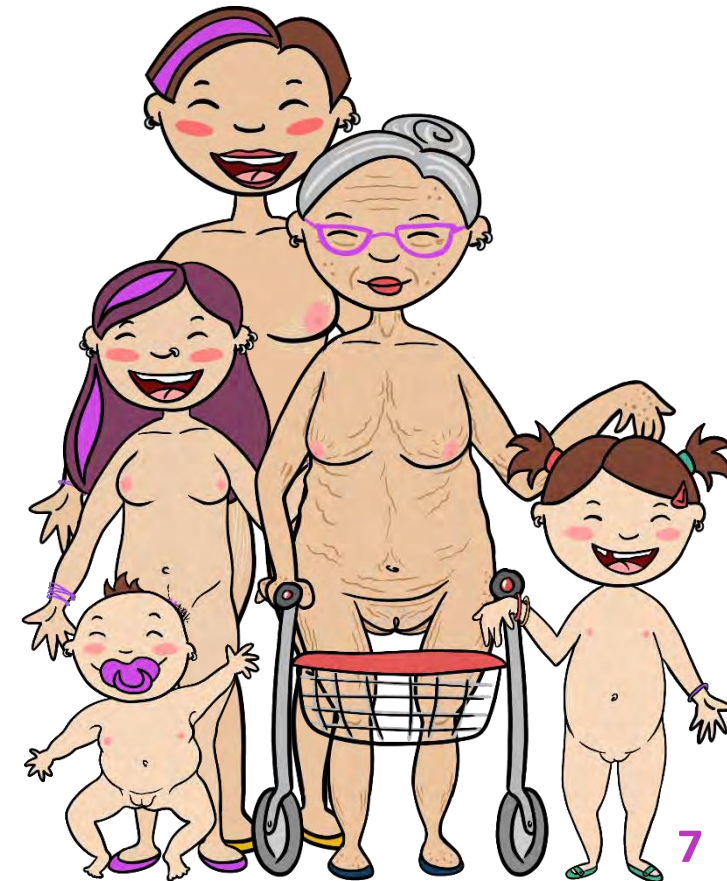
However, as women and girls with disabilities we still face numerous obstacles when it comes to exercising our sexual and reproductive rights freely and in an informed manner.

The taboos and prejudices that persist, along with a lack of understanding about disability, difficulties in accessing communication, and the lack of accessibility to various services, leave us in a position of particular vulnerability and exclusion.

We face various obstacles during pregnancy, childbirth, and postpartum, and encounter numerous barriers to accessing family planning and reproductive health care. We also face difficulties in accessing sexual and reproductive health education.

Menstrual management, forced sterilization and contraception, coercive abortions, female genital mutilation, forced pregnancies, and restrictions on safe abortion are only some examples of the rights violations that many women and teenagers with disabilities experience—without our consent or without fully understanding the consequences.

Nevertheless, progress has been made; by the end of 2020, forced sterilization had been eliminated from Spanish law. In Spain, the sexual rights of all individuals are regulated by the Organic Law 1/2023, February 28, which amends Organic Law 2/2010, March 3, on sexual and reproductive health and voluntary termination of pregnancy.



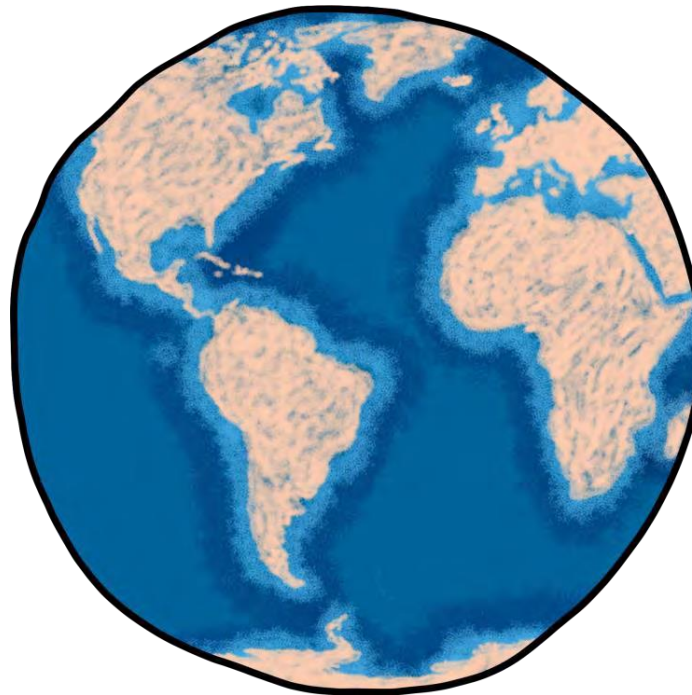
This guide addresses various human rights related to the sexual and reproductive health of women and girls with disabilities.

Sexual health and reproductive health are different concepts, but they are both related.

Sexual health

“It is a state of physical, emotional, mental, and social well-being in relation to sexuality” (WHO). It has to do with bodies, emotions, pleasure, orientation of desire, relationships, gender roles, intimacy, reproduction, and more.

Sexual rights aim to recognize and highlight the diversity of people, so that we can all express ourselves, build relationships, and exercise our sexuality in a free, informed, healthy, and satisfying way.



Reproductive health

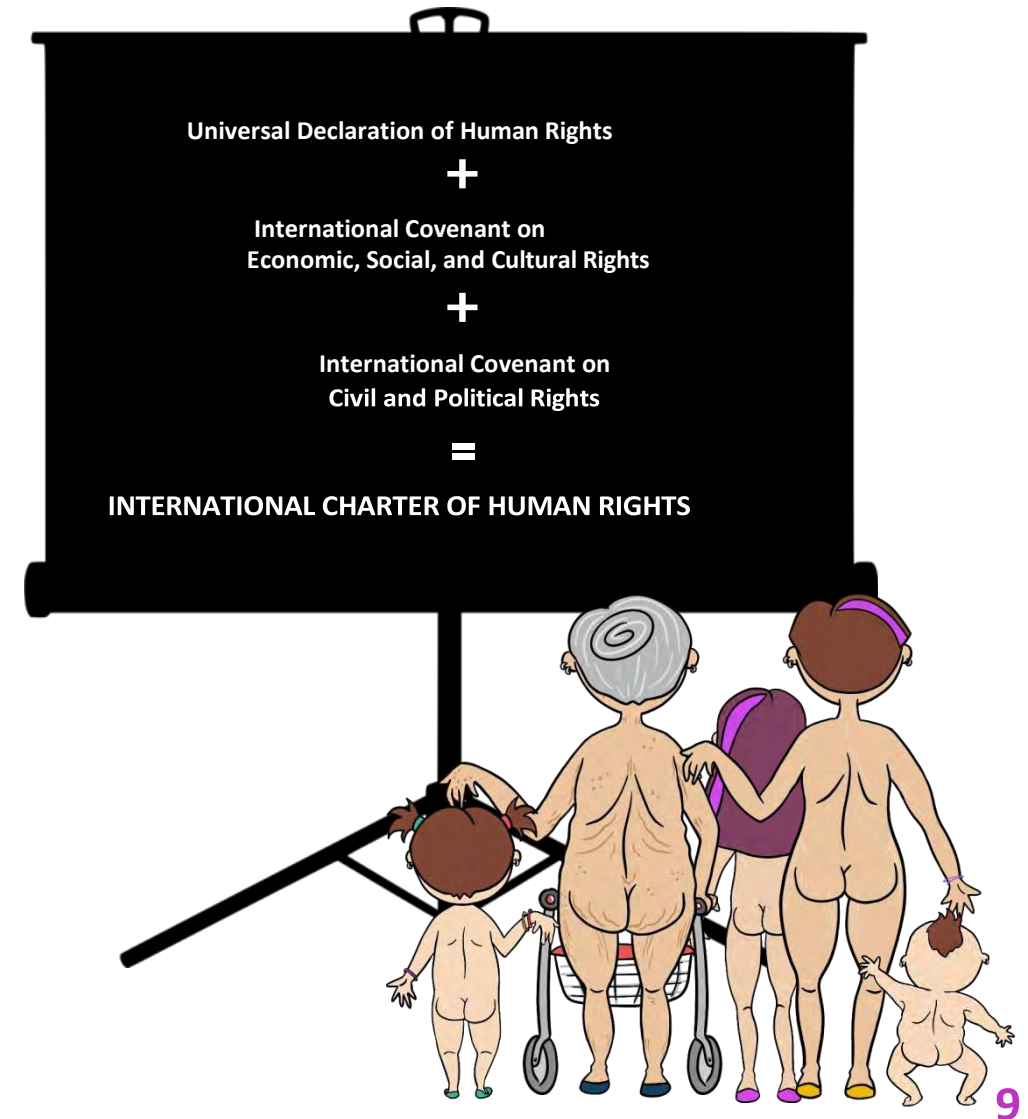
“Refers to the ability to reproduce and the freedom to make informed, free, and responsible decisions” (International Conference on Population and Development).

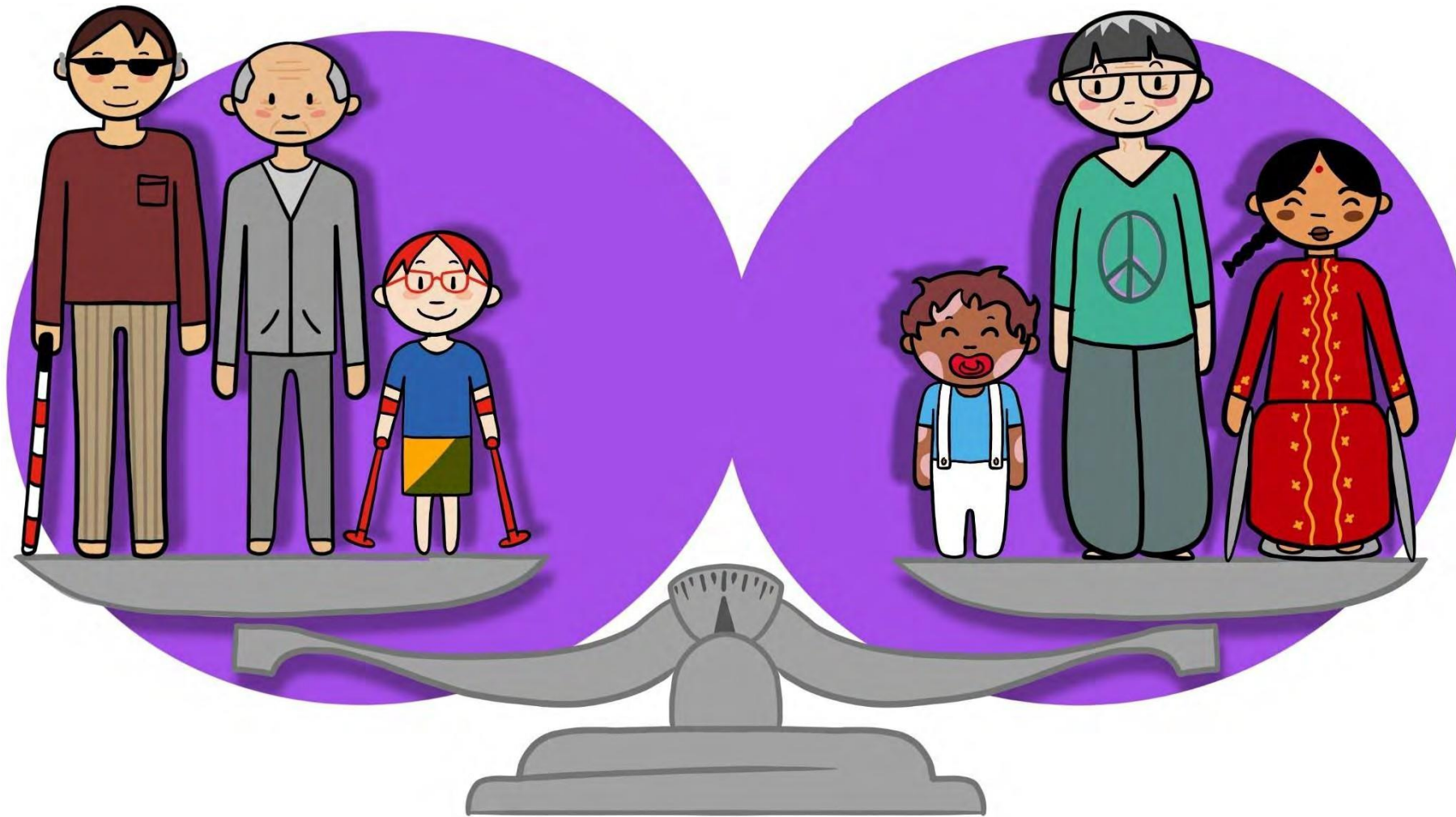
Reproductive rights allow all of us to decide whether or not we want to have children, and when and how to do so.

This includes the need to access information and reproductive health services so that we can make these decisions.

Therefore, throughout this guide, we will address all human rights that allow us to enjoy our sexual and reproductive health:

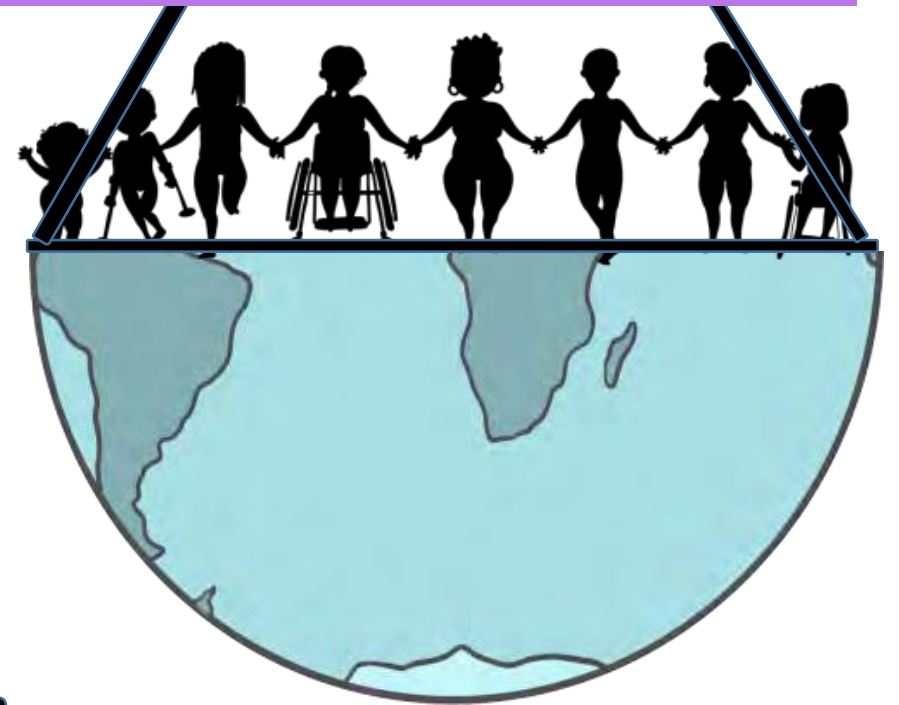
- Right to **equality and non-discrimination**
- Right to **accessibility**
- Right to **freedom, safety, and personal integrity**
- Right to form a **family**
- Right to decide on **procreation**
- Right to **privacy**
- Right to the **free** expression of sexuality
- Right to **education** and **information**
- Right to **participation** and **freedom** of opinion





1. Right to equality and non-discrimination

“All people have the right to enjoy their sexual and reproductive lives on an equal footing, without any discrimination based on sex, gender, sexual orientation, age, disability, race or ethnicity, language, political opinion, religion, or any other personal or social status.”



The right to equality and non-discrimination are the essence of human rights. The **Universal Declaration of Human Rights** (UN, 1948) recognizes that all people, without exception, are born free and equal in dignity and rights; therefore, it calls on countries to commit to ensuring that all people can exercise their rights without any discrimination.

Despite this recognition, not everyone has been able to enjoy their rights equally.



This led to the **Convention on the Elimination of All Forms of Discrimination against Women**, also known as CEDAW (UN, 1979). This international treaty aims to eliminate discrimination and ensure equal rights between men and women.

A few years later, in 2006, the UN **Convention on the Rights of Persons with Disabilities** (CRPD) was created to promote, protect, and ensure equal rights for persons with disabilities

Many of us women and girls with disabilities continue to face a myriad of discriminations and unequal opportunities, wherein our freedom and our rights are restricted.

These issues also arise when we exercise our sexual and reproductive rights. Now let's explain what discrimination, inequality, equality, and equity are.

DISCRIMINATION

Discrimination involves treating equals differently.

It usually refers to a type of treatment that harms the person being discriminated against. It is contrary to the principle of equality.

CEDAW includes the term "discrimination against women" and refers to discrimination based on sex.

The CRPD recognizes that women and girls with disabilities are subject to multiple forms of discrimination.

INEQUALITY

Inequality is the opposite of equal opportunity and refers to a lack of balance between two or more people.

There can be social, economic, educational, legal, and gender inequalities.

These inequalities lead to unfair treatments and this, in turn, to unequal opportunities to access certain spaces or resources.

EQUALITY

Equality is a fundamental principle within human rights, under which all human beings have equal value and the same rights.

Equal treatment means treating everyone equally under the law, without discriminating against or granting privileges to anyone.

Equal treatment is when everyone is granted the same rights regardless of their differences, their circumstances, or their particular and individual needs.

Gender equality means that all people have the same rights and opportunities, regardless of gender.



EQUITY

Equity goes a step further; it seeks to deliver justice.

It takes into account the specific circumstances of each person, especially those who are disadvantaged, and offers specific solutions based on their specific needs.

The CRPD includes **reasonable accommodation** as a measure of equity to promote equality and eliminate discrimination.

Equity allows women and girls with disabilities to have equal opportunities and, with them, access to sexual and reproductive rights.

What does the Convention on the Rights of Persons with Disabilities say about equality and non-discrimination?

On EQUALITY

CRPD

Article 3: General Principles

Formal equality, equality before the law

- Ensure respect for the independence of persons and their freedom to make decisions
- Prevent discrimination against persons with disabilities
- Ensure that all people with disabilities can participate in all aspects of society
- **Equal opportunities:** equal possibilities and equal rights
- Accessibility
- Ensure that children with disabilities can develop at their own pace
- Equality between men and women

Article 5: Equality and non-discrimination

Substantive equality, real equality

- They recognize that all persons are equal before the law.
- Discrimination based on disability shall be prohibited.
- They will promote equality through reasonable accommodation, that is, adapting products and services so that people with disabilities can use them.
- Affirmative action measures that help achieve equality for people with disabilities more quickly, will not be considered discriminatory

General Comment No. 6 on equality and non-discrimination

Inclusive equality states:

- There can be no laws that infringe upon the rights of people with disabilities.
- All laws and policies must take into account people with disabilities.
- There shall be no discrimination against people with disabilities due to fewer financial resources.
- We must all fight against stereotypes (false ideas), prejudices (negative opinions) and violence against people with disabilities.

On NON-DISCRIMINATION

CRPD

Article 2: Definitions

Discrimination based on disability

People with disabilities face discrimination precisely because of their disability, and as a result, they are prevented from enjoying their rights. To prevent discrimination, some people may require reasonable accommodation.

Types of discrimination:

- **Direct discrimination.**
Less favorable treatment due to disability. This includes acts and omissions that harm the person being discriminated against.
- **Indirect discrimination.**
When laws, policies, or practices fail to take into account people with disabilities, they can harm them.
Opportunities that may appear accessible can end up excluding them if necessary accommodation is not ensured.
- **Discrimination based on association.**
This is when a person without a disability is discriminated against because of their association with a person with a disability. Many women face discrimination for caring for people with disabilities.
- **Intersectional discrimination.**
This is when a person is discriminated against because of their disability in combination with other factors (being a woman, or their race, religion, ethnic origins, etc.), making it difficult to separate the reasons for such discrimination. Discrimination is aggravated when all these factors are combined.

As women and as people with disabilities, knowing the
Conventions will help us defend our rights,
including our sexual and reproductive rights.

Let's take a look at some examples

Situation 1:

Sexual and Reproductive Rights



Which situation allows all women to exercise their sexual and reproductive rights?

Is it fair to offer them the same resources or would it be better to grant them different resources to achieve their rights?

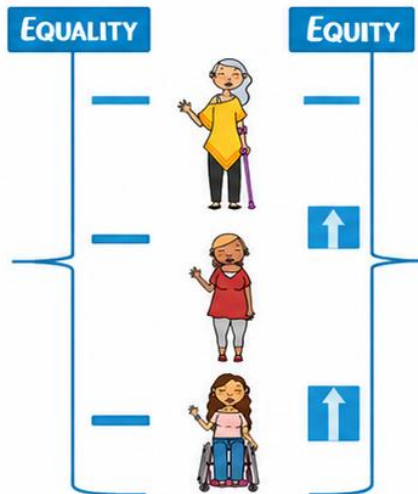
Which resources would be best for them?

EQUALITY

Sexual and Reproductive Rights



EQUALITY



EQUITY

Sexual and Reproductive Rights

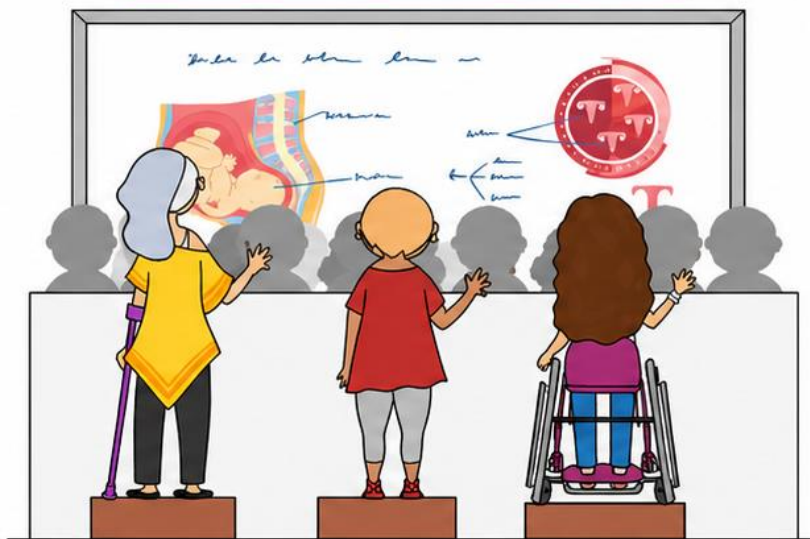


Situation 2:

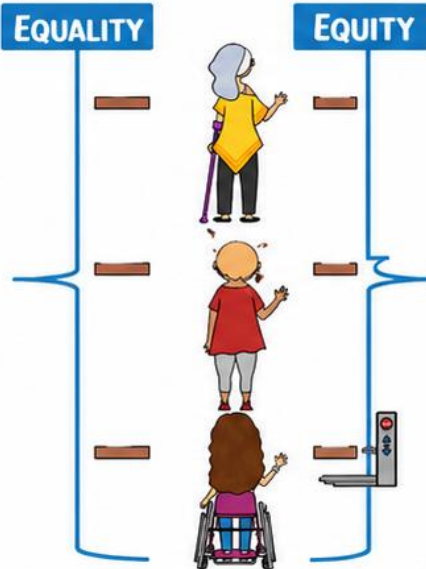
Sexual and Reproductive Rights

EQUALITY

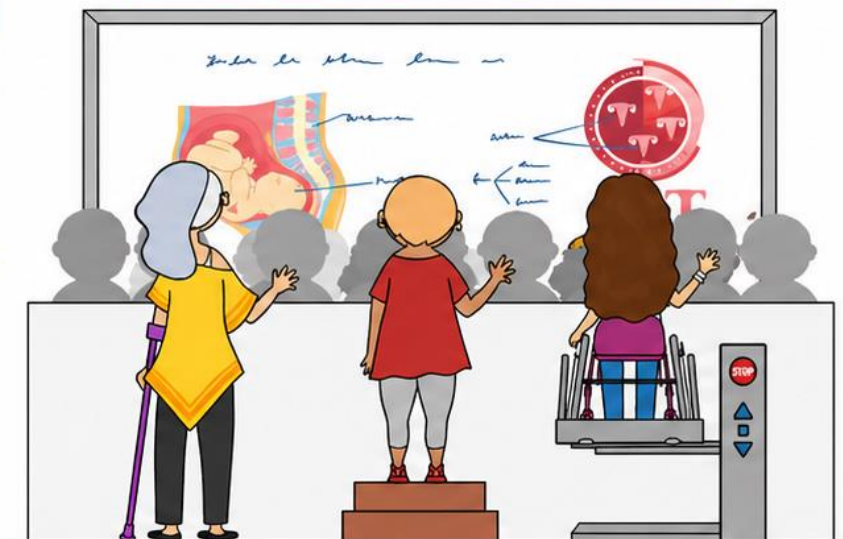
Sexual and Reproductive Rights



EQUALITY



EQUITY

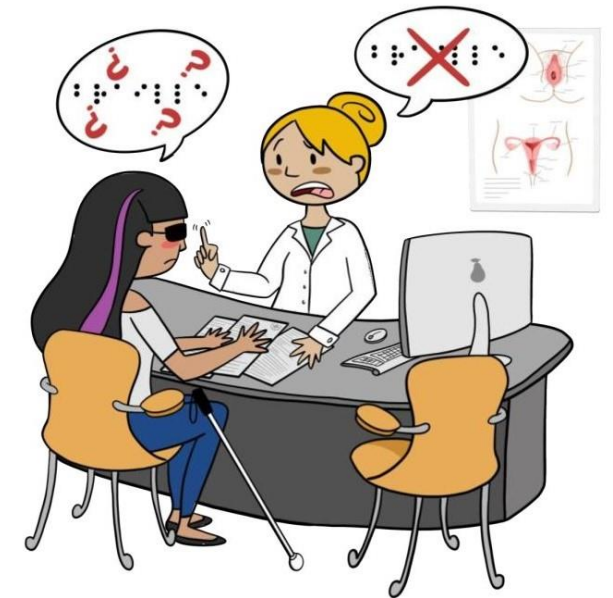


EQUITY

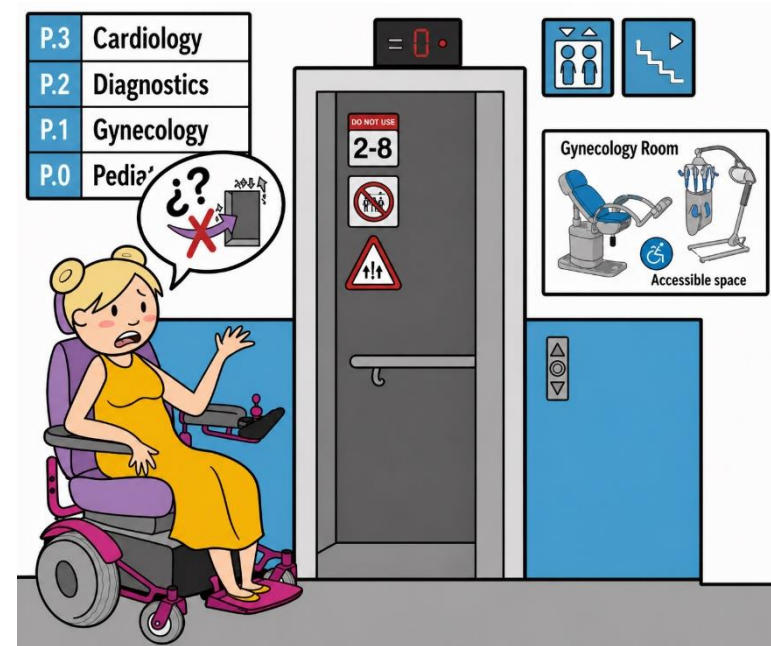
Sexual and Reproductive Rights

Your rights to equality and equity are NOT respected when:

- ❌ There is no **support, information, or assistance services** that provide accessible information about your rights as a patient in the field of sexual or reproductive health.
- ❌ Healthcare services dedicated to sexual and/or reproductive health have no **charter of rights and obligations** for patients that is accessible and tailored to your needs.
- ❌ You are not offered **the necessary support or guidance** to make responsible and informed decisions about your sexual and/or reproductive health.
- ❌ You are denied **reproductive health programs**, claiming that because you are a woman or a girl with a disability, you cannot start a family.
- ❌ You are not offered resources to file **complaints in accessible formats**.



- ❌ Access to **public services** related to sexual and/or reproductive healthcare is prohibited or restricted for reasons related to your disability, gender, physical appearance, ethnic or cultural background, sexual orientation, or because you are a trans woman...
- ❌ You **are denied** access to healthcare **resources** related to **sexual or reproductive health** simply because you are a woman or a girl with a disability.
- ❌ In conversations with healthcare professionals, you sense **gender stereotypes and prejudices** that limit your access to free public sexual and reproductive health resources.
- ❌ In sexual and reproductive healthcare centers and facilities, information is withheld and you are not offered resources that are part of the **portfolio of services** available to all citizens, and the reason for the discrimination is the fact that you are a woman or girl with a disability. E.g.: you are not offered information on contraception.



❌ You cannot access sexual or reproductive healthcare centers, services, or facilities due to the existence of **architectural barriers** at the entrances (lack of ramps, accessible elevators, handrails, widened doors, etc.).

❌ You do not receive individualized and personalized care regarding your sexual and/or reproductive health due to **a lack of space** inside the examination rooms, forcing you to receive care in other unsuitable settings (hallways, common rooms, etc.).

❌ **Facilities** dedicated to sexual and reproductive healthcare, support, or research **are neither accessible nor adapted** to your circumstances (e.g.: there are no accessible restrooms near the medical consultation rooms, preventing you from using them safely, autonomously, and independently).

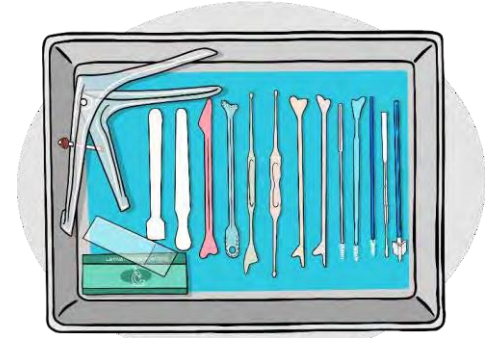


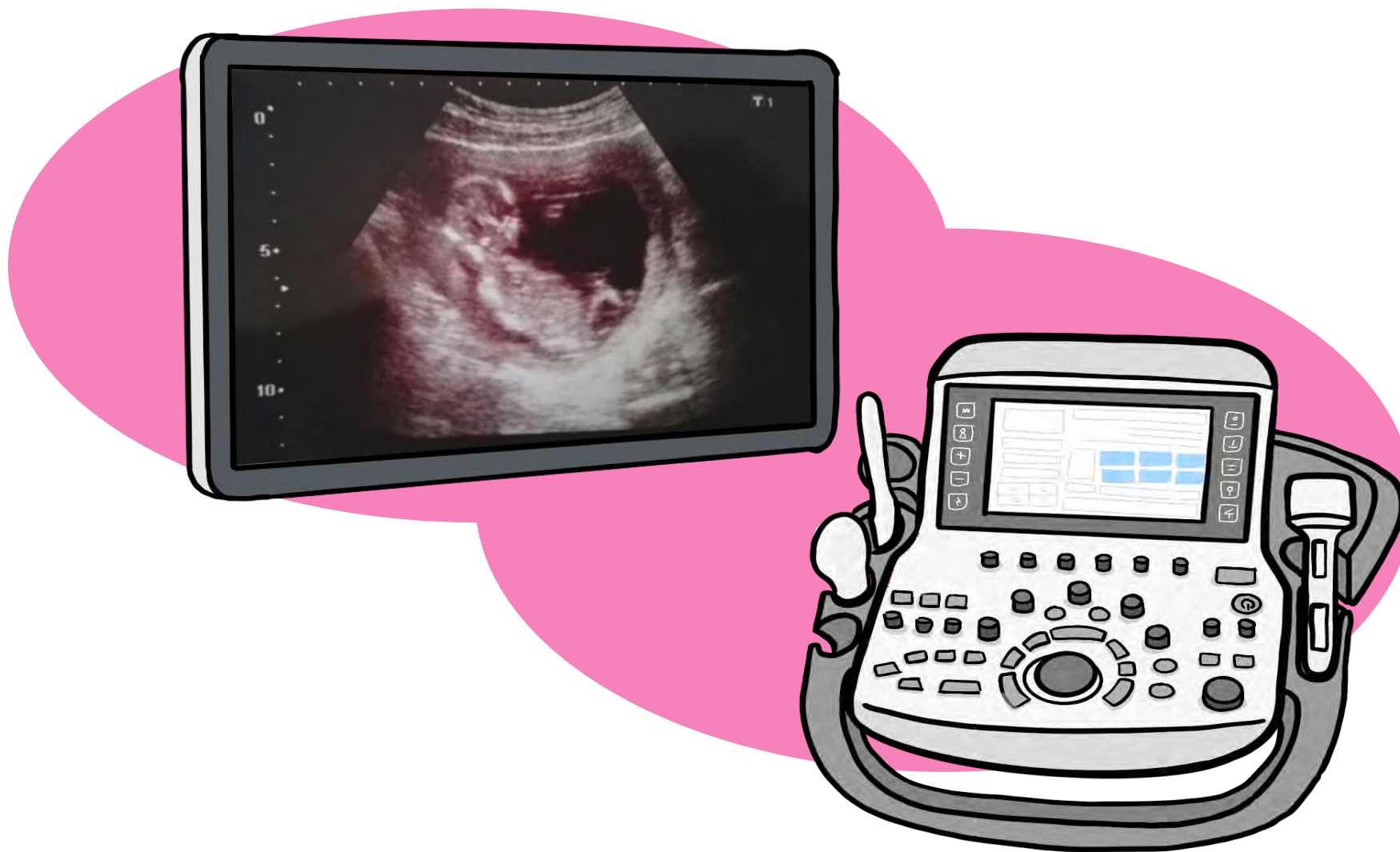
✘ You cannot participate in **preventive** sexual and reproductive health **programs** (including the corresponding checkups and follow-ups) due to a lack of adapted equipment and/or furniture.

✘ Sexual and reproductive healthcare lacks the necessary **resources** to care for women with disabilities while maintaining certain standards of dignity (e.g., lack of stretchers for transfers), thereby showing a lack of consideration for your life circumstances.

✘ You are not included in sexual and reproductive health **screenings and preventive programs** simply because you are a woman or a girl with a disability.

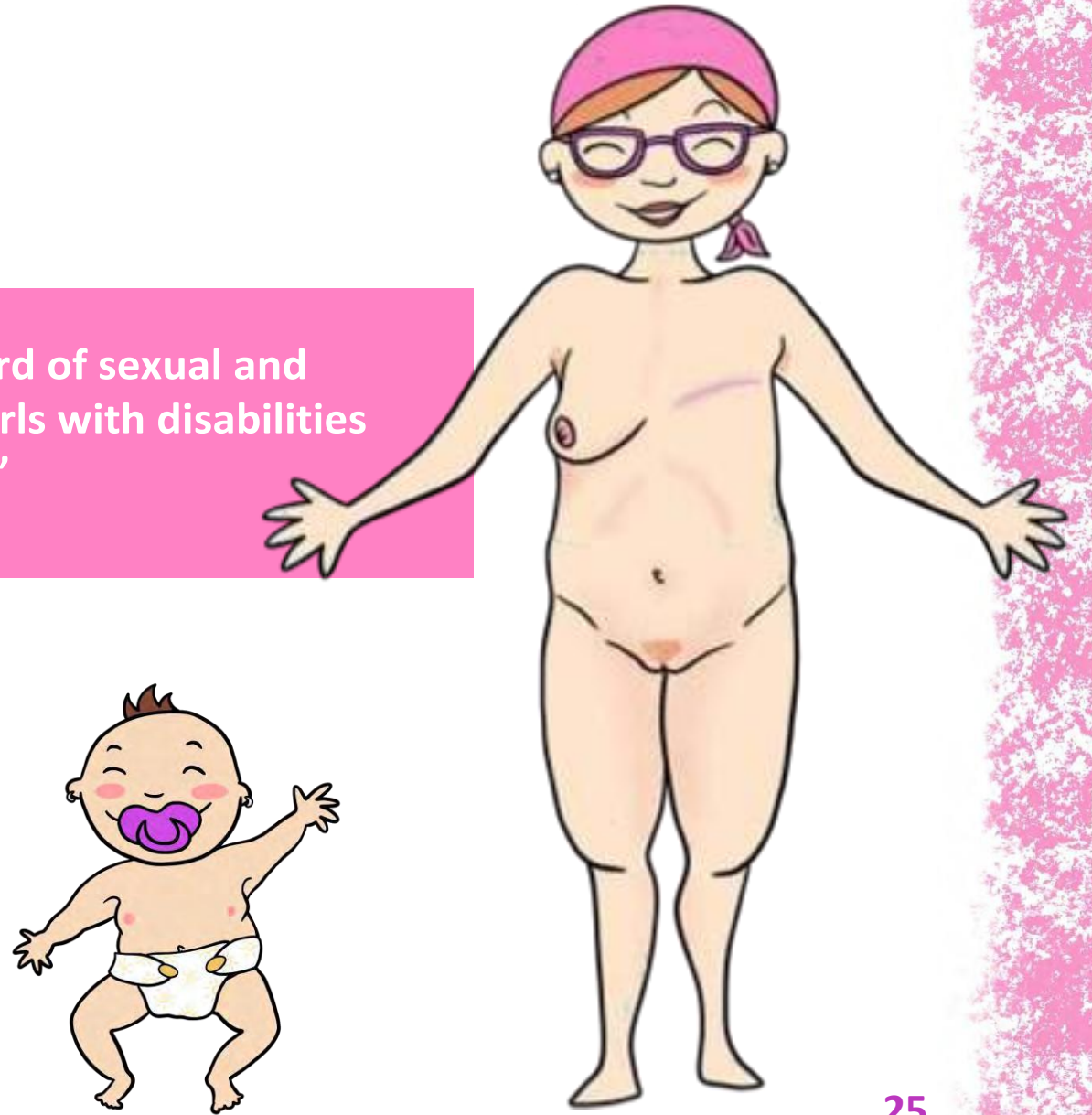
✘ You encounter **barriers** (physical, cognitive, or attitudinal) in accessing screening and testing for diseases and/or infections related to your sexual and/or reproductive health.





2. Right to accessibility

“Everyone has the right to enjoy the highest standard of sexual and reproductive health. This means that women and girls with disabilities must be able to access health facilities and services”



The **Convention on the Rights of Persons with Disabilities** enshrines the right to quality sexual and reproductive health care, free from discrimination and with equal access. Article 25 states: “States Parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programs as provided to other persons, including in the area of sexual and reproductive health and population-based public health programs.”

However, many women and girls with disabilities still face numerous obstacles when it comes to exercising our sexual and reproductive rights freely and with full knowledge of the facts. Persistent taboos and prejudices, as well as a lack of understanding about disability, place us in a position of vulnerability and exclusion.

Women and girls with high support needs or with intellectual or psychosocial disabilities, women who are deaf and blind, and those with multiple disabilities—and particularly those residing in institutions—are in a situation of aggravated vulnerability.

The sexual rights of all individuals must be respected, protected, and fully exercised, and in our country these rights are governed by **Organic Law 1/2023, February 28, which amends Organic Law 2/2010, March 3, on sexual and reproductive health and voluntary termination of pregnancy**.

Article 23 of the **Convention on the Rights of Persons with Disabilities** establishes the right of women with disabilities to access education on reproduction and family planning, to maintain their fertility, and to decide how many children they wish to have and the spacing between births, thereby prohibiting forced sterilization.

Women with disabilities also face numerous barriers to accessing family planning and reproductive health care. Our access is also more limited when it comes to sex education and information on health, sexual and reproductive rights, and sexually transmitted diseases.

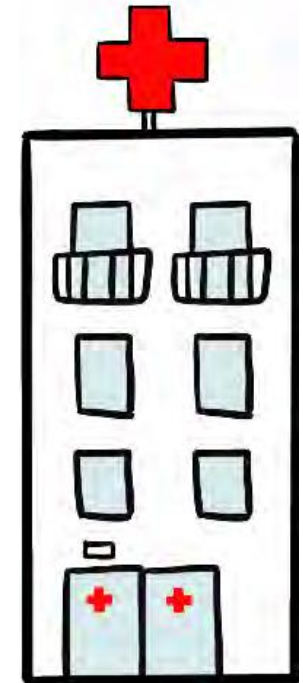
To exercise our sexual and reproductive rights, we must first be able to access them.

The right to accessibility is enshrined in Article 9 of the **Convention on the Rights of Persons with Disabilities**, although it is also addressed in other rights, such as the rights to education, information, and health-related services, as well as sexual and reproductive rights (CRPD, Articles 21, 23, 24, and 25).

What barriers and obstacles do women and girls with disabilities face in the exercise of their sexual and reproductive rights?

- 1 Barriers to accessing information and sex education.
- 2 Barriers to physical accessibility in infrastructure and facilities, as well as in accessing them via public transportation.
- 3 Discrimination due to a lack of specific training and awareness of our needs among healthcare professionals.

These barriers are even more severe in rural areas.



To these barriers we must add the lack of representation of women with disabilities in the design and implementation of sexual and reproductive health policies and programs.

These barriers must be addressed comprehensively in sexual and reproductive health policies and programs, in which women with disabilities must actively participate by voicing our needs.

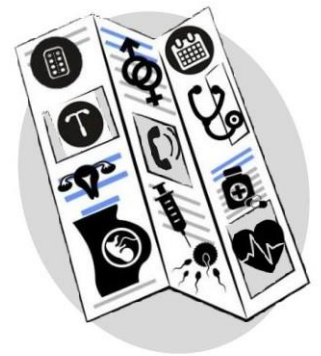
Let's take a closer look at these barriers.

(1) Access to education and information

Sometimes, women and girls with disabilities are excluded from sex education programs due to stereotypes and prejudices about our sexuality.

It also makes access difficult when information isn't provided in an accessible format or in alternative language.

The role of *information gatekeepers* assumed by our family or caregivers, or the fact of living in isolation, in institutions or even in our family home, are obstacles to receiving education or information about sexuality and reproduction.





The use of adapted and accessible materials will facilitate our access to this information. These materials may use pictograms, easy-to-read text, plain language, wayfinding (physical layout of the space), audio guides, the use of Braille, audio induction loops, FM equipment, video relay services, closed captioning, lip-reading facilitators, or sign language.

Training professionals is a valuable tool for eliminating stereotypes and prejudices, while educating families and caregivers will improve access to our rights.

Let's take a look at some examples where we can find these barriers to accessing information related to sexual and reproductive health.

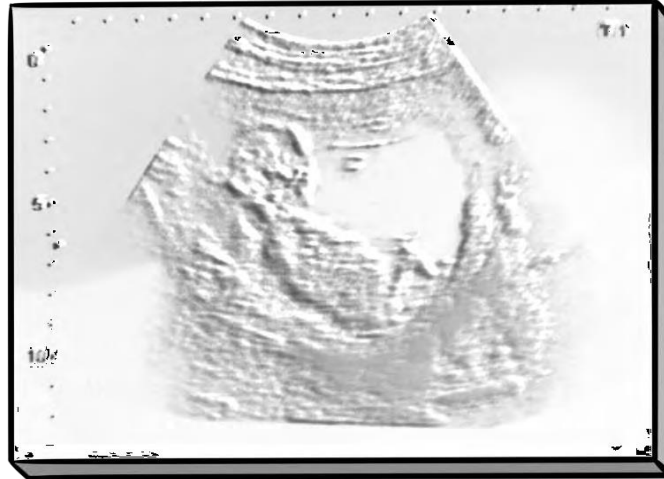
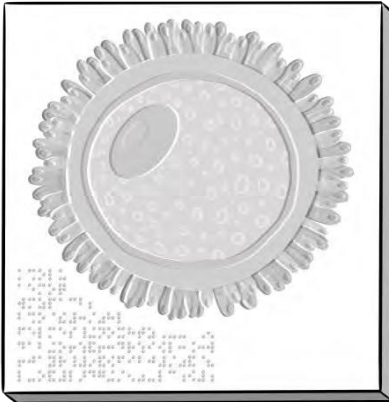
- Women and girls with hearing impairments need—and have a right to—free access to sign language interpretation services, as well as communication support, when we seek sexual and reproductive health services.

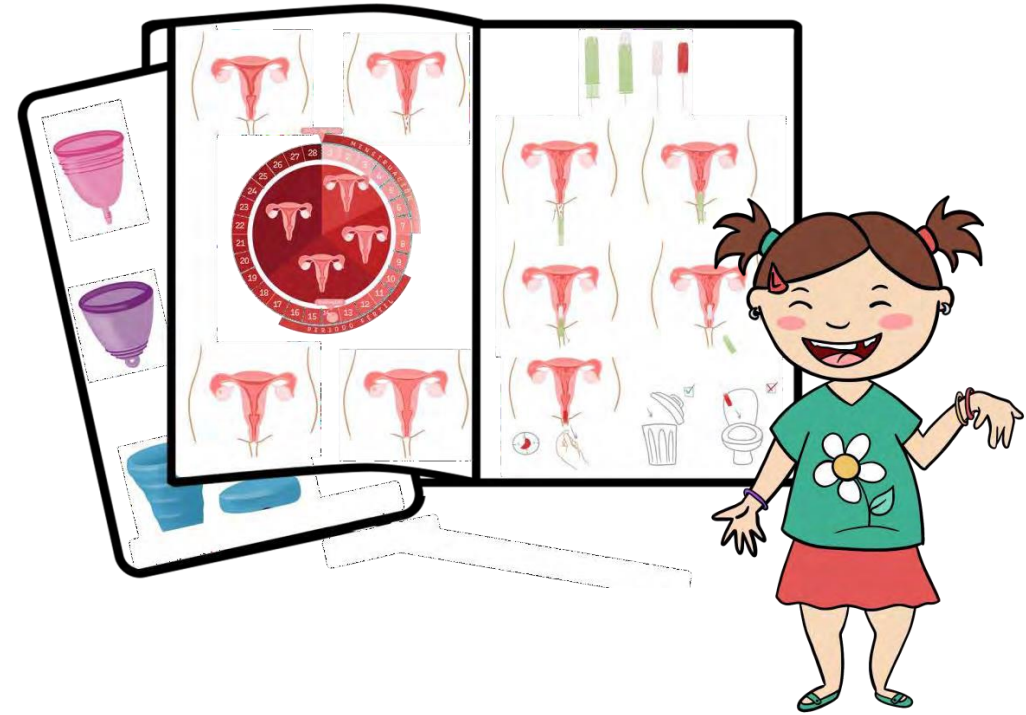


- We need medical records, clinical reports, prescriptions, medication dosages, side effects, and patient information leaflets to be in accessible formats and tailored to our specific situations.
- We need to be provided with informed access to all medical instruments used in physical examinations, as well as being informed in advance about all procedures involved in examinations and diagnostic tests (mammograms, ultrasounds, cervical screenings, etc.).



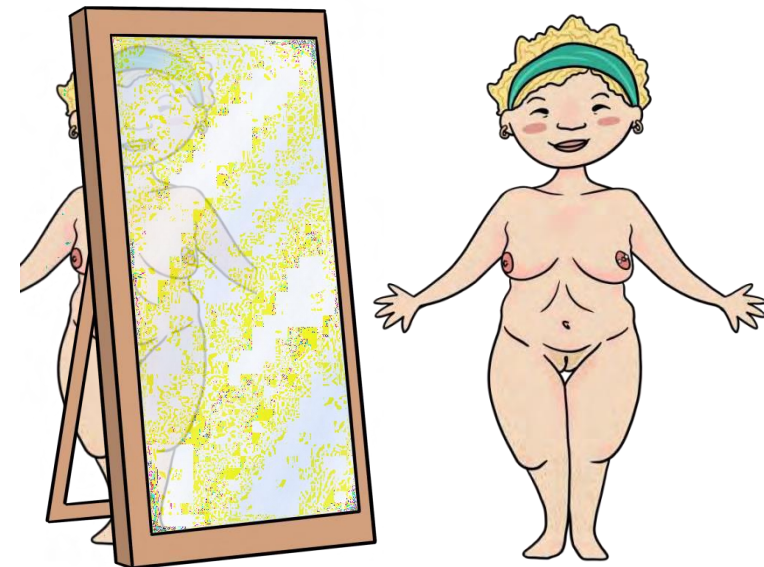
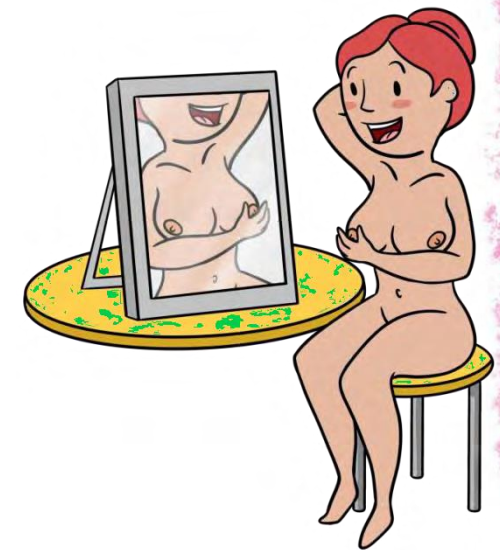
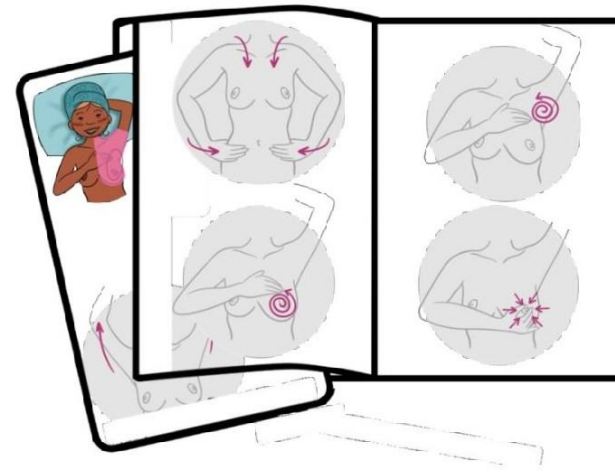
- We must be informed about all processes occurring in our bodies in accessible formats tailored to our specific situations. Example: Use of materials printed in Braille for blind women or women with visual impairments.





- We require flexible and adaptable resources that are interactive, simple, and intuitive, with content that is easy to understand, that minimize risks and errors and are easy to use. Example: Simulators, anatomical models and visual aids.

- We should be provided with the necessary support to ensure we can participate actively and responsibly in monitoring and enjoying our sexual and reproductive health. Some examples include interactive audiovisual guides to identify signs of health and illness in our bodies, practical training in breast self-examination, systems for tracking menstruation or ovulation, or training sessions on products that support the autonomous enjoyment of sexuality.



We would like to highlight a particular barrier that hinders our access to education and information on sexual and reproductive health: Information and Communication Technologies (ICT).

New technologies allow us to stay informed about current events and navigate the modern world, and they enable us to access places and spaces that were previously out of reach due to other barriers; however, many women and girls with disabilities are unable to access these new technologies in the same way as everyone else.

The **digital divide** makes it difficult for us to navigate this environment effectively. We struggle to understand technology (we haven't had the opportunity to receive training), we don't have a specific device or an internet connection (due to a lack of financial resources), we live in isolated areas with poor coverage, or we need special adaptations to use a cell phone or computer.

Not knowing how to use new technologies means running the risk of *being "left out,"* unable to carry out tasks or interact with others.

Currently, telephone appointments and consultations are the norm, and if they are not adapted, they make it difficult or impossible for us to access our sexual and reproductive rights.

Many of the existing technological barriers are easy to overcome. For example, public address systems used to manage appointments can be replaced by WhatsApp, email, and digital screens for appointment access.

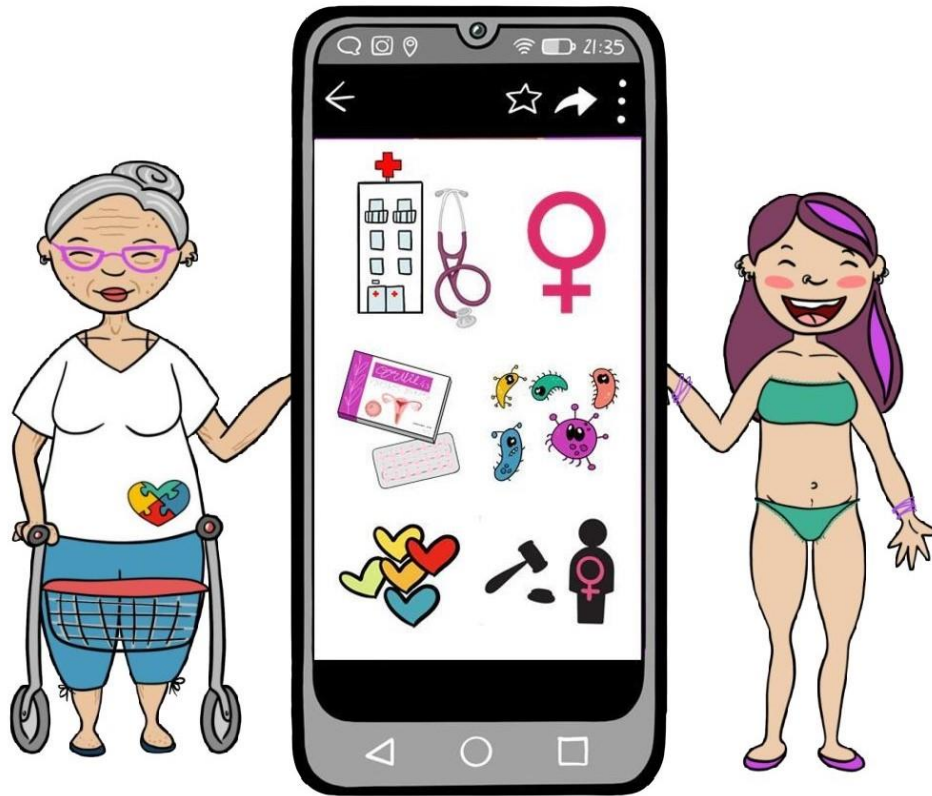
We must provide women with disabilities training in new technologies and offer financial assistance to help them purchase cell phones or computers and facilitate their access to an internet connection.

We will improve technological accessibility by:

- Increasing compatibility between hardware, software, and file formats.
- Including live chat support on websites.
- Choosing a simple and intuitive app or website design.

- Incorporating universal accessibility into all devices, services, and resources designed to promote and protect sexual and reproductive health, whether that be in person, by phone, or online.

Example: Scheduling medical appointments, using facilities, locating clinics, communicating with professional teams...



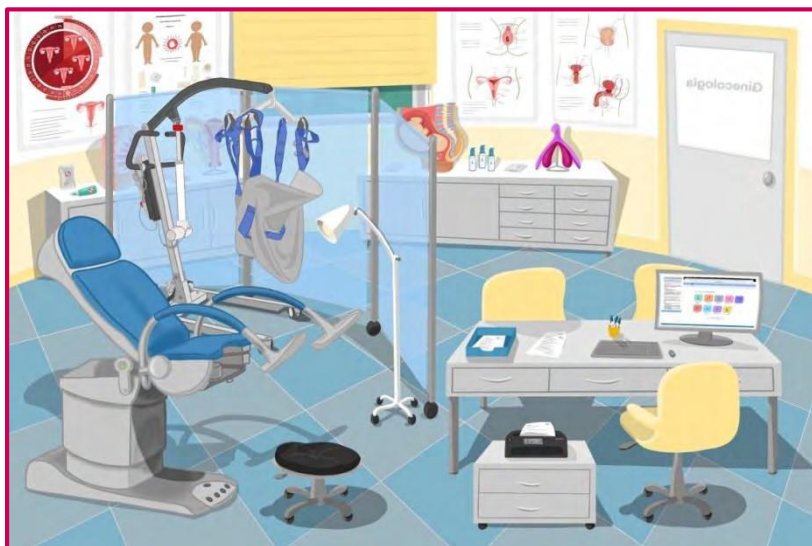
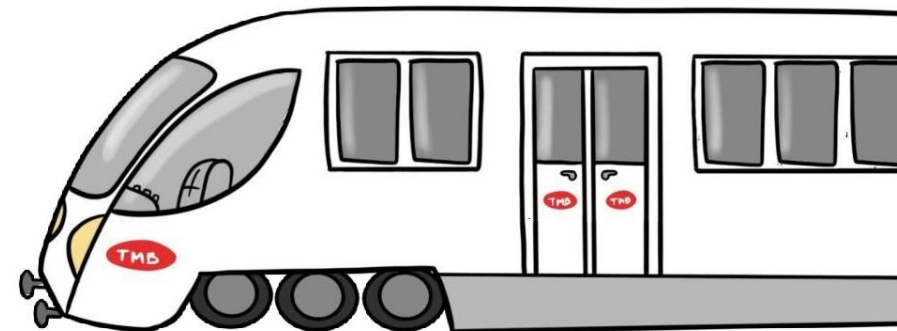
- Promote the use of information and communication technologies (ICT) as necessary resources for researching, accessing, retaining, and managing information, as well as for easily understanding content.
Example: Developing websites, software, and hardware that is accessible to everyone, so these resources are easy to use.
- Publishing and disseminating information, materials, and resources related to our sexual and reproductive health in accessible formats, including documents of relevance to our quality of life (legislation, rights and responsibilities, benefits, guidelines for action and managing environments, protocols, complaint forms, informed consent forms, etc.)
Example: User-friendly mobile apps that facilitate access to medical records, treatments, resources, tests, online appointments, etc.

2

Access to infrastructure and equipment

Women and girls with disabilities often face barriers—physical obstacles that hinder our mobility—when traveling to sexual and reproductive health services. Public transportation is not always accessible, and we also face difficulties in obtaining our own vehicles.

We also encounter barriers in buildings and public spaces related to these modes of transportation: bus terminals and stops, taxi stands, train or subway stations, etc.



We may also encounter obstacles in the buildings where health services are located: main entrances, doors, hallways, walkways, elevators, flooring, counters, bathrooms and restrooms, light switches...

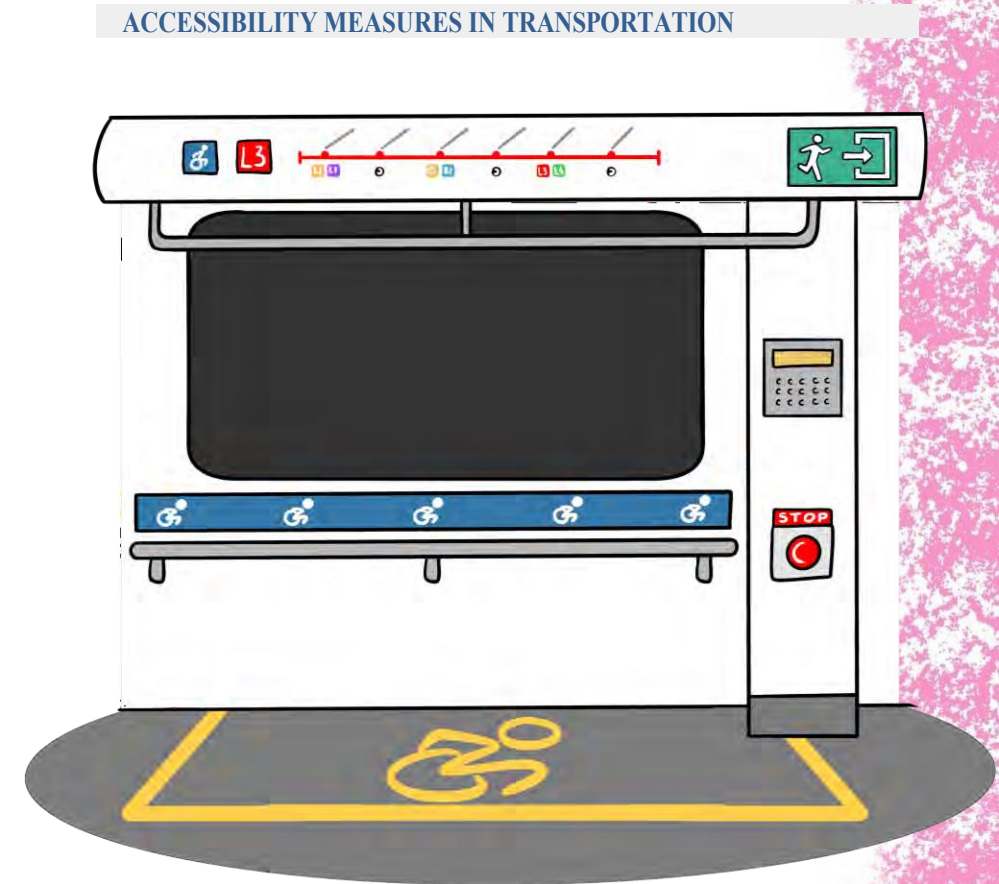
Examination rooms, alongside medical equipment and instruments used, are often not adapted to our needs.

Some of these barriers can be overcome by complying with various regulations governing public transportation, buildings, and public spaces that ensure universal access and use of these facilities. Likewise, **necessary accommodation** should be provided, when required, in all sexual and reproductive health services.

For instance, regulations include visual and audible signage, as well as tactile paving and guide strips at emergency exits.

Also helpful are wayfinding guides, professional escort and support services, braille materials, tactile paving, digital apps...

Infrastructure facilities and furnishings must also take our needs into account. For example, providing comfortable and ergonomic seating for waiting areas, spaces for guide dogs, easy-to-use vending machines, outlets to charge electronic devices and assistive technology products, and areas free from noise pollution...



Universal access and use: by all users
without discrimination

Healthcare services and facilities dedicated to the promotion and protection of sexual and reproductive health must be equipped with accessible and adapted instruments, furniture, and examination equipment—such as examination tables and gynecological examination tables—as well as access to radiology equipment and mammography machines so as to receive dignified care.



3

Non-discrimination. Professional staff with specialized training

Women and girls with disabilities have the right to be considered and included in programs, services, and resources dedicated to sexual and reproductive health.

In healthcare settings, we are still often viewed through an infantilizing and overprotective lens, as asexual beings who neither desire nor are desirable. This results in our sexual and reproductive needs being overlooked, and in a lack of specialized, high-quality care and support.

We are often given fewer diagnostic tests or excluded from gynecological preventive programs.

We are also denied access to contraceptive methods on the grounds of incompatibility with our psychopharmacological treatments, without any scientific basis.

Healthcare professionals often disapprove of our decision to exercise our reproductive rights, alluding to the possibility of transmitting the disability.

Out of ignorance and fear, healthcare professionals unjustifiably pathologize pregnancy, childbirth, and postpartum. We are subjected to excessive monitoring, or we undergo surgical interventions through scheduled C-sections. We are treated as high-risk patients, and our voices are not heard.

They tell us we cannot be mothers because our bodies are not ready for reproduction, that our lives are at risk, or that we cannot be responsible mothers, instead of providing us with real arguments that would help adjust our expectations.

Healthcare professionals need training to avoid these stereotypes and biases.

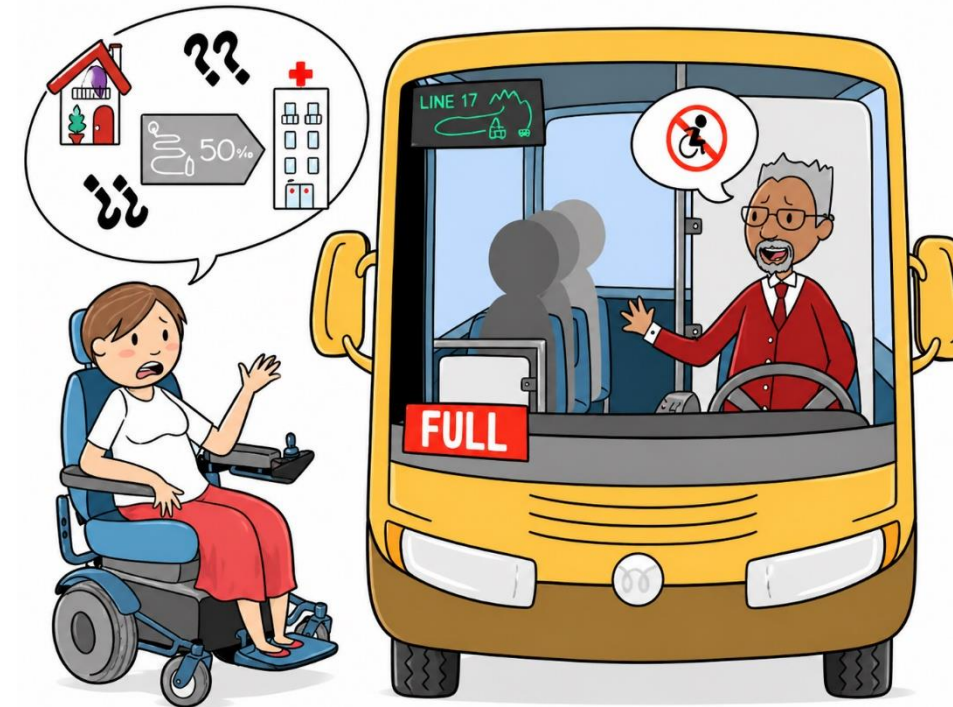
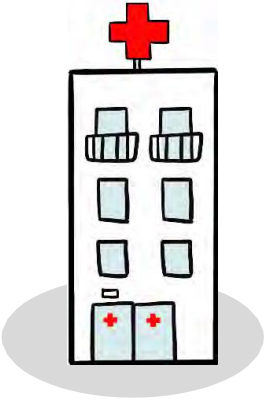


Too many people making decisions about our lives

Your right to **promote, protect and access** sexual and reproductive health is not respected when:

IN TRANSPORTATION AND ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES...

- ❌ You encounter barriers that prevent you from participating in free public sexual health programs
- ❌ You lack medical transportation tailored to your essential needs for attending appointments, medical checkups, monitoring of vital health conditions, or receiving sexual and reproductive health care.
- ❌ You are not included in preventive or screening studies, due to issues related to your disability (needs related to transportation or travel, the need for support, assistance with accompaniment, etc.).
- ❌ They do not facilitate your independent mobility due to the lack of staff specialized in disability.

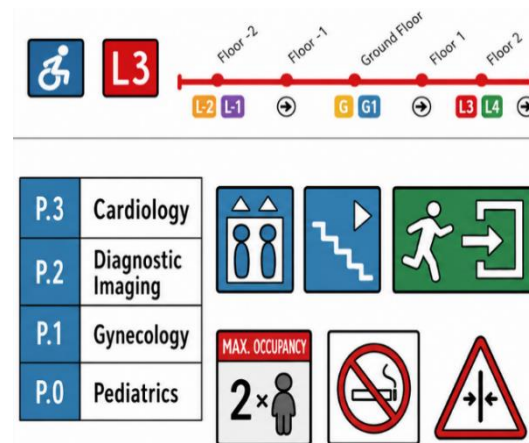
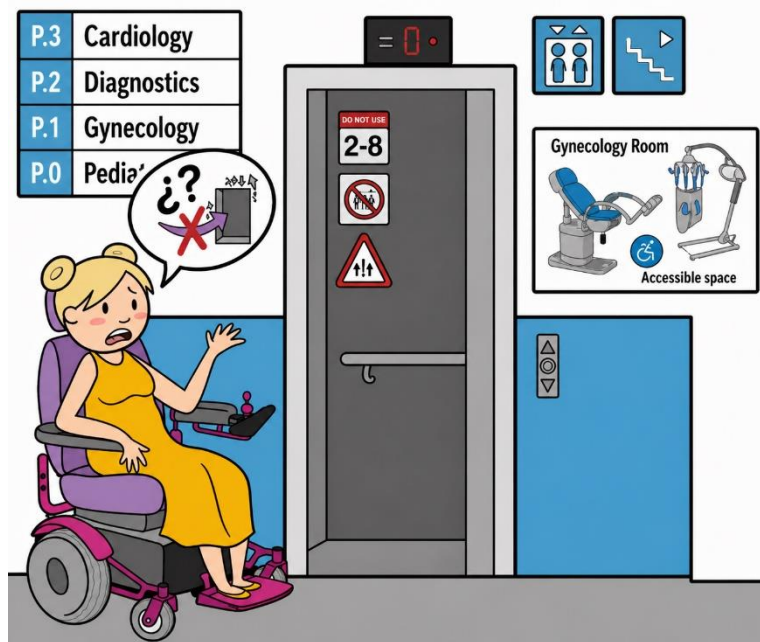


IN FACILITIES, EQUIPMENT, AND INSTRUMENTS...

- ❌ There are architectural barriers that hinder, limit, and/or prevent access to facilities and services dedicated to sexual and/or reproductive health and hinder its use.

Example: Main entrances with stairs, steep or curved ramps; doors to examination rooms, waiting areas, or elevators that are too narrow; passageways that are too narrow for moving or turning with walkers and/or wheelchairs; uneven, slippery, or carpeted floors where the carpet is not securely fastened to the ground; the absence of tactile paving to guide, direct, and warn people; counters that are too high; switches, push buttons, or knobs at unreachable heights...

- ❌ The signage systems in these spaces do not provide the necessary accessibility to facilitate the access to information and promote independence.



- ❌ There are no accessible guidance materials for navigation, operation, and use of infrastructure and services that facilitate independent functioning.



✗ The furniture and/or equipment used for sexual and reproductive health promotion initiatives does not take into account the specific circumstances or needs of women and girls with disabilities (gynecological examination tables, diagnostic equipment: mammography machines, ultrasound machines, etc.).

✗ The equipment typically used for sexual and reproductive health screening and monitoring programs is not adapted to the specific needs of women and girls with disabilities in a safe and comfortable manner.

✗ You are not provided with access to your sensible and private information through means or formats adapted in accordance with universal accessibility criteria.



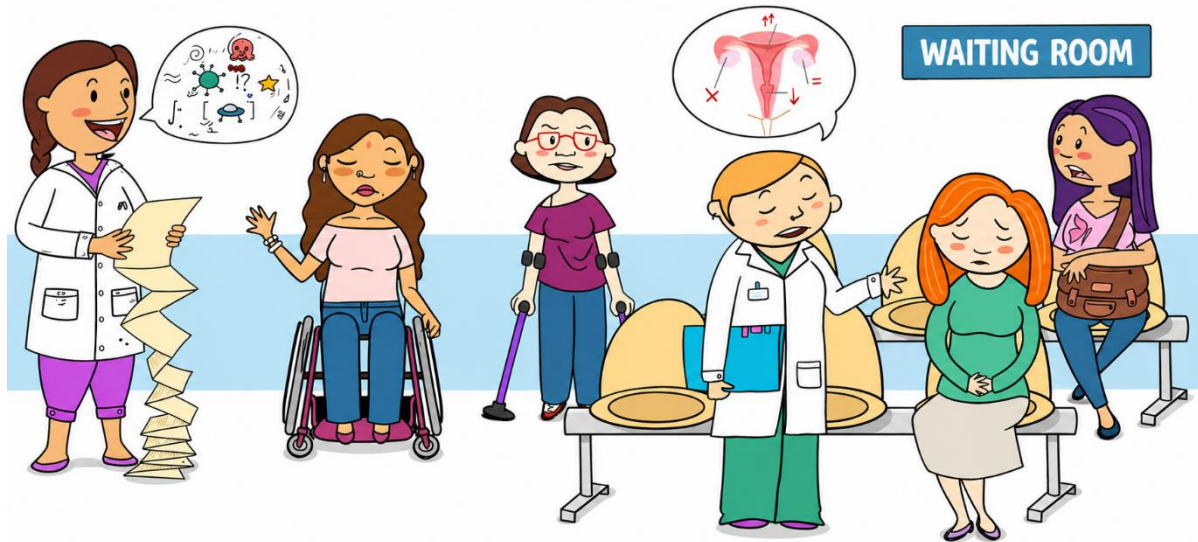
✗ You are not given the opportunity to examine in detail (visually and/or by touch) and in advance the instruments that will be used to examine your body (e.g., in a cervical screening: speculum, wooden spatula, brush...) as well as information on the procedure and the steps to be followed.

✗ The specific furnishings of the facilities do not comply with universal accessibility regulations. Example: there are no accessible restrooms; vending machines are inaccessible.



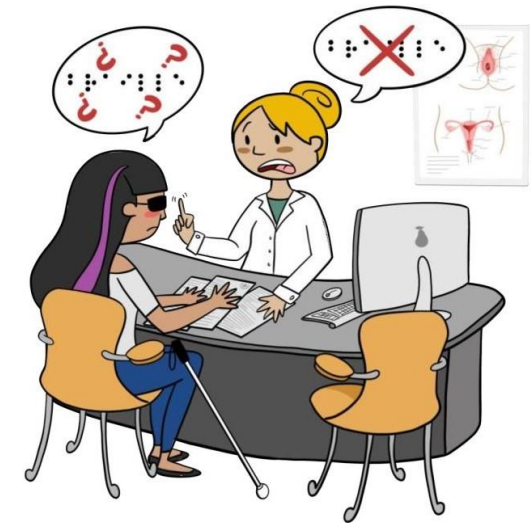
DURING THE CONSULTATION, THE PROFESSIONAL TEAM:

- ❌ Does not introduce themselves, nor do they provide information in simple, understandable terms about what they are going to do during your appointment or stay, nor do they ensure that you have understood.
- ❌ Does not provide basic, personalized, and accessible information about your own sexual and/or reproductive health to help you understand your condition and treatment.

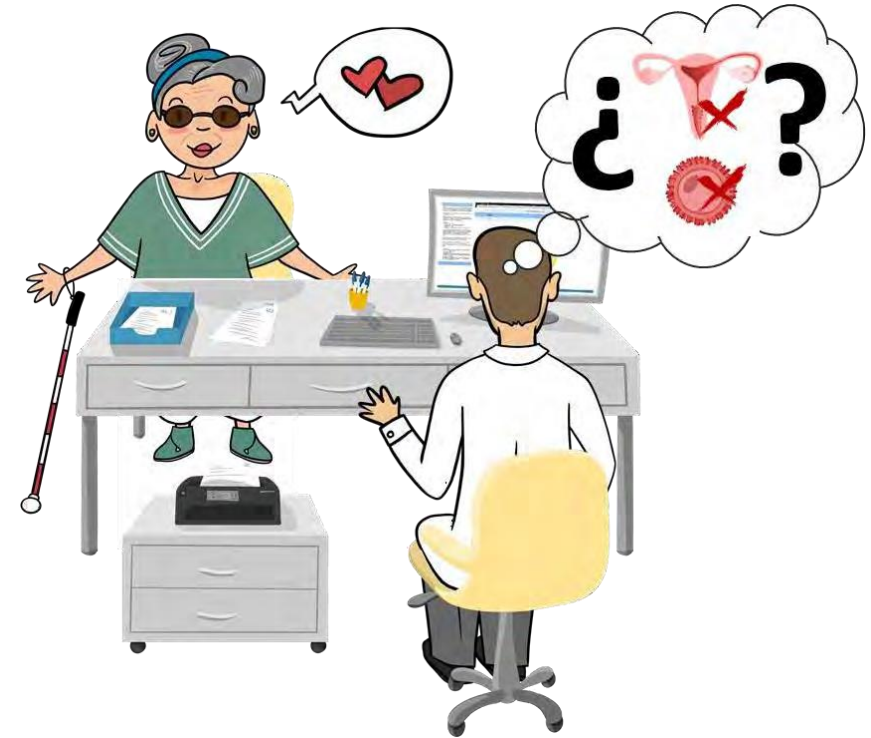
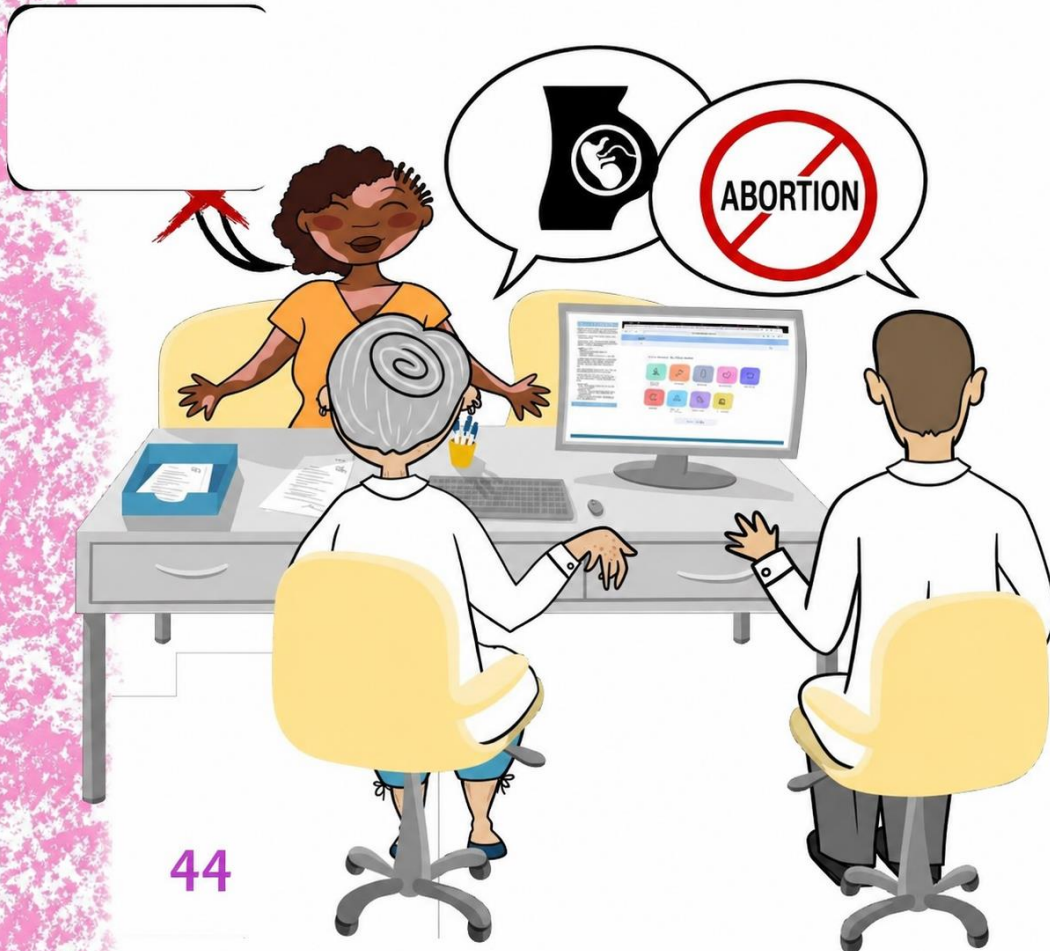


- ❌ Does not provide the necessary support or timely guidance to plan for your anticipated healthcare needs, nor do they provide the means for you to participate in making decisions regarding aspects of your sexual and reproductive health.
- ❌ Does not provide information tailored to your specific circumstances, and there are no accessible documents, resources, or protocols adapted to the diverse situations you face.

Example: Need for medical reports and documentation printed in Braille or in easy-to-read format, need for a sign language interpreter.

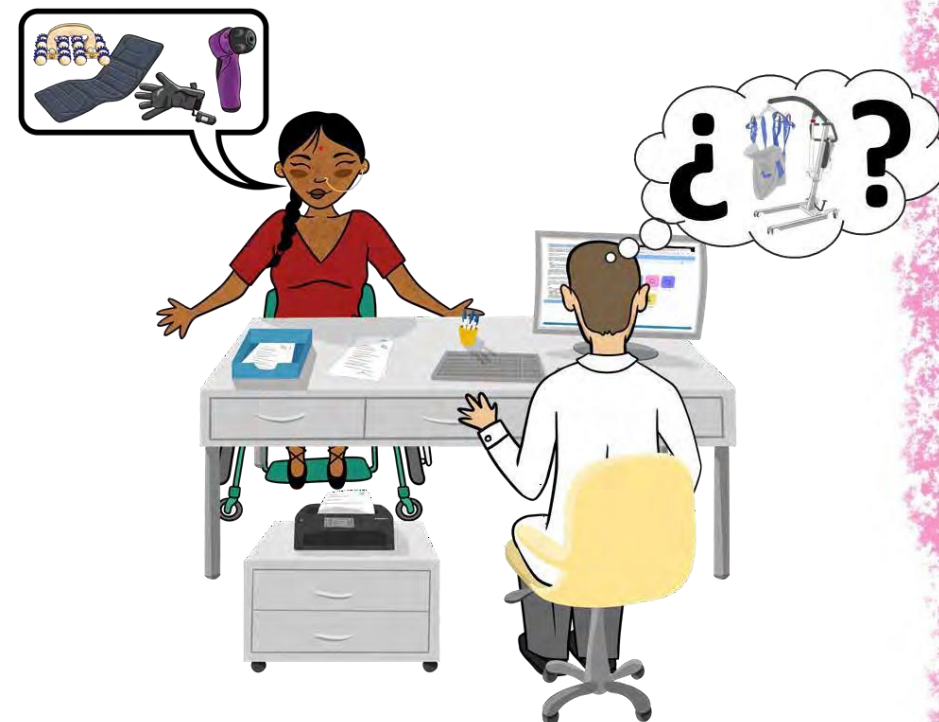
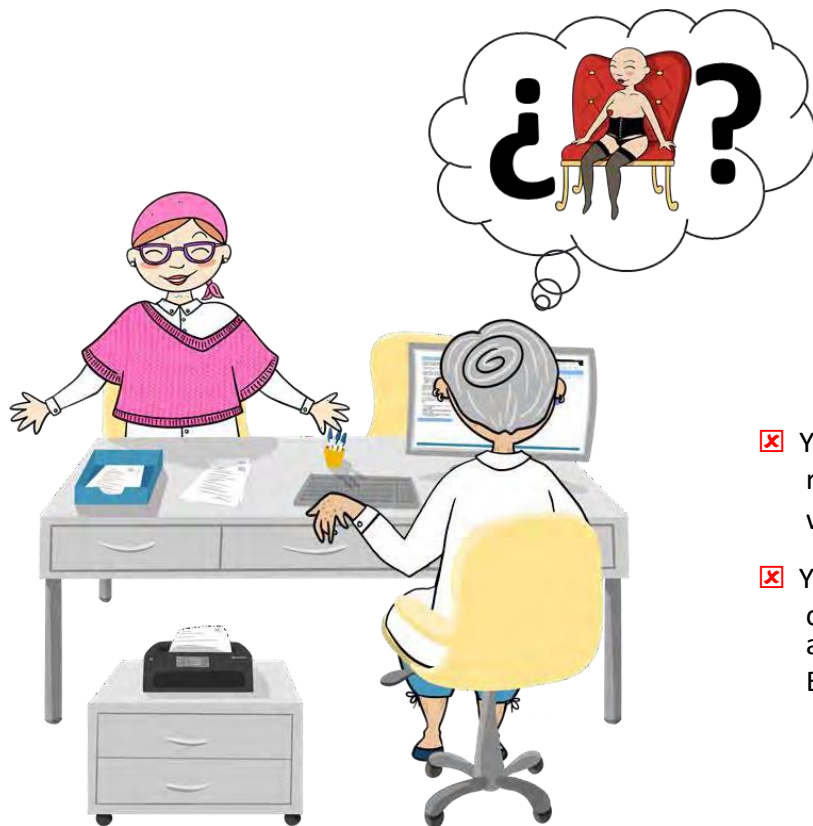


- ✗ Manifest barriers and attitudes (myths, false beliefs, or prejudices) surrounding sex, sexuality, gender, race, ethnicity, age, the presence of a disability... that hinder free and equal access to sexual and reproductive health services.
- ✗ Expresses conscientious objection by obstructing and preventing free and equal access to sexual and reproductive health services



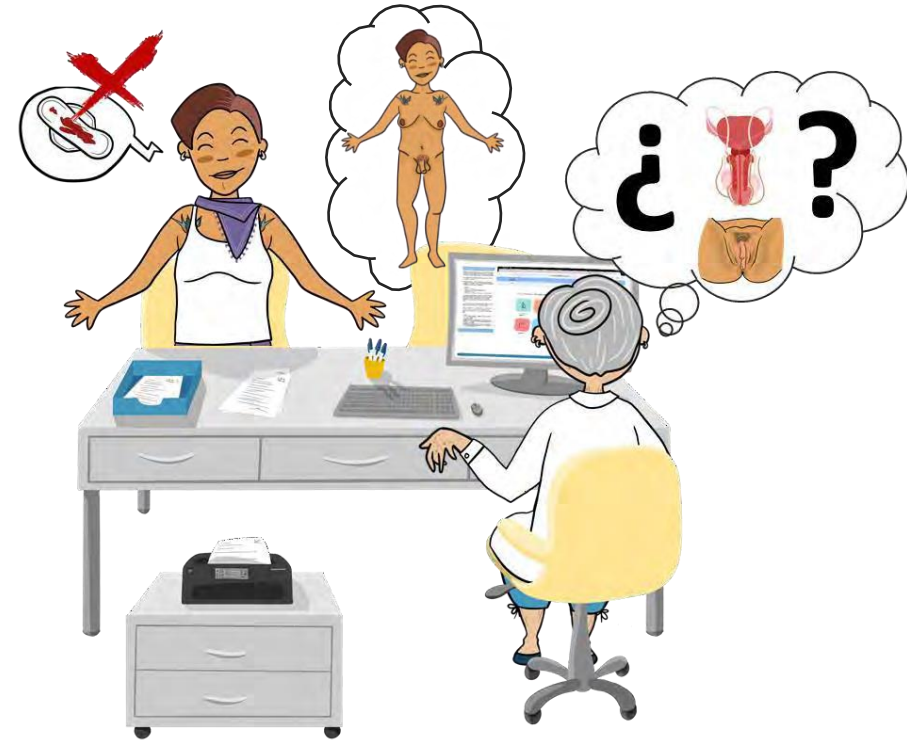
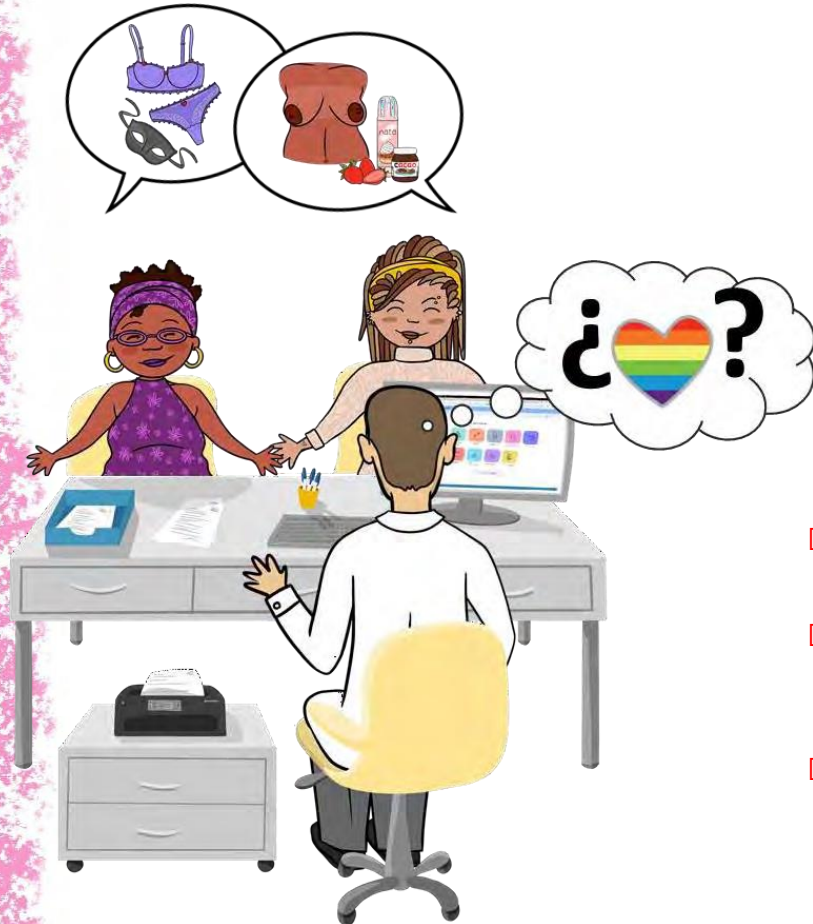
- ✗ Disregards, downplays, or mocks your doubts, concerns, interests, or anxieties, thereby limiting or denying equal access to resources for your sexual and/or reproductive health.
- ✗ Leaves you thinking that certain sexualities are given more importance and prioritized over others through comparisons that create hierarchies; you perceive that the presence of a disability is used as a reason for discrimination and neglect.

- ❌ Does not treat you appropriately in terms of consideration for your body, the symptoms you describe, your concerns, doubts, or worries simply because you are a woman or girl with a disability.
- ❌ Protocols for monitoring sexual and/or reproductive health are not being implemented to identify indicators of health and disease present in your body.

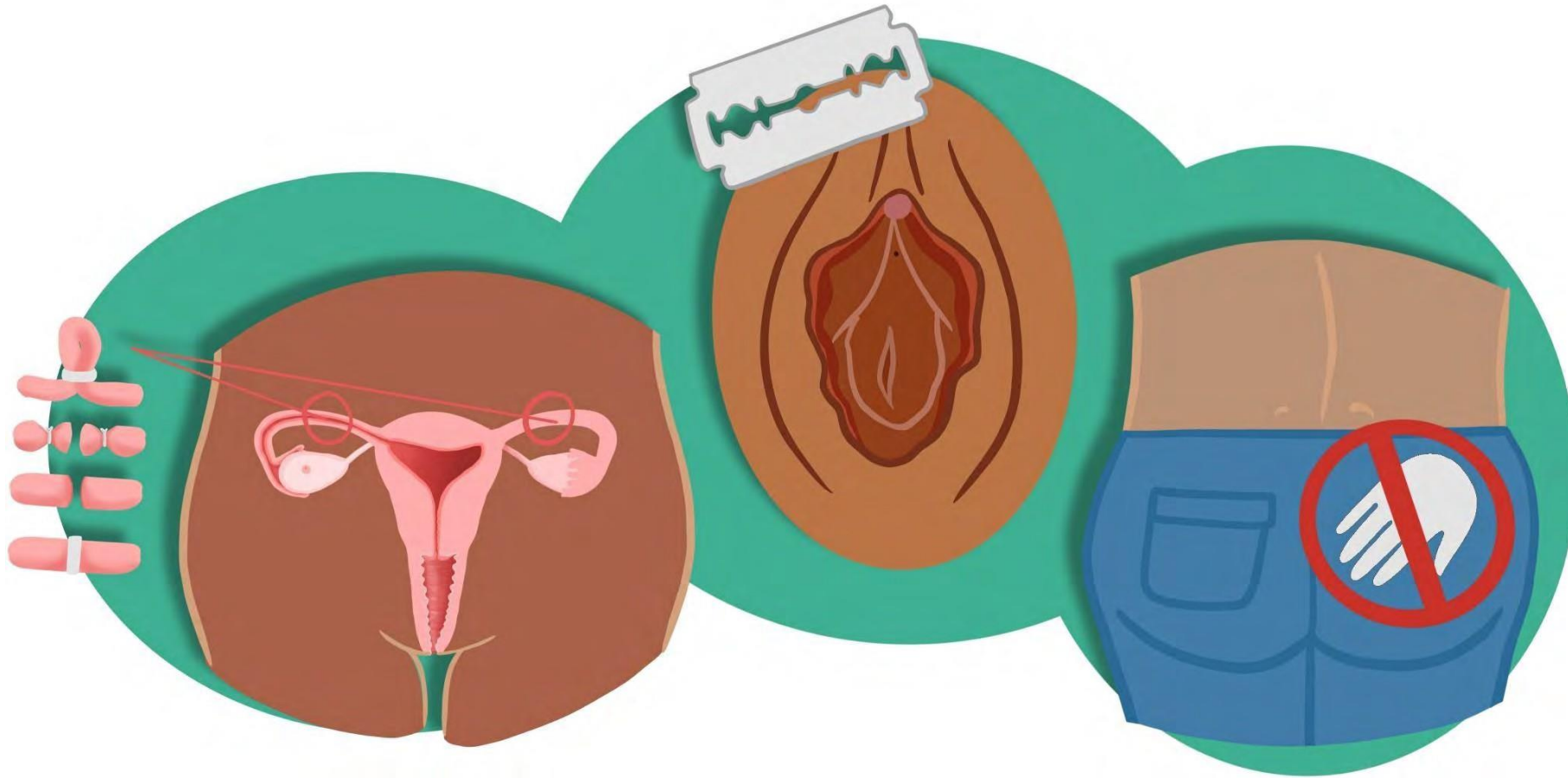


- ❌ You are presented with a negative view of sexuality, focused on problems and risks, while overlooking the fact that sexuality can be a source of pleasure and well-being.
- ❌ Your right to make autonomous decisions about your own body is not recognized, and consequently, your need for support tailored to your specific circumstances is not addressed.
Example: Need for assistive products to support your sexual well-being.

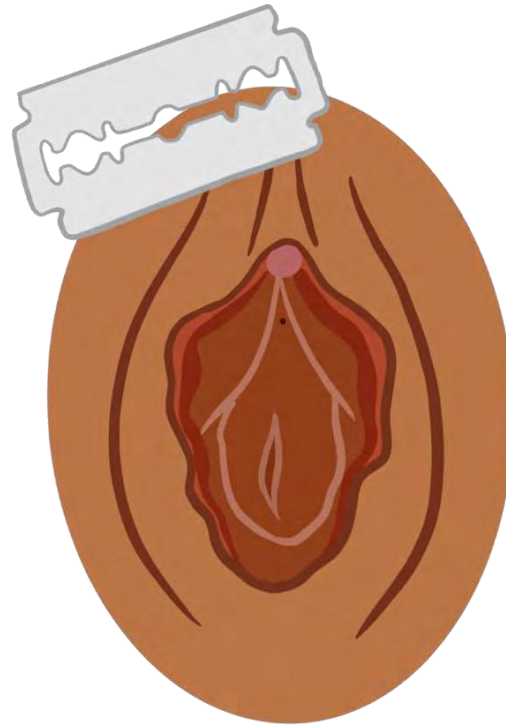
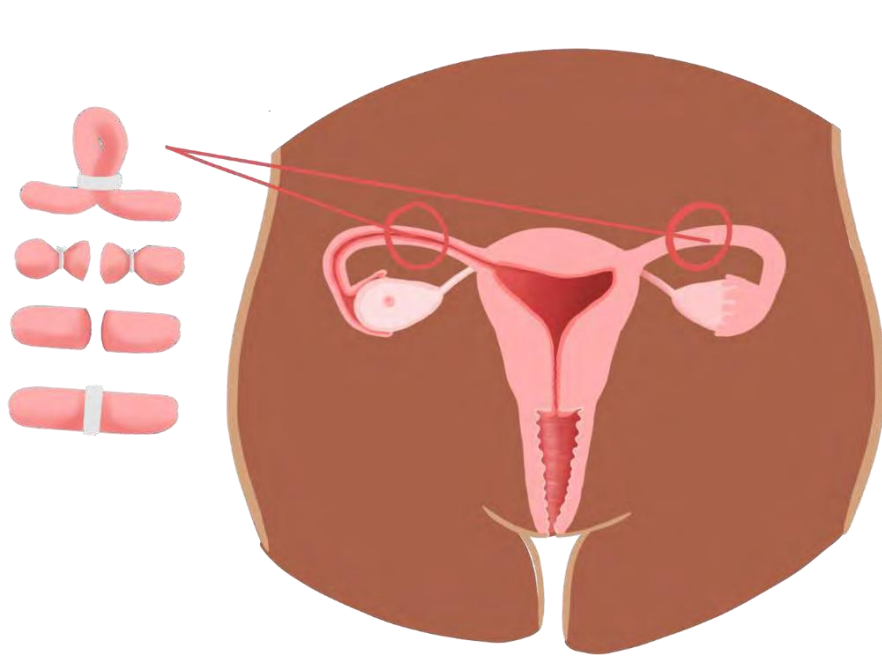
- ❌ You perceive a lack of consideration for diverse bodies as a woman or girl with a disability.
- ❌ You perceive a lack of consideration for diverse genitals present as an intersex woman or girl with a disability.



- ❌ You feel that your sexual and gender diversity—as a woman and a girl with a disability—is being disregarded.
- ❌ Your sexual and/or reproductive needs are not being met as a woman or as a girl with a sexual orientation other than heterosexuality, denying you access to the range of public services or devices intended for the general population.
- ❌ Your sexual and/or reproductive needs as a woman or as a girl with a transgender identity are not being met, denying you access to the range of services or public services or devices intended for the general population or those specifically designed for transgender people.



3. Right to freedom, security, and bodily integrity



“All people have the right to their personal integrity (physical, psychological, and moral) and a life free from risks and from any violence, intimidation, or coercion that threatens our freedoms and our sexual and bodily well-being.”

The right to **sexual autonomy, bodily integrity, and a life free from violence** refers to the ability to make autonomous decisions about one's own sex life—that is, the right to make free, autonomous, and informed decisions about our bodies and our sexuality.

Additionally, we have the right to personal integrity, meaning that no action or omission should cause us psychological, physical, financial, economic, or sexual harm or suffering, or result in our death, whether in the public or private sphere.

Various international laws protect women and girls in these areas.

The **Convention on the Rights of Persons with Disabilities** has warned countries that women with disabilities are at greater risk of **violence, exploitation, and abuse** than other women.

Violence against women with disabilities has become a worldwide threat. We are at greater risk of experiencing violence, particularly sexual violence. Violence against women is also one of the causes of disability in women.

The **Convention on the Elimination of All Forms of Discrimination against Women** also **defines violence against women** as *“any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether in public or private life.”*



Another international treaty, **the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence**—also known as **the Istanbul Convention**—lists various **crimes** of violence against women, including rape, female genital mutilation, forced marriage, sexual harassment, forced abortion, and forced sterilization.



Council of
Europe
Convention on
Preventing
and Combating
Violence against
Women and
Domestic
Violence

Istanbul
Convention

In Spain, **Organic Law 1/2004 December 28 on Comprehensive Protection Measures against Gender-Based Violence** defines gender-based violence as *“violence that, as a manifestation of discrimination, the situation of inequality and power relations of men over women, is perpetrated against women by those who are or have been their spouses or by those who are or have been linked to them by similar emotional relationships, even without cohabitation,”* specifying in Article 1.3 that **gender-based violence** *“includes any act of physical and psychological violence, including attacks on sexual freedom, threats, coercion, or arbitrary deprivation of liberty.”*

Gender equality requires the elimination of any **harmful practices** against women. Harmful practices are *“discriminatory acts or actions that communities and societies carry out on a regular basis and over such long periods of time that they eventually come to be regarded as acceptable”*; they are often rooted in tradition, culture, religion, or superstition. Examples of these practices include female genital mutilation, virginity tests, the abandonment of girls due to a preference for sons, incest, tribal markings, and so on.

We will now focus on some of the crimes that most affect women and girls with disabilities: forced sterilization, sexual violence, abuse, harassment, coercion and cyberviolence.

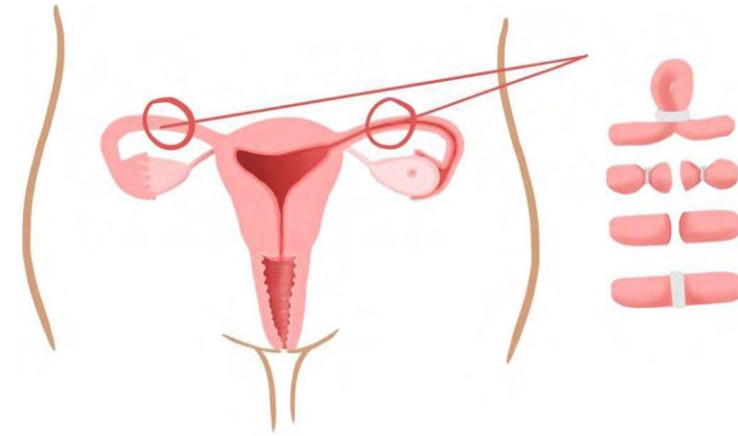


Forced sterilization

Forced sterilization is a surgical procedure that permanently prevents women and men from reproducing. It involves performing surgery on a person without asking for their consent or informing them of what is being done. It is called “forced” when this procedure is performed without the person’s consent or approval, thereby violating their fundamental rights.

Forced sterilization has been performed on many women and girls with disabilities. It is prohibited in Spain.

It is an irreversible operation, for life. It affects our overall development, undermines the recognition of our autonomy, and fails to consider or take us into account. Our fundamental rights are violated.



Some of the reasons why forced sterilization was performed on women and girls with disabilities:

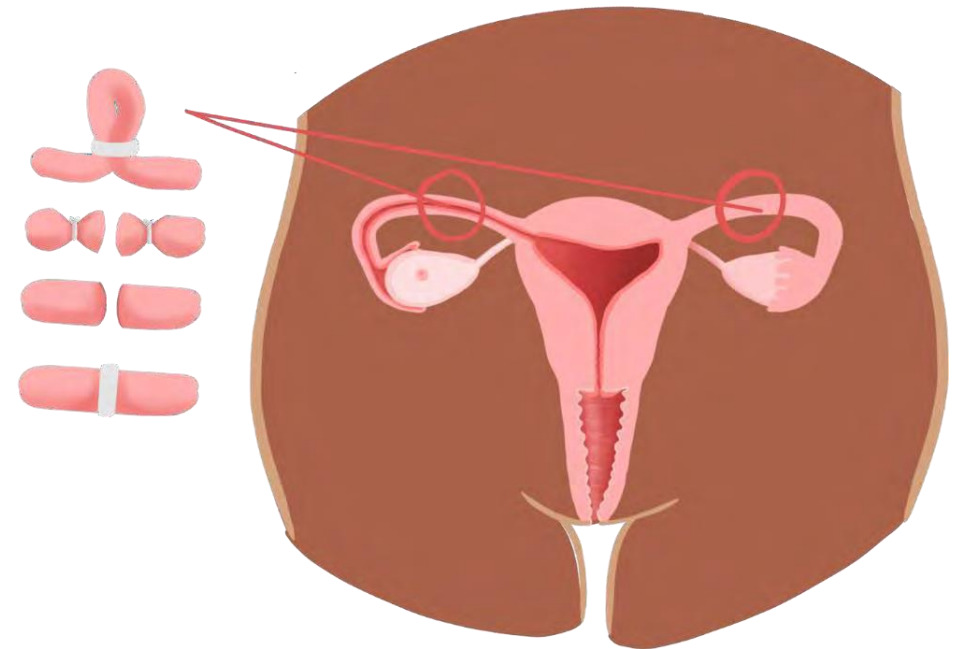
- As a form of punishment.
- As a mechanism used to control fertility and reproduction.
- As a mechanism of social discrimination against people with disabilities. To try to control the presence of people with disabilities in society. A pejorative view of disability (eugenics).
- Women with disabilities were not considered capable enough to fulfill the expected social roles: “motherhood” and “fatherhood.”
- To mask other “false” motives related to health and well-being.
- Protection from abuse and prevention of future pregnancies.

Prohibition of Forced Sterilization

Organic Law 1/2023, February 28, amending Organic Law 2/2010, March 3, on **sexual and reproductive health and voluntary termination of pregnancy**, has been a significant step forward in Spain, resulting from pressure exerted by the social movement of people with disabilities.

This law has led to the eradication of forced sterilization from the Spanish legal system, one of the most flagrant forms of violation of reproductive rights affecting legally incapacitated individuals, and one with a clear gender bias, since it was precisely women who were sterilized.

Thus, as of that date, forced sterilization is prohibited. In other words, no one may be sterilized without their consent or against their will.



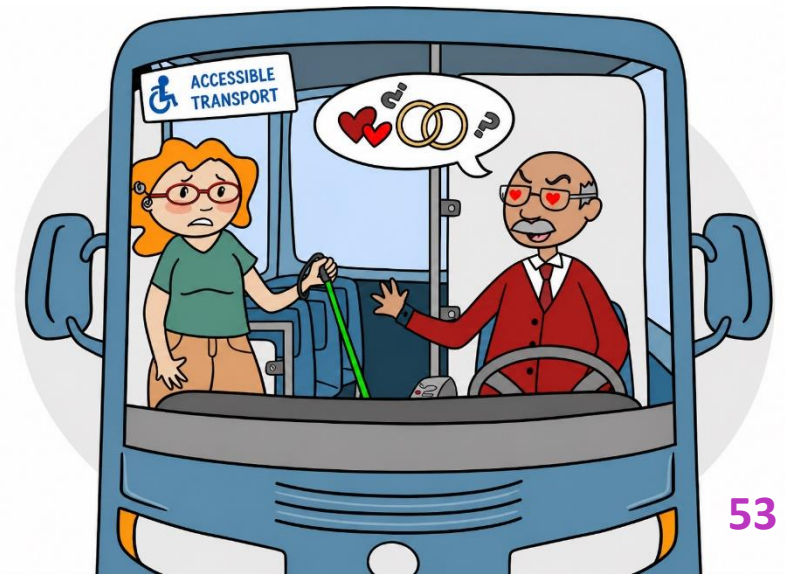
Sexual Violence

Sexual violence is “any sexual act, an attempt to commit a sexual act, unwanted sexual comments or advances, or actions to commercialize or otherwise exploit a person’s sexuality through coercion, regardless of the perpetrator’s relationship to the victim, in any setting, including the home and the workplace.”

To better understand this definition, let’s look at everything that can be considered sexual violence.

- When we are forced to have sex without our consent. This may include threats of any kind, including physical force.
- When someone exposes their genitals to us without our asking for it or wanting it.
- When an adult abuses a minor.
- Sexual harassment in any setting: on the street, at school, in our own homes, etc.
- When people touch us without our permission.
- When people constantly pester us with comments, looks, or propositions for sexual encounters we don’t want to have.
- When we’re forced to marry someone.
- When we are forced to have an abortion if we are pregnant.
- When we’re not allowed to use hormonal or barrier contraceptives.
- When someone physically harms our bodies and/or our genitals.
- When photos or videos are taken of us without our knowledge.
- When we’re having sex and they take off the condom without us knowing.

These acts are not normal; we shouldn’t put up with them, and we need to do something about them.



There are different forms of sexual violence.

Abuse, harassment, coercion, and cyberviolence are some of them, and we'll go into more detail about them below.

Sexual abuse

Sexual abuse occurs when someone takes advantage of another person's vulnerability. This means that one person may have more power over another or may abuse their trust and familiarity to commit a sexual assault.

Let's look at some examples of sexual abuse.

- **Defenselessness:** This is when we are defenseless because we are asleep, have consumed alcohol or drugs, or are unconscious. If we are unconscious, we cannot defend ourselves or object if someone touches us, takes photos of us, or tries to have sex with us. That is why it is called being in a state of defenselessness.
- **Vulnerability:** Vulnerability arises when there is an age difference (when the victim is a child, for example), when we have a disability, when we are from another country, or when we do not have, for example, enough money to buy food or pay rent. A person may take advantage of these situations to get what they want because they may feel "superior" to the other person.
- **Inferiority:** When we talk about inferiority, we are referring primarily to a power dynamic. For example, the relationships we have with teachers or simply an older person. These people may end up abusing that power so that we agree to do things we don't want to do.

- **Trust:** In many cases, abusers are people who have previously earned our trust. Little by little, they become people we feel comfortable with, and they can take advantage of the trust we've built with them and cross the boundaries of intimacy. These people may be family members, friends of the family, our own partner, neighbors, acquaintances, and so on. They also use that relationship of trust to make us believe that others won't believe us if we report them or say that they're abusing us.

Incest is a form of **intrafamilial sexual abuse** and refers to the involvement of a minor in sexual activities carried out by adults primarily for the adults' own gratification.

These sexual activities are not limited to genital intercourse but include any acts or gestures through which an adult obtains sexual gratification.

Minors are still immature and dependent, which means they are unable to understand the nature of these activities; therefore, their consent is not valid.

They live in a state of contradiction and confusion because this violence comes from someone they depend on—someone who is supposed to provide them with care and protection—so they do not recognize it as mistreatment or abuse. As a result, at other points in their lives, they will be unable to recognize other forms of mistreatment.

These are activities imposed under pressure (violence or coercion), where they are forced to keep secrets, and this leads to their isolation.

Incest has serious consequences for children, ranging from behavioral disorders to psychiatric disorders, as well as causing them great suffering and problems with their self-image.

Sexual harassment

Sexual harassment can be both verbal and physical. It is sexual in nature and is intended to intimidate and offend us.

Sexual harassment can occur in various settings. The main types include street harassment, workplace harassment, and academic harassment.

There are many forms of sexual harassment. Let's look at some examples:

- Touching our body without our consent.
- Making comments or jokes with sexual connotations.
- Making sexual gestures, such as touching their genitals in front of us.
- Displaying photos, videos, or illustrations of us with explicit sexual content.
- Exposing their genitals to us.
- Calling other people names or nicknames with sexual connotations.
- Spreading sexual rumors about us.



Sexual coercion

When we talk about coercion, we're referring to the act of being forced to do something against our will. This can take many forms:

- **Using physical force or intimidating us:** When we are intimidated, we feel afraid, either because the person that is intimidating us has an object that can harm us (such as a weapon) or because there are many people involved at the same time.
- **Through threats or extortion:** For example, when someone threatens to fail you in a class or to publicly humiliate you with a photo or video of sexual content. This is also considered sexual violence.

Cyberviolence: Sexual violence on social media

TikTok, Instagram, WhatsApp... are some examples of the social media platforms we use most today. These are platforms that we all have access to.

Through these platforms, we may meet and talk to strangers, and in many cases, this has also led to virtual sexual violence.

Social media is important to many of us, but we need to learn how to use it properly and be aware that we may be targeted online.

Let's identify some forms of violence on social media:

- **Sexual cyberbullying:** This is when a person uses one of these platforms to sexually harass another person. For example, by making sexual advances, sending photos or videos of their genitals, or even threatening them.
- **Sexual harassment of minors or grooming:** This is when an adult pretends to be someone your age and tries to stay in touch with you. Little by little, they gain your trust to ask for photos or even to meet you in person and take advantage of that moment to sexually abuse you.
- **Sextortion:** This is when someone blackmails you into sending them photos or videos of yourself by making threats. They might already have a photo of you and want more, so they threaten to show the photo to other people if you don't send them more content.
- **Sexting:** Sexting is a sexual practice in which we voluntarily send photos or videos to another person, and that person also sends such content to us. It also refers to when we send erotic messages.

The problem with this practice is that the photos or videos can be used in any of the situations we've discussed earlier, or that content can be shared with others to humiliate us.

Sexting is a very common erotic practice that can be extremely pleasurable. However, we must be aware that once the material we send leaves our hands, it is no longer under our control. Therefore, there are certain things we need to keep in mind to protect ourselves as much as possible and ensure that this material is never used against us.

First, we must be sure that this is something we want to do and that we will derive pleasure from it. That way, everyone involved can give their consent and agree on how they will proceed, that is, the type of app to be used, the material to be sent or received, the boundaries to be established, and so on. Content is shared only among those who have given their consent.

We usually blame the person who sent the material when it is shared with others; however, the only person responsible when this happens is the one who shared material that was sent to them under an agreement of privacy and confidentiality.

It is our responsibility to stop “sharing” and to continue speaking out when we receive sexually explicit photos or videos of people we know through social media. As soon as we receive this type of image or video from someone we know (or don’t know), we must delete it immediately and warn others that what they are doing is a crime and can be punished under the Spanish Criminal Code.



Another type of violation of our right to integrity is the **abuse or cruel, inhuman, or degrading treatment** that women and girls with disabilities experience in relation to our sexual and reproductive health.

The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment defines them as acts that, without a specific purpose, inflict a considerable degree of suffering or pain.

The report by the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment (2013) details various forms of abuse in healthcare settings and how they affect women with disabilities.

Abuse in reproductive health services can cause immense and long-lasting physical and emotional suffering.

Examples of such mistreatment include humiliation, denial of abortion, female genital mutilation, or breaches of medical secrecy and confidentiality.

Women with disabilities are often subjected to restraints, which, even if only for a brief period, can also constitute torture and abuse. An example of this is obstetric violence during childbirth.

Non-consensual medical treatments and forced medication also constitute abusive treatment.

Lesbian, bisexual, transgender, and intersex women are also victims of abuse and mistreatment when subjected to verbal abuse and public humiliation.

Another example can be found in relation to children born with atypical sexual characteristics. In some cases, they are often subjected to irreversible sex reassignment surgeries. If performed without their consent, this can cause significant psychological suffering.



Your right to **bodily integrity** is **NOT** respected when:

- ❌ Certain natural processes occurring in your body and/or your genitals (external or internal) have been explained to you from a negative, problem-focused perspective, as a source of problems, risks, or illness, with messages such as:
 - “You’re sick” to refer to the experience of menstruation or your period.
 - “Don’t touch your pussy, poop, ass,” using vulgar terms to refer to your genitals.
 - “Don’t touch yourself, it smells bad”—attributing unpleasant properties (bad odor) to your genitals.
- ❌ People close to you have contributed to a distorted view of your body, your genitals (external or internal), and the natural processes that are commonly present in many women’s and girls’ bodies.
- ❌ They have compared your body to others, making comparisons that cause you to view your body unkindly and justify certain unhealthy practices toward your body (wearing compressive clothing on the breasts, physical restraints...).



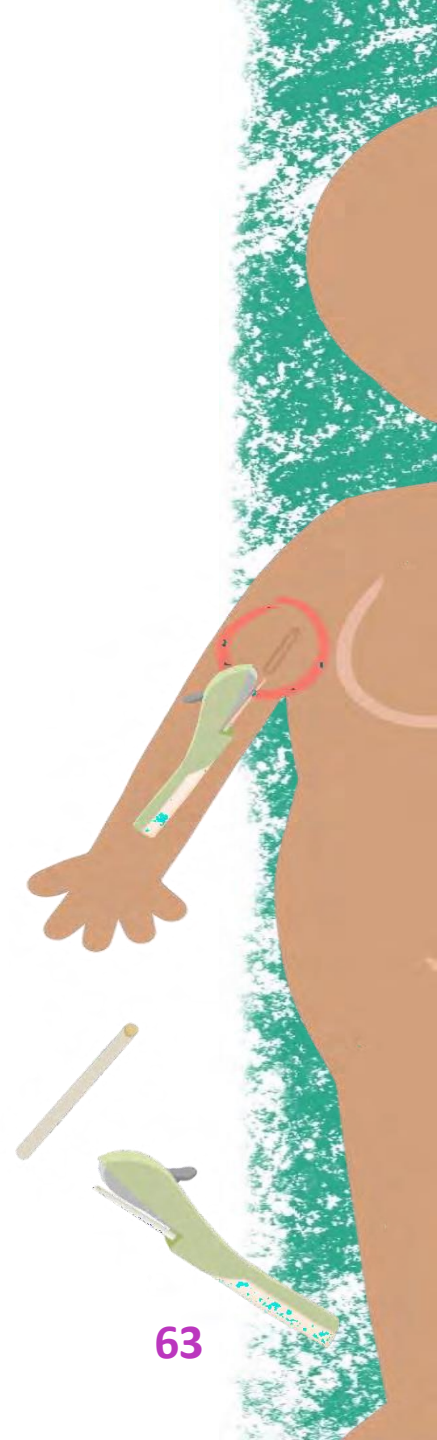
- ❌ You have been administered pharmacological treatments (medications, hormonal treatments, etc.) to anticipate, delay, or interrupt certain natural processes in your body. For example, drugs used to: stop uterine bleeding, bring on or delay menstruation, eliminate pleasurable sexual behaviors (such as touching one’s genitals), control body hair growth... without medical causes or justified health reasons; the main purpose is to halt or conceal physical development and the emergence of your secondary and tertiary sexual characteristics.





- ❌ When prescribing pharmacological treatments related to your health, you are not informed of all the potential side effects that may appear, including those related to the implications for your sexual or reproductive health. For example, changes in the functioning of your genitals.
- ❌ When you have been prescribed medications that affect your sexual or reproductive health without being told the real reasons, with the administration being attributed to other issues that have nothing to do with reality. For example, telling you that the medication is necessary for epileptic seizures, circulatory problems...
- ❌ You have certain devices (implants, intrauterine devices, etc.) placed in your body without knowing the real reasons, without your knowledge, permission or consent, which affect your bodily functions and, consequently, your sexual and/or reproductive health.
- ❌ You take certain medications orally (birth control pills, etc.) that affect your bodily functions and your reproductive capacity, which were prescribed to you without your full knowledge or by withholding real information about the reasons for them.
- ❌ You are administered injectable treatments that affect your bodily functions and, consequently, your sexual and/or reproductive health, without knowing the true underlying reasons.

- ❌ You are receiving certain hormonal treatments that alter the functioning of your body and your genitals, and thereby your sexual or reproductive health.
- ❌ Without your full knowledge (of the true reasons and their implications), you have undergone surgical procedures that affect your sexual health and reproductive capacity.
- ❌ You have been prescribed and administered medications and drugs that affect your body, your genitals (external or internal), and their functioning—either directly or through their side effects—causing changes in the genital areas, processes involved in reproduction or in processes related to physical pleasure. Example: psychotropic medications that affect genital sexual response.
- ❌ If you are a woman or girl with a disability and intersex anatomy, you have not been taught about existing anatomical diversities from a positive perspective, on the contrary, the diversity of certain anatomical structures, or the absence or presence of certain processes (e.g., menstruation, ejaculation...) is seen as a reason for discrimination.



- ❌ From an early age, without your full knowledge or consent, certain decorative elements of cultural origin have been placed on your body simply because you are a woman; these could affect your bodily functions and, consequently, your sexual and/or reproductive health, and may even be a cause of disability.
- ❌ You have undergone certain procedures that have altered or injured your genitals simply because you are a woman, without any medical justification for doing so (partial or total removal of external or internal genitalia: clitoris, outer and inner labia of the vulva, narrowing of the vaginal opening...) that pose a risk to your sexual and reproductive health, or even result in a disability.
- ❌ As a result of ethnic or cultural traditions, restrictive devices (bandages, pressure gauze, girdles, etc.) have been placed on your entire body or on specific body parts, which have impeded or continue to impede your physical development and the emergence of sexual characteristics simply because you are a woman, causing certain illnesses or disabilities.
- ❌ You have certain body markings (tattoos, piercings, superficial or deep incisions...), performed without your full knowledge, by aesthetic concerns based on ethnicity or culture, or simply because you are a woman, that affect your sexual or reproductive health and may be a cause of disability.



Your right to **bodily integrity** and a life free from violence is **NOT** respected when:

- ❌ In public spaces, you have experienced situations involving gestures, behaviors, stares, and/or sexually suggestive remarks that have left you feeling annoyed, uncomfortable, harassed, intimidated, overwhelmed, angry, followed, attacked, and/or watched because you are a woman or girl with a disability.
- ❌ On public transportation, you have experienced non-consensual behaviors such as: someone brushing against you, grabbing, touching, slapping, rubbing, uncomfortable stares, sexually suggestive comments or whispers, innuendo, or other expressions, behaviors, or gestures that involve an invasion of your personal space simply because you are a woman or girl with a disability.



SEXUAL HARASSMENT

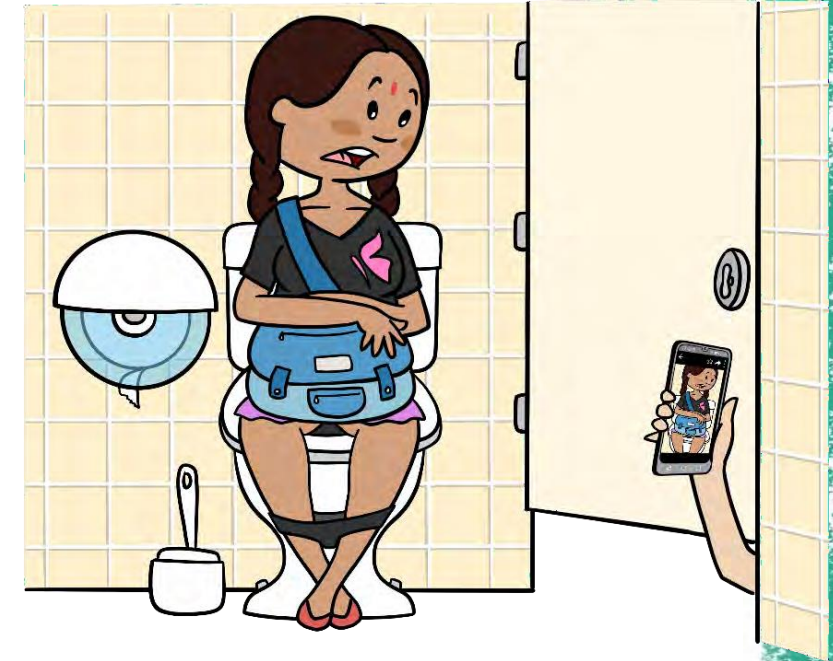
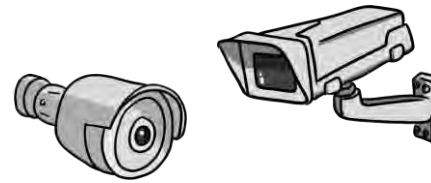
- ❌ They have invaded your personal space by reducing or eliminating the minimum interpersonal safety distance or by intruding indiscreetly on your private conversations, causing you to feel unease, discomfort, agitation, physical tension, distress, anxiety, and/or anger.
- ❌ You have repeatedly experienced situations of persistent invasion and violation of your personal time and space that have caused fear and/or distress (staring, unpleasant comments, physical stalking, knocking or banging on the bathroom door...).
- ❌ People you know or don't know, without your permission or consent, have exposed their naked or partially naked body, touched their genitals, or made gestures of an explicitly sexual nature in your presence simply because you are a woman or girl with a disability.

- ❌ People you know or do not know, without your prior authorization or permission, have accessed intimate and private information (images, photographs, conversations, messages, health reports, diaries, letters...).
- ❌ Without your prior authorization or permission, people you know or don't know have shared your intimate and private information (photos, messages, conversations, medical records, etc.) through various channels: via text message, in print, via social media... publicly with other people.
- ❌ You have received phone calls, text messages, emails, audio files, images, or photos containing explicitly sexual or pornographic content of offensive nature without having previously requested them and consented to them, simply because you are a woman or girl with a disability.



- ❌ You have received from people you know or don't know, without your prior authorization or permission, phone calls, emails, text and/or audio messages, or images containing mockery or threatening insults.
- ❌ People on the internet have shared private information about aspects of your sexual or reproductive life, offensive content, insults, nicknames or false rumors with the intent of humiliating you on public platforms such as the internet, social media, etc. simply because you are a woman with a disability.

- ❌ You have been photographed or filmed in public restrooms, locker rooms, or fitting rooms, and those images have been made public and shared without your consent or permission through various channels: via text message, in print, on social media...
- ❌ Someone has shared information, photos, or videos of personal nature to hurt or embarrass you.
- ❌ You have received insults or threats via social media (Facebook, Instagram, YouTube, Twitter, WhatsApp...), text messages, audio messages, images or photographs based on your sex or gender, disability, physical appearance, behavior, ethnic or cultural background, social status, sexual identity, or sexual orientation...



- ❌ There are systems and devices for capturing and recording images and sounds, such as video surveillance cameras and intercoms, in areas intended for bodily privacy (bathrooms, restrooms, bedrooms, treatment areas, nurse office, physical therapy room, etc.).
- ❌ They have accessed your belongings or personal and intimate items without permission or authorization. They have viewed, handled, hidden, thrown away, damaged, stolen or displayed your belongings in public with the intention of violating your dignity and causing personal harm for the fact of being a woman or a girl with a disability.

- ❌ You have been physically assaulted by people you know or strangers: shoving, slapping, punching, elbowing, kicking, biting, hair pulling, making you trip... simply because you are a woman or a girl with a disability.
- ❌ You have experienced verbal abuse through mockery, laughter, insults, offensive “jokes”, etc. directed at you simply because you are a woman or a girl with a disability, because of your sexual identity or orientation, because of your gender expression, the way you dress...
- ❌ Someone has spread false rumors and lies regarding your sexual and/or reproductive life, poisoning social coexistence, which may lead to situations of isolation and negatively affect your reputation simply because you are a woman or girl with a disability.



- ❌ You have experienced social persecution by two or more people as a result of false rumors and lies spread by third parties simply because you are a woman with a disability.
- ❌ You have been denied participation, have been ignored, isolated, not spoken to, or excluded from group activities, and even, others have been pressured not to interact with you.

- ❌ People close to you—people you know with whom you have shared intimate and private information—are not respecting your request for confidentiality and are sharing your private information with others causing embarrassment, etc.
- ❌ In your immediate surroundings (family, school, work, recreational environments), someone has disseminated images, illustrations, posters, cartoons, drawings, and photographs of unpleasant sexually explicit content.
- ❌ You are intentionally shown graphic and audiovisual materials (images, photographs, magazines, videos...) with explicit sexual content, even though you have expressed your discomfort.
- ❌ People in your immediate environment (family, school, work, friends, etc.) persistently invite you to participate in social activities even though you have made it clear that you are not interested and have rejected them on previous occasions.
- ❌ You have experienced situations involving unsolicited physical contact or excessive or unnecessary physical closeness from people in your close circles.
- ❌ You have received compromising invitations and/or requests for sexual favors in exchange for work-related favors (improved working conditions, job security, promotion...) merely because you are a woman with a disability.



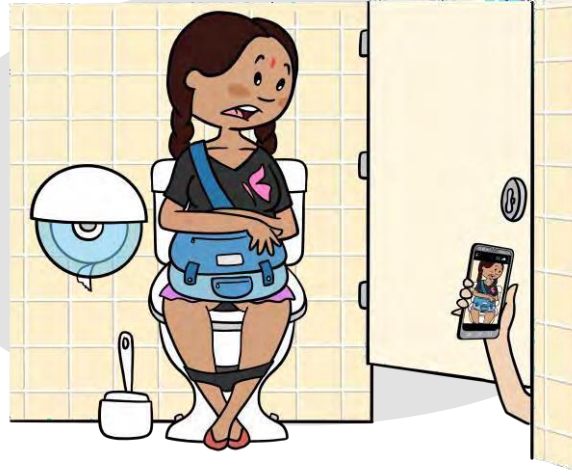


Remember!



Invading personal space and intruding on personal times of women and girls with disabilities **is NOT funny—it is HARASSMENT.**

Accessing intimate or private information (images, photos, conversations, etc.) regarding women and girls with disabilities without authorization or permission **is NOT funny—it is HARASSMENT.**



Mocking, laughing at, or making jokes about issues related to disability, or about the identities or sexual orientations of women and girls with disabilities **is NOT funny—it is HARASSMENT.**



Accessing, taking, breaking, hiding, or displaying the belongings of women and girls with disabilities without permission **is NOT funny—it's HARASSMENT.**



Sending messages or images with erotic, threatening, or obscene content to women and girls with disabilities **is NOT funny—it is HARASSMENT.**



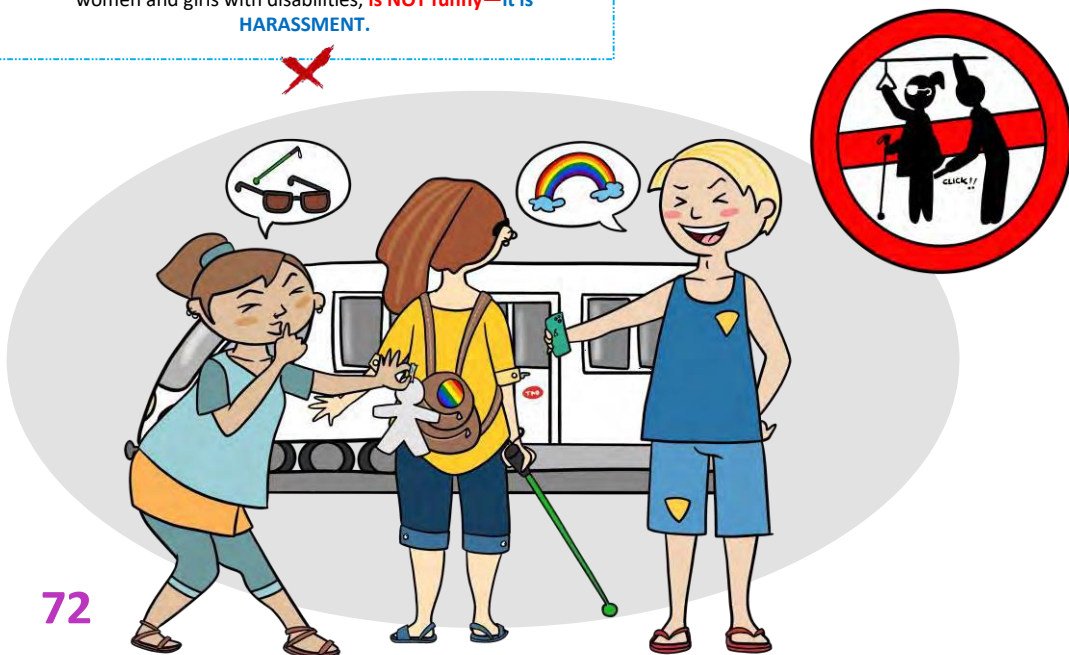
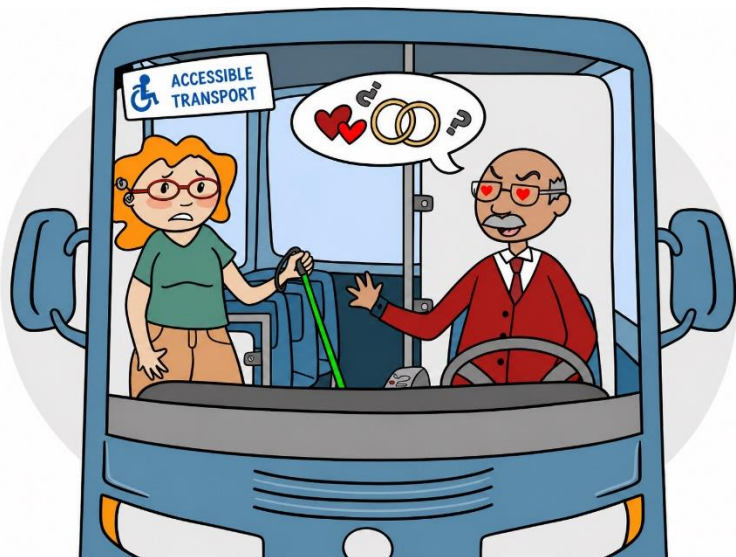
Sending emails, text messages, or sharing posts on social media with offensive content (insults, nicknames, etc.), false rumors, or humiliating remarks directed at women and girls with disabilities **is NOT funny—it is HARASSMENT.**

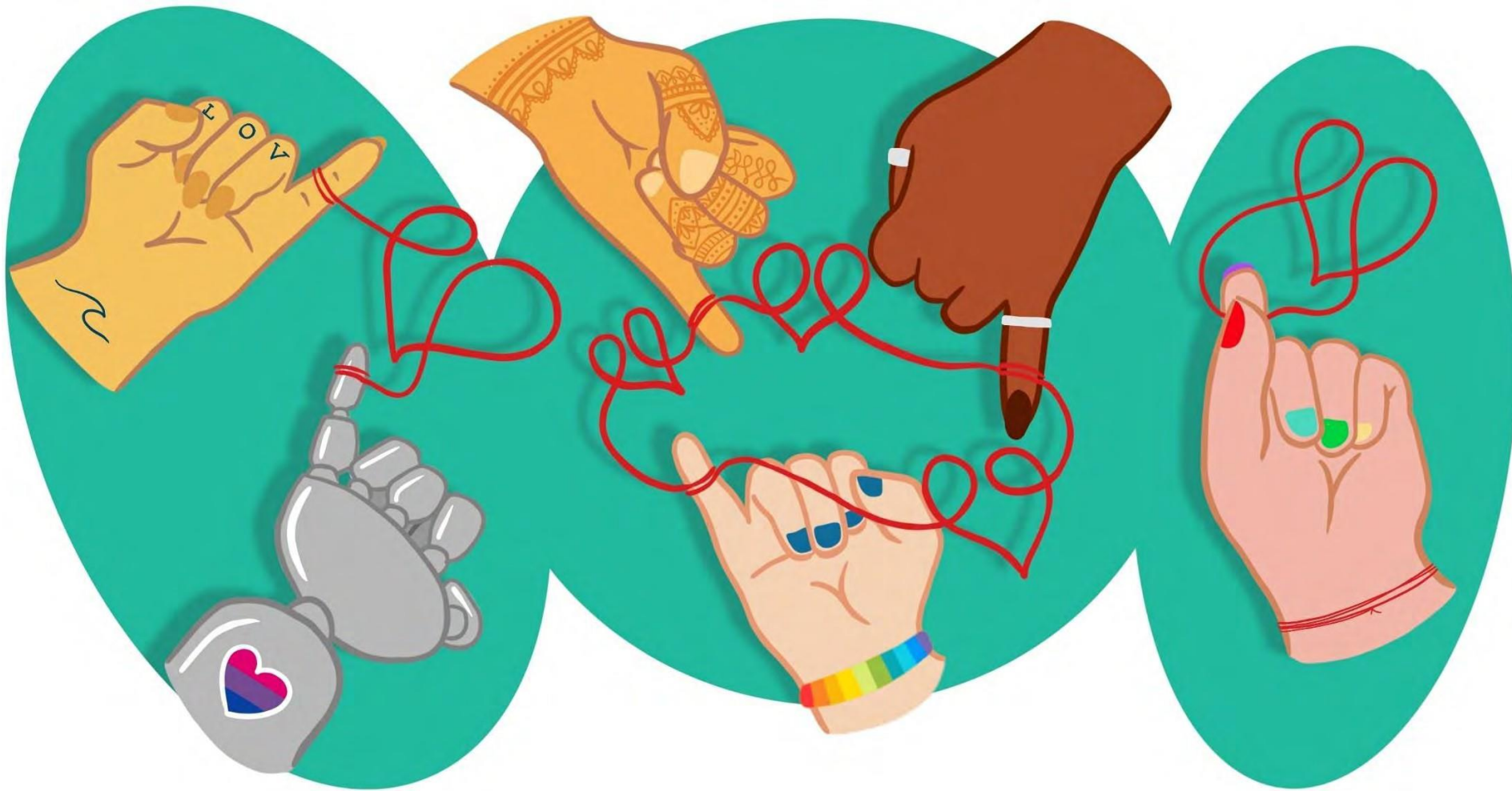
Ignoring or isolating women and girls with disabilities by spreading false rumors, publicly humiliating them, or manipulating others **is NOT funny—it is HARASSMENT.**



Sharing private information without authorization or permission and using it to mock, exclude from the group, or prevent women and girls with disabilities from participating **is NOT funny—it's HARASSMENT.**







4. The right to form a family



74 “Everyone has the right to choose the form of cohabitation they consider most appropriate with the emotional relationship they have established, and to dissolve it if they so choose”

Women and girls with disabilities have the right to choose the type of emotional and romantic relationship we wish to maintain, and to decide whether to enter into a civil union, to separate, to marry or to divorce.

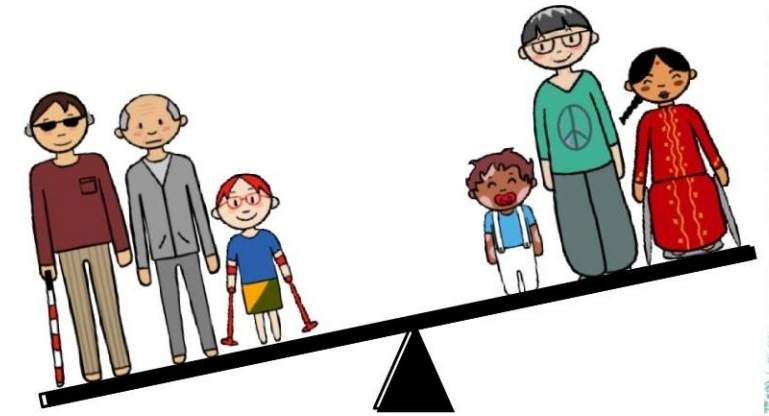
This right is enshrined in the **Universal Declaration of Human Rights** (Article 16), which establishes the right to form a family and to have that family protected by society and the State.

In Spain, it is the **Constitution** (Article 39) that protects the right to form a family.

Women and girls with disabilities have experienced—and continue to experience today—socialization processes that differ from those of other people.

We are raised differently because we are women and girls, which is why different things are expected of us in our relationships with others; we are expected to be dependent rather than independent, which leads to insecurity and mistrust.

As women, we are raised with the idea that we need other people—a partner—to be happy, and that if we don't find one, we won't be “complete,” we won't be happy, and we will have failed socially.



Barriers

This opportunity to be happy is diminished when women and girls have disabilities. People assume we are asexual and have little chance of finding a partner or starting our own family because our physical, cognitive and mental conditions, or even our appearance prevent us from doing so.

These stereotypes are also widely shared by families and professionals, who are more inclined to support our progress in education and employment than in matters related to our sexual and emotional practices or romantic relationships.

They make us believe that our bodies aren't attractive to others, that what they want is to take advantage of us, or that we might be a burden to them.

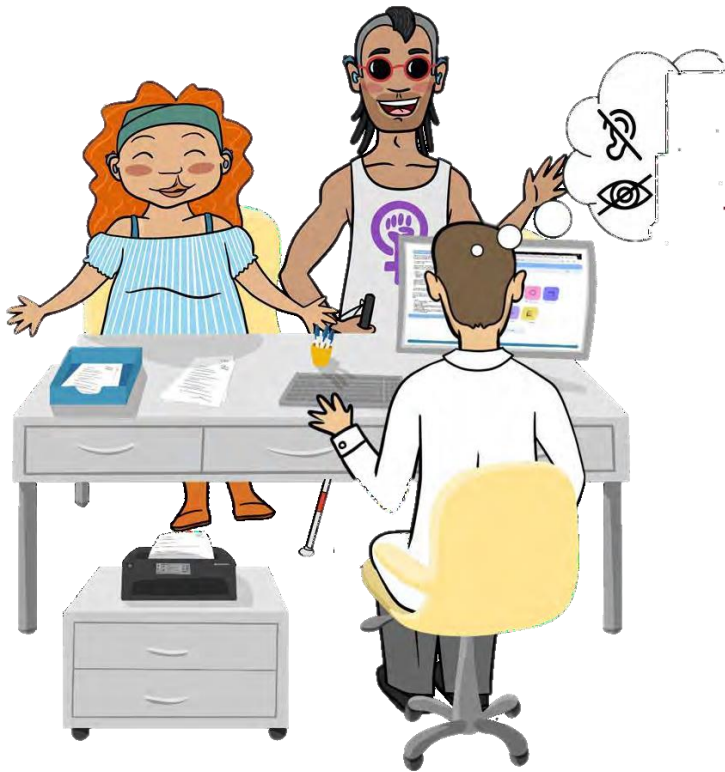
These attitudes affect how we see ourselves and play a significant role when we want to socialize, limiting our opportunities to form relationships.

In turn, this hinders our access to education and information about sexuality and reproduction, as well as to healthcare in these areas. When we do have access to such resources, they are often focused on preventing pregnancy or disease, rather than on enjoying love or sex.



For these and other reasons, the **Convention on the Rights of Persons with Disabilities** (Article 23) requires countries to take measures to ensure that persons with disabilities are not discriminated against in matters of marriage, family, and personal relationships, so that they may form these bonds on an equal footing.

It recognizes our right, if we are of marriageable age, to marry and start a family based on the free and full consent of the future spouses.



Women with disabilities have the right to decide whether we want to start a family, even though many of us have long been denied this right, including through legal incapacitation. A lack of information also prevents us from making these decisions.

Law 8/2021, June 2, which reforms civil and procedural legislation to support people with disabilities in exercising their legal capacity, puts an end to legal incapacitation and allows us to make our own decisions freely and with full knowledge of the facts.

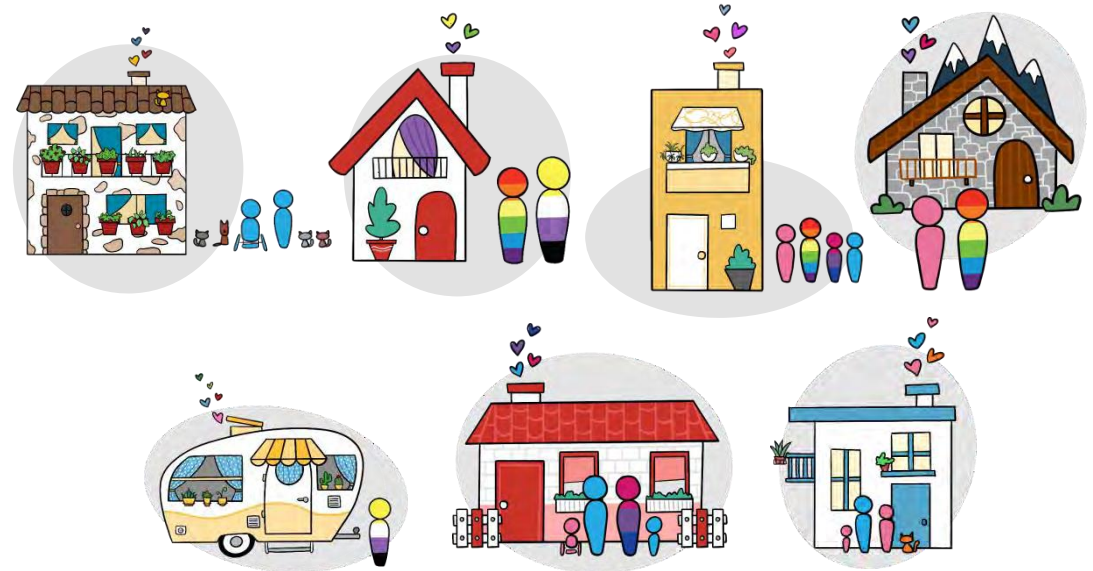
This law adds that, in order for us to make our own decisions, if we need it, we must be offered a system of individualized support tailored to our needs.

There can be many types of families in accordance with one's thoughts, feelings, and desires.

That is precisely why, slowly but surely, the definition of a family has changed so much in recent decades.

Currently, there is a Family Bill (121/000151) that considers a wide variety of family situations. Some of these are:

- Two-parent family (a father and a mother)
- Single-mother family (one mother) or single-father family (one father)
- LGBTQ+ family (one or two LGBTQ+ individuals)
- Multi-child family (with multiple births, adoptions, or foster care placements)
- Single people
- Blended family (one of the partners has children from previous relationships)
- Married couples
- Civil unions



A family is formed when two or more people habitually and continuously share the same residence.

This may be due to a marriage, a civil union, a stable cohabitation as a couple, or a person or a couple having children.

Women with disabilities have the right to choose their family structure, on an equal footing with everyone else.

Many women with disabilities have long been denied this right, especially women with intellectual disabilities.

A 2022 study conducted by Plena Inclusión found that more than half of women with intellectual disabilities do not have a partner, although most would like to have one. Very few live with a partner, and in these cases, support is essential for them to be able to exercise this right.

In the case of people with intellectual disabilities, some couples live independently, but it is more common for couples to live in supervised housing with other roommates.

Supported housing is a support option that upholds the right to live as a couple, offering assistance and supervision while promoting independence through daily activities.

The right to live independently is recognized in the **Convention on the Rights of Persons with Disabilities** (Article 19), which states that we must be guaranteed the ability to choose where and with whom to live. In addition to having access to home care, residential care, and other support services, including personal assistance, to facilitate our inclusion in the community and prevent our social isolation.



Women with disabilities also have the right to choose the family model that best suits our wishes, feelings, and relationships, on the same terms as anyone else.

For example, by choosing to form a single-parent family and live with our sons or daughters, or by creating an LGBTQ+ family, without having to hide our sexual orientation or feel forced to live it in secret, without being discriminated against for it—nor our sons or daughters.

Or, as we said at the beginning, we can freely decide—not because it's imposed on us—not to form a family. Our happiness doesn't depend on whether we're in a relationship.

Our relationship with ourselves is very important, and we must feel like the main character of our own lives.



Our relationship with ourselves

The first step is to learn to love ourselves so that we can then share our affection, emotions, feelings, and love with others. We must learn to set boundaries in our lives so that no one feels entitled to make decisions, control, judge, or dictate how we live them. Our lives belong to us.

Get to know yourself!

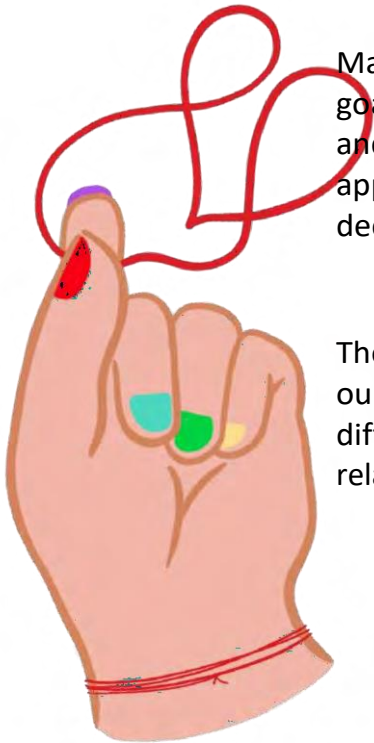
In order to set boundaries, we must first understand where they lie, and to do that, we need to know ourselves. Self-awareness helps us understand what our own rules are. One person's freedom ends where another's begins. This is why it is essential to establish our own "boundaries" and make them known to those around us. Every person is different; boundaries don't have to be the same for all women or girls with disabilities. Setting boundaries and learning to say "no" is a fundamental part of developing healthy relationships in our lives.

Set boundaries!

Many women and girls with disabilities believe that setting certain boundaries with the people we live with is a sign of selfishness. The goal is to be able to show ourselves as we truly are and define our own personal and private space. It is an expression of love for ourselves and for others, and for the relationships we build. No one should have to pretend to be someone they're not. We don't need anyone's approval; we are the ones who must decide. If the people around us really care for us, they will accept us just as we are, respecting our decisions.

You have the right to be who you are!

The boundaries we set should be based on who we are and how we understand our lives. Setting boundaries means talking about ourselves, how we feel, and explaining what makes us uncomfortable. We must understand that a relationship in which we act differently from who we really are is unhealthy; it harms our mental and emotional well-being and, ultimately, hinders the enjoyment of our relationships with others.



Let's reflect on this image

I love

- I am free to love whoever I want.
- I practice self-love.
- I live and I express myself freely.
- I enjoy time with myself and make myself happy.

I take care of myself

- I care for and look after my physical, mental, emotional, and relational health.
- I know myself, I listen to myself, and I understand myself.
- I prioritize self-care.
- I have free time where I feel free.

I treat myself well

- I prioritize myself in my life's journey.
- I am the master of my life. My life belongs to me.
- I prevent others from making decisions for me.
- I invest in healthy relationships, for the sake of being treated well.

I value myself

- I send myself positive messages. I acknowledge my efforts.
- I avoid comparing myself to others.
- I stand up for my priorities and pursue my dreams.

I accept myself

- I recognize myself in my own diversity.
- I am authentic, unique, and genuine.
- I express myself as I AM.
- I attempt not to be like other people.

I admire myself.

- I like who I AM.
- I trust and believe in myself.
- I celebrate my achievements and successes.
- My successes are mine; they belong to me.

I respect myself

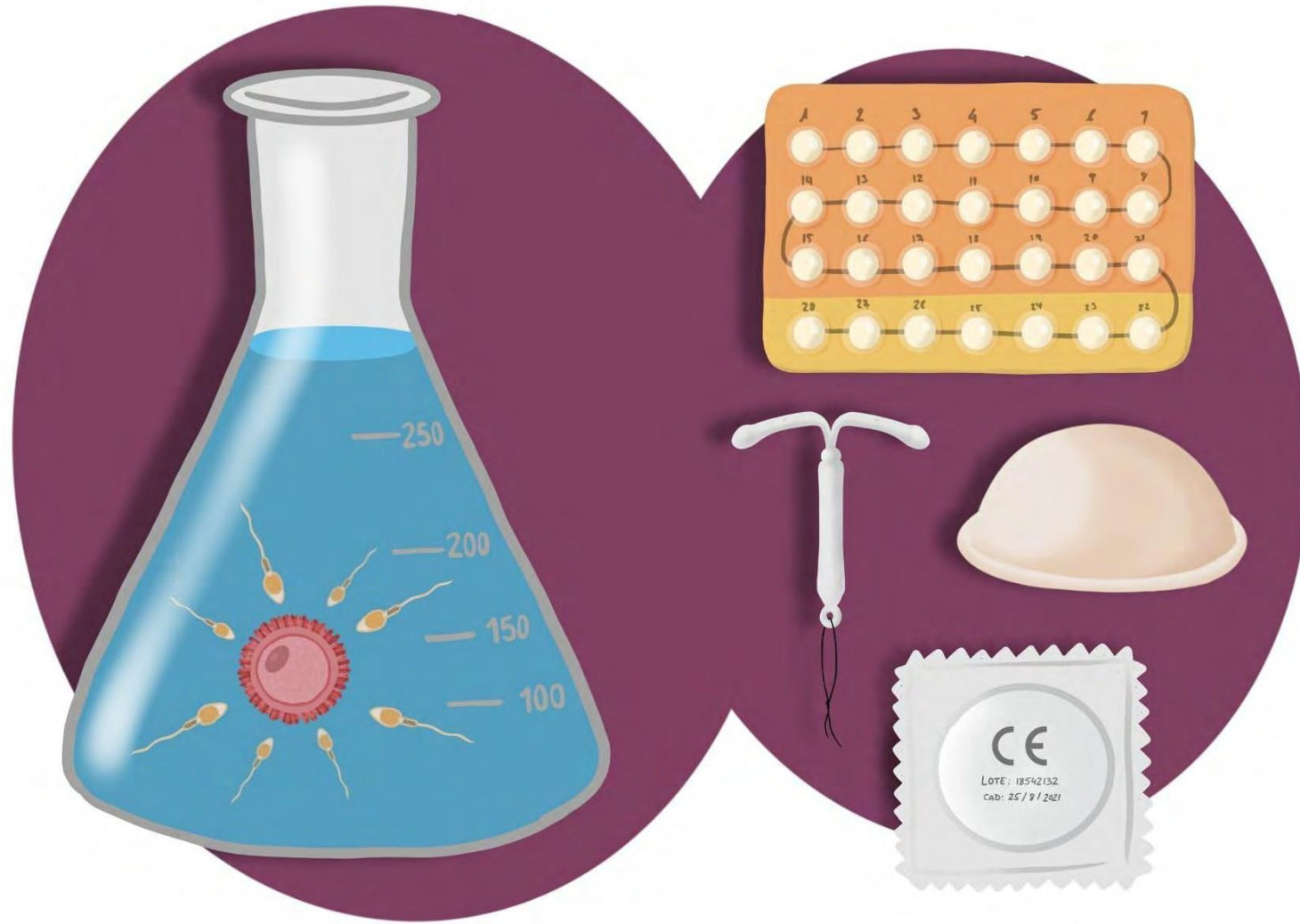
- I set boundaries with those around me.
- I don't do things I don't want to do.
- I speak up about what I dislike.
- I assert my sexual and reproductive rights.



I am the love of my life

Your rights to decide about romantic relationships and starting a family are NOT being respected if...

- ❌ My family prevents me from going out and socializing so that I don't have a boyfriend or girlfriend, for fear that I might get pregnant.
- ❌ At home, I don't have a private space to spend time with my partner.
- ❌ My family forbids me to get married and have children because I have a disability.
- ❌ I don't receive the necessary support to decide whether it's better to get married or enter into a civil union.
- ❌ I am forced to marry someone I do not want to.
- ❌ I face barriers in assisted reproduction programs because I am part of the LGBTQ+ community.
- ❌ People make fun of me when I say I'm going to get married and become a mother.



5. The right to freely decide on one's reproduction



“All people have the right to make free, responsible, and informed decisions about their fertility and reproductive lives, as well as to access family planning and contraception services with informed consent, free of charge, with minimal risks, and always on equal terms.”

The right to decide on various reproductive options freely and responsibly is enshrined in international and national regulations, as part of the right to sexual and reproductive health.

At the **Fourth World Conference on Women** (Beijing, 1995), it was stated that **reproductive health** entails:

- the **ability** to enjoy a satisfying and safe **sex life** and to **have children**, and
- the **freedom** to **decide** whether to do so, when, and how often.”

The reproductive rights of women with disabilities are enshrined in the **Convention on the Rights of Persons with Disabilities** (Articles 23 and 25):

- *The right to **decide** freely and responsibly **the number of children they wish to have and the spacing between** births.*
- *The right to access age-appropriate **information** and **education** on reproduction and **family planning**, and to be provided with the necessary **means** to exercise those rights.*
- The State shall provide free or affordable **health programs and** care [...] including in the area of **sexual and reproductive** health.



In Spain, reproductive rights and the right to freely chosen motherhood, is governed by **Organic Law 1/2023** February 28, which amends Organic Law 2/2010

March 3 **on sexual and reproductive health and voluntary termination of pregnancy.**

This law protects the rights of people with disabilities, ensuring universal accessibility to all actions and measures related to our reproductive rights and prohibiting any form of discrimination.

Based on the foregoing, we can say that reproductive rights refer to:

- **The freedom to decide** on our reproductive capacity: the right to decide whether to have children, the number of children, and the spacing between them.
- **Access to resources:** information and *education on reproduction, family planning, and* contraceptive methods, as sexual and reproductive health care.

Without these two conditions, we will not be able to exercise our reproductive rights. In order to make informed decisions, we need to be well-informed about our fertility, gynecological health, sexuality, parenting, and so on, and have access to resources such as specialized reproductive health services and contraceptive methods themselves.



Despite these rights, women and girls with disabilities face numerous barriers to accessing both requirements.

We encounter barriers to freedom of choice, where stereotypes and negative perceptions regarding the reproductive rights of women with disabilities play a significant role. We also face obstacles in accessing resources, particularly regarding the accessibility, and lack of support and accommodations.

Free and Responsible Decision-Making

Women with intellectual disabilities face the most obstacles in decision-making:

- Legal incapacitation often allowed for forced sterilizations to be performed on them—a harmful practice, now illegal, whose aim was to control their sexuality and prevent pregnancy.

Today, **Organic Law 1/2023**, February 28, amending Organic Law 2/2010, March 3 **on sexual and reproductive health and voluntary termination of pregnancy**, prohibits this practice.



And **Law 8/2021**, June 2, reforming civil and procedural legislation to **support people with disabilities in the exercise of their legal capacity**, eliminates judicial incapacitation proceedings by requiring that the necessary support be provided to enable us to exercise our will.

- Most women with intellectual disabilities have not chosen the contraceptive methods they use; they may even be unaware that they are using them and may not know whether they can become pregnant or not.

The report “Research on the Situation of Women with Intellectual and Developmental Disabilities Regarding Their Sexual and Reproductive Rights” (Plena Inclusión, 2022) highlights that only 6 out of every 100 women with intellectual disabilities have children.

There are several **stereotypes** designed to discourage us from deciding to have children.

A common social stereotype is that we are seen as “less capable” of being mothers, unable to care for others, lacking autonomy, and unable to make our own decisions.

We’re labeled as irresponsible; people think that, in the long run, we’ll be a burden to our children, or that our children will be a burden to our parents or other relatives.

Families and professionals doubt our ability to handle motherhood, so they sometimes discourage pregnancy, recommend terminating it, or they create obstacles in the assisted reproduction process, in an attempt to interfere with or influence our decisions.

These same dissuasive recommendations may stem from fear and a lack of knowledge from professionals and family members.

For example, professionals who do not know how to handle the pregnancy and childbirth of a woman with a severe physical disability.

They tell us that our bodies aren't ready to be mothers or that our lives are at risk, which in practice means close medical monitoring, treating our pregnancies as high-risk and viewing us as patients.

Obstetric violence, particularly episiotomies, labor inductions, and scheduled C-sections, is present in many of our births.

Another stereotype is the inheritance of disability, by which they allude to the possibility that a mother might pass on her disability to her children.

All these barriers are exacerbated if our sexual orientation is non-heterosexual.



In any case, motherhood, as a conscious and responsible decision by women with disabilities, must be respected by healthcare staff and our families.

Accessibility of Resources

Another challenge that women with disabilities face regarding reproduction is the lack of access to resources. There are a myriad of barriers:

- Barriers to education. Since educational materials regarding sexual and reproductive rights are not considered an essential need for women with disabilities, there is a serious lack of accessible content and women with disabilities are excluded from many educational programs.

This, in turn, hinders our ability to properly care for our reproductive health and our sexuality.

One example of this is the lack of knowledge about menstruation among some girls and adolescents with disabilities. Many teenagers do not expect it to happen and, when it eventually does, they perceive it as a frightening event that may even lead them to believe they might be sick.

GYNECOLOGY

Women's sexual and reproductive health

- Examination of the reproductive system: uterus, ovaries, vagina, and breasts.
- Detection and treatment of reproductive system diseases: cancer, polycystic ovaries, endometriosis...
- Stages of the reproductive cycle: menstruation, fertility, pregnancy, and menopause.
- Contraceptive methods.
- Sexually transmitted diseases.

OBSTETRICS

Women's reproductive health

- Pregnancy, childbirth, and the postpartum period: checkups, changes in the body, complications and conditions that may arise during these stages, miscarriage. Breastfeeding and infant care.
- Fertility tests: planning and treatments.

- Barriers to information. We need to be provided with accurate information and arguments so that we can make informed decisions and adjust our expectations.

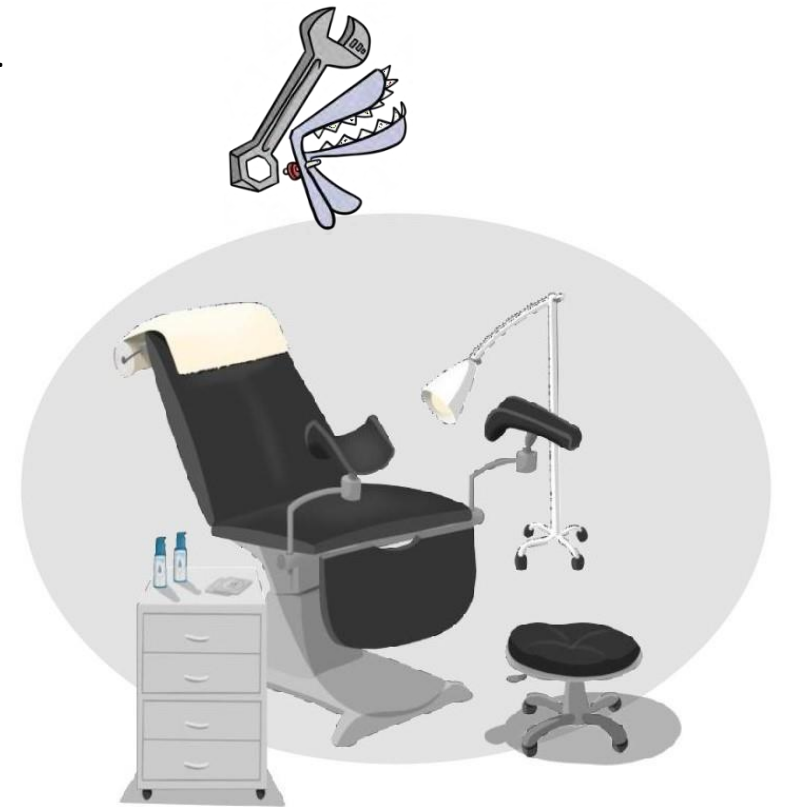
We need information in accessible formats on family planning, contraceptive methods, voluntary termination of pregnancy and its legal timeframes, childbirth options, potential postpartum issues, infertility, assisted reproduction, breastfeeding, infant care...

We need our medical records, reports, prenatal tests, prescriptions, medication dosages, side effects, and medication leaflets to be adapted to our specific needs.

It gives us peace of mind to have information about the steps that will be taken during tests and procedures so that we can properly prepare for them.

Especially for blind women, it is important to have tactile information about the instruments that will be used during tests and checkups.

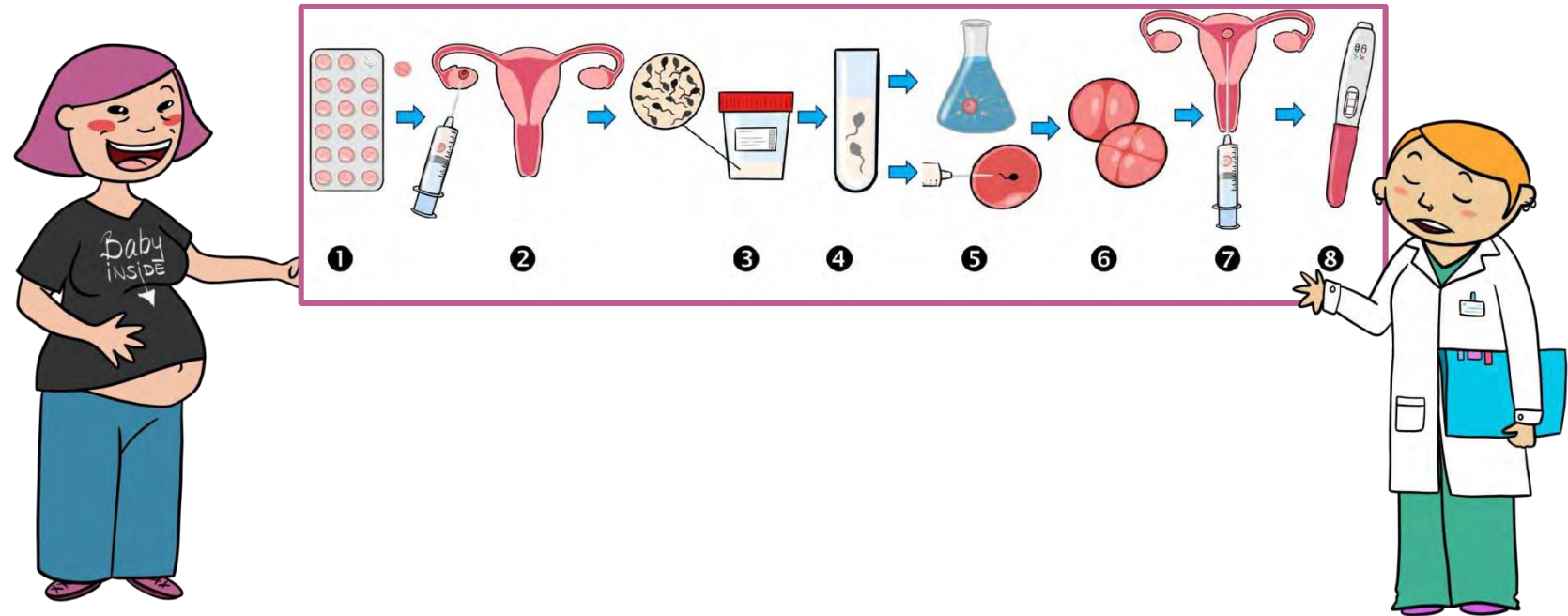
Many women with disabilities sign **informed consent** forms for certain tests or procedures without fully understanding what they are signing, due to a lack of access to or adaptation of the document.



Another example of these barriers is the communication difficulties faced by deaf women during childbirth, when they are unable to receive information about what is happening to them because, in many cases, the healthcare professionals attending to them do not even make eye contact with them, face masks prevent them from reading lips, and they are unable to use sign language because their arms are immobilized by the epidural anesthesia.

Similarly, they face communication challenges during childbirth preparation. In this case, a sign language interpreter service or the use of hearing loops would be very helpful.

Similarly, accessible information on infertility and sterility, as well as on options regarding assisted reproductive technologies, would be extremely helpful.



- Physical barriers in facilities and examination equipment.

In buildings housing gynecology and obstetrics departments, we encounter barriers at main entrances, doors, hallways, walkways, elevators, flooring, counters, restrooms, light switches, and more...

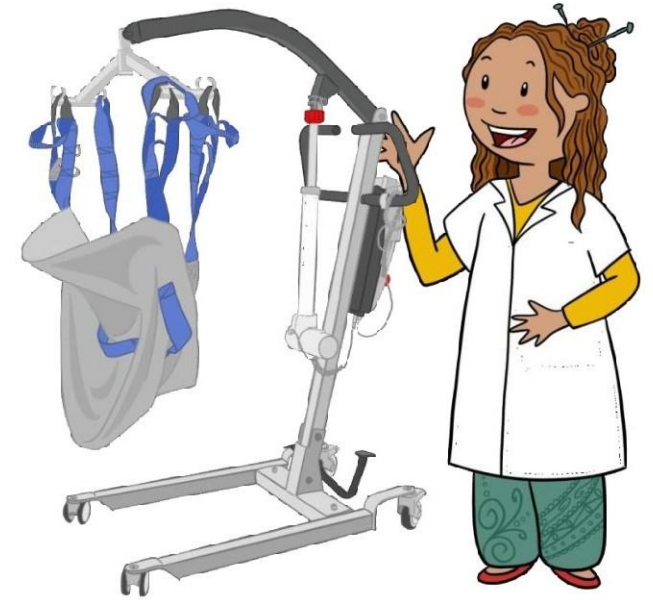
In addition to these barriers, we must note that the equipment used during examinations in clinics, for example for prenatal checkups, are often inaccessible.

Additionally, materials on maternal and neonatal health are not available in accessible formats.

- Barriers to reproductive health services and programs.

Our access to screenings for gynecological diseases is limited because we are not included in these programs.

We encounter obstacles and difficulties when we request to participate in assisted reproduction processes.

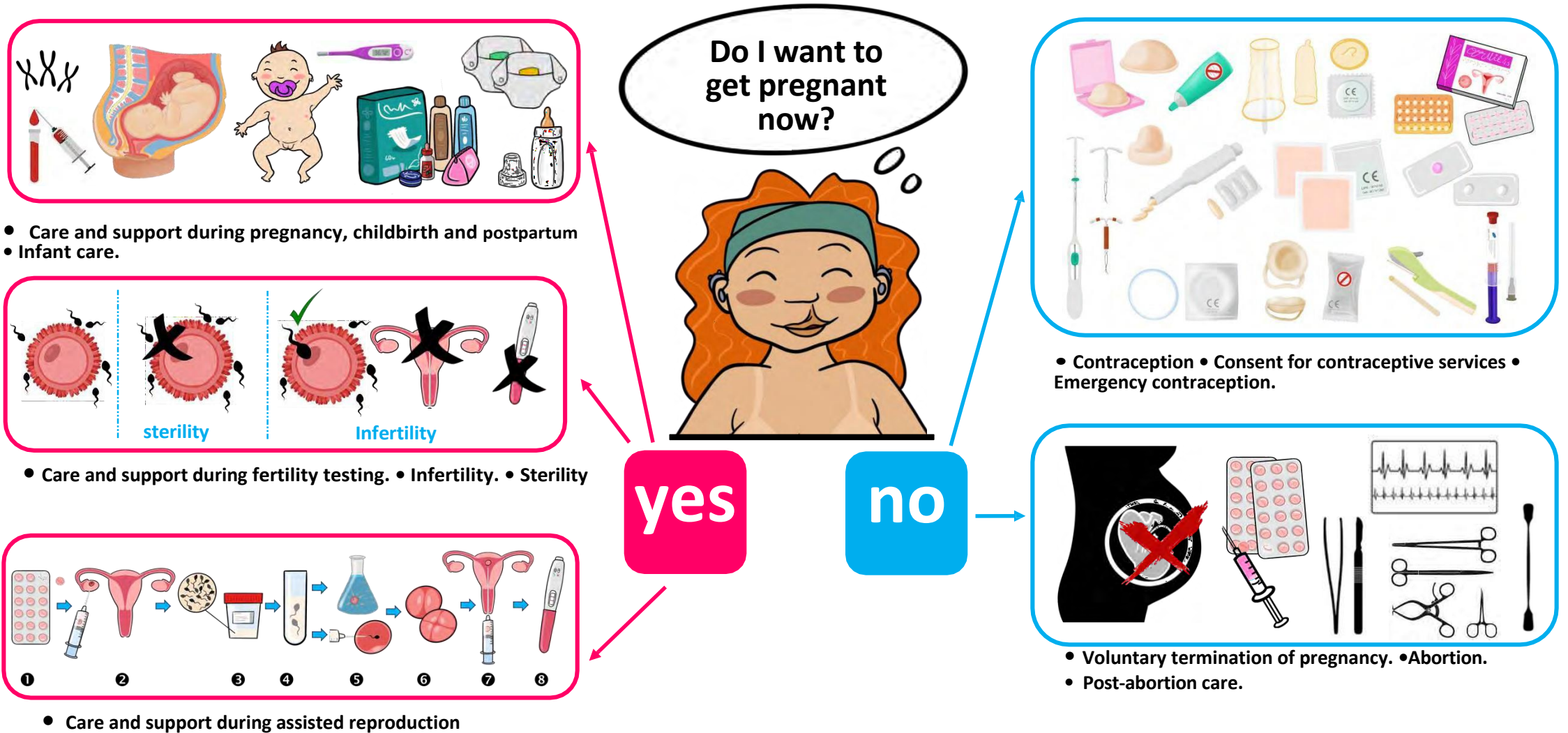


Here are some **recommendations** for overcoming these barriers to our reproductive rights:

- Conduct awareness campaigns to challenge stereotypes regarding reproduction among women with disabilities.
- Provide training on reproductive health to women with disabilities.
- Provide training on reproductive rights to women with disabilities and their families.
- Provide training on sexual and reproductive health for women with disabilities to healthcare professionals, including adaptations and resources that improve accessibility to these services.
- Ensure communication with health professionals.
- Facilitate postpartum health monitoring for women with disabilities.
- Improve accessibility to health services by incorporating accessible equipment.
- Provide the necessary support during the parenting period, for instance, a personal assistant or simulators to learn how to manage motherhood.
- Create spaces where women with disabilities can share their experiences and concerns regarding motherhood.
- Facilitate the representation of women with disabilities in the design and Implementation of sexual and reproductive health policies and programs.



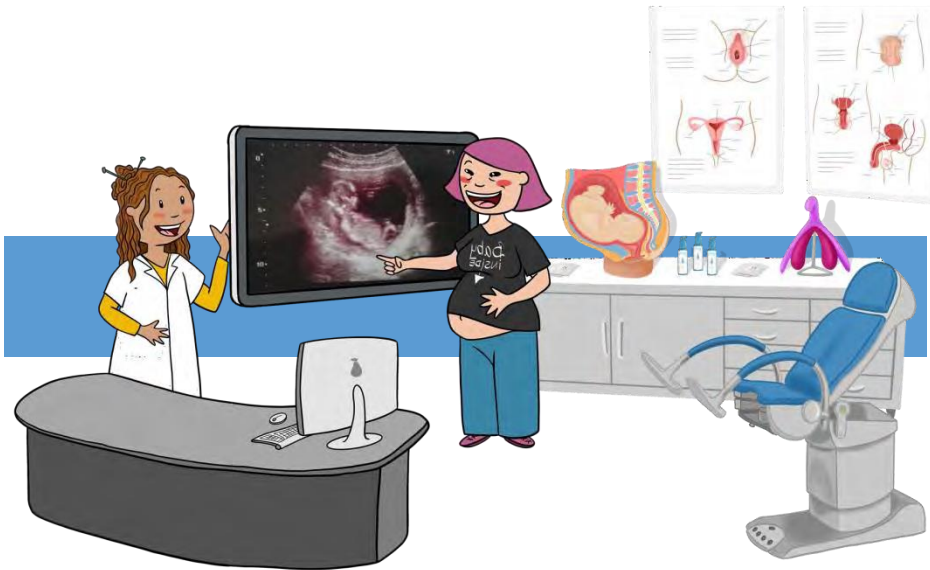
Women with disabilities have the right to plan and decide about pregnancies. Let's discuss this chart...



Your right to decide on your reproductive options freely and responsibly is NOT respected when:

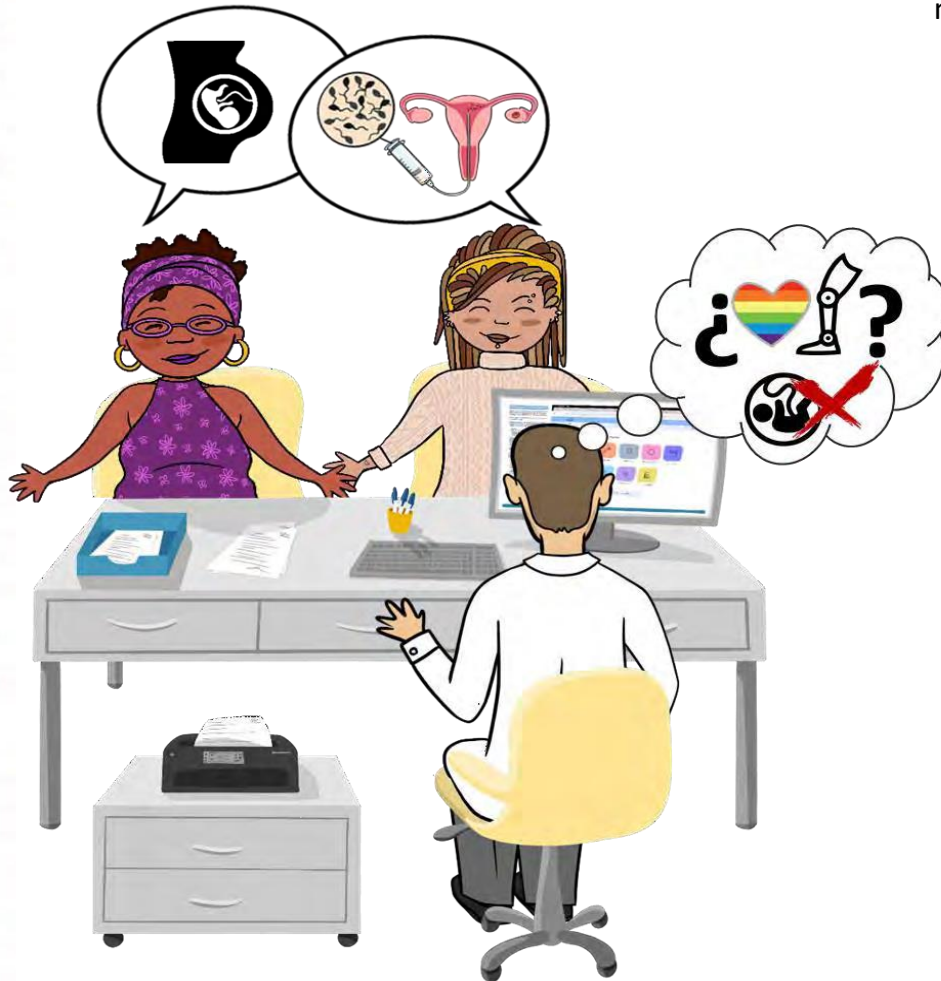
HEALTHCARE PROFESSIONALS...

- ❌ Express attitudes (myths, false beliefs, or prejudices) that exclude you and hinder your free and equal access to exercise your right to motherhood.
- ❌ Disregard and undervalue your reproductive concerns, interests, or anxieties, limiting or denying access to available resources.



- ❌ You sense that certain sexualities are prioritized over others; you feel that your disability is used as a reason to disregard your reproductive needs.
- ❌ You are steered toward methods or techniques that eliminate your reproductive capacity, such as irreversible surgical procedures, or are recommended terminating your pregnancy, citing risks due to the fact that you are a woman with a disability.

IN CLINICAL CARE, THE PROFESSIONAL TEAM...



❌ Leads you to believe they have a grave lack of consideration for your bodily diversity, which is used to cast doubt on your ability to exercise responsible motherhood.

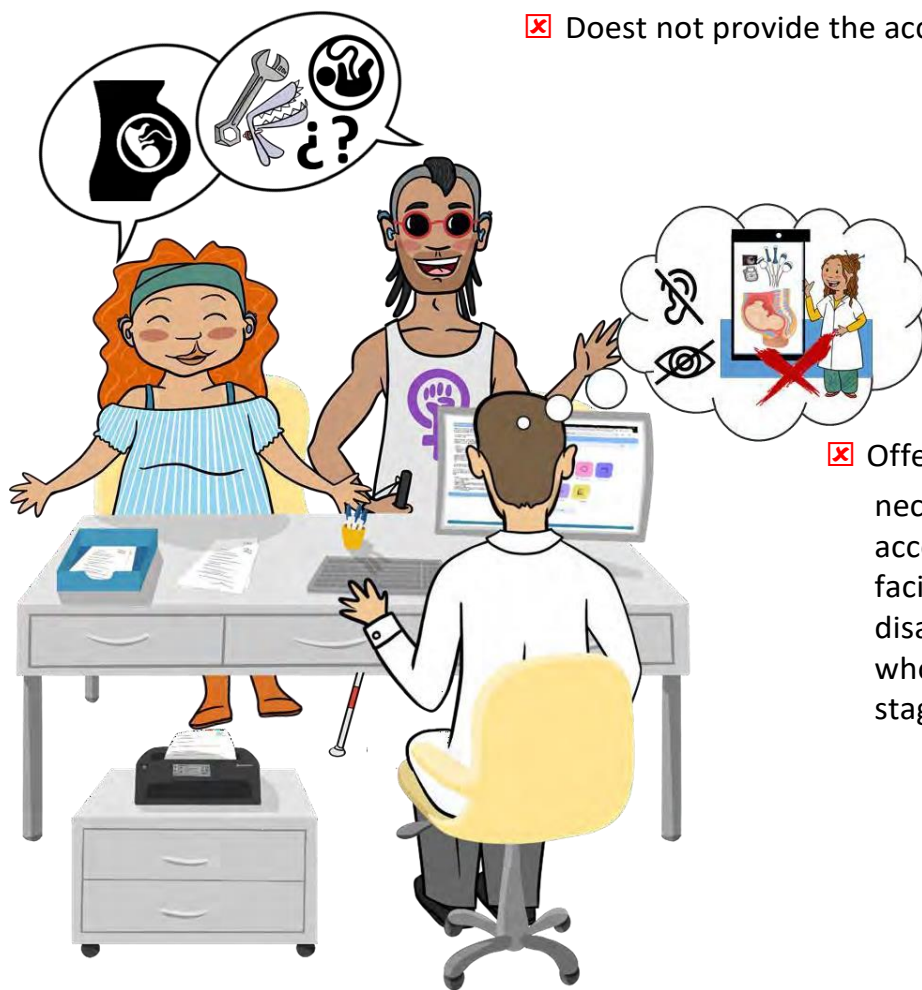
❌ Makes you feel that your genital diversity is being disregarded as a cisgender, intersex, or transgender woman or girl with a disability, which is used to deny you access to existing reproductive resources and devices.

❌ You perceive a lack of consideration for your sexuality and gender, which is used as an argument to deny you access to public reproductive services.



❌ Does not meet your reproductive needs as a woman or girl with a sexual orientation other than heterosexuality, denying you access to the range of public services or devices intended for the general population.

❌ Does not meet your reproductive needs as a woman or as a transgender girl, and they deny access to public services intended for the general population and those specifically for transgender people.

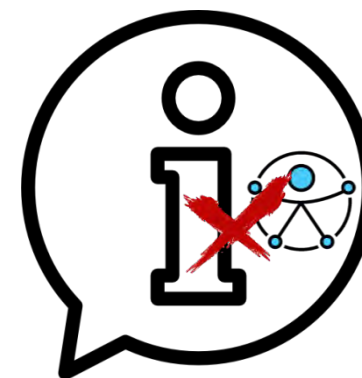


❌ Does not provide the accessible resources necessary for your specific disability.

❌ Lack specialized and up-to-date training on disabilities, and thus cannot provide information, quality care and resources tailored to your needs regarding contraceptive or reproductive care.

❌ Does not offer the opportunity or denies your participation in pregnancy support programs because of your disability.

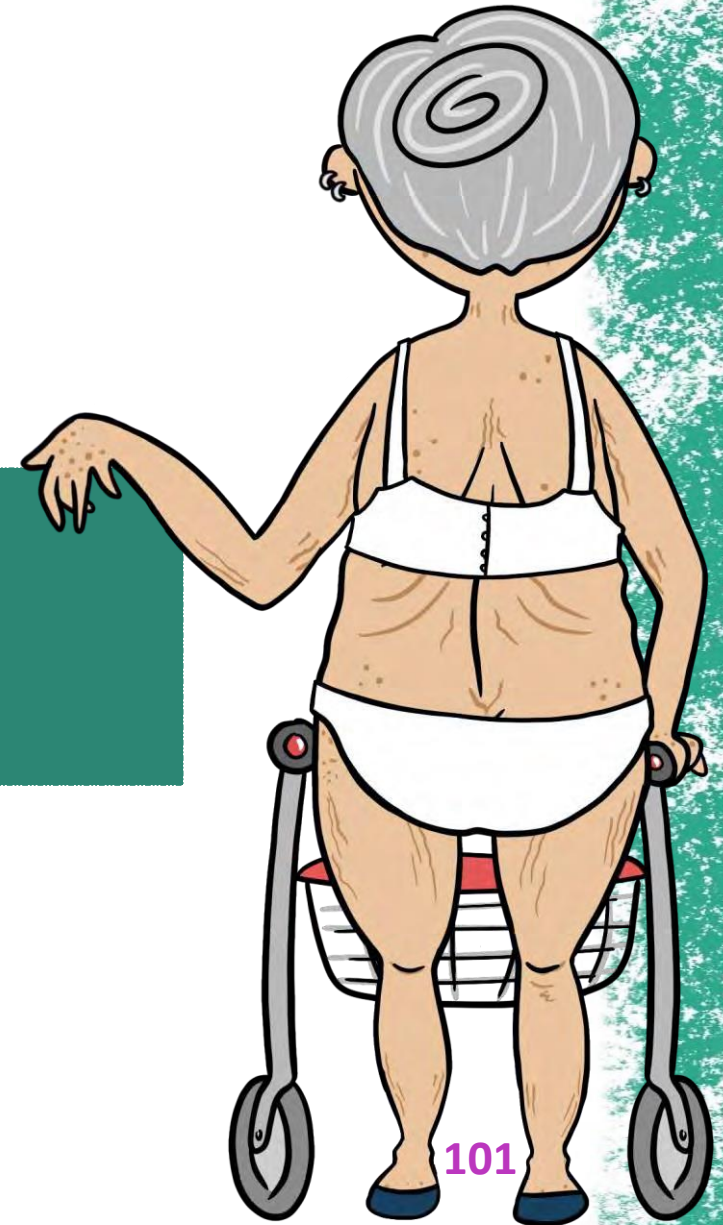
❌ Offer pregnancy support programs which lack the necessary specialized training, and lack the accessible means and resources that would facilitate your participation as a woman with a disability or the participation of your partner or whoever you consider important at this vital stage of your life.

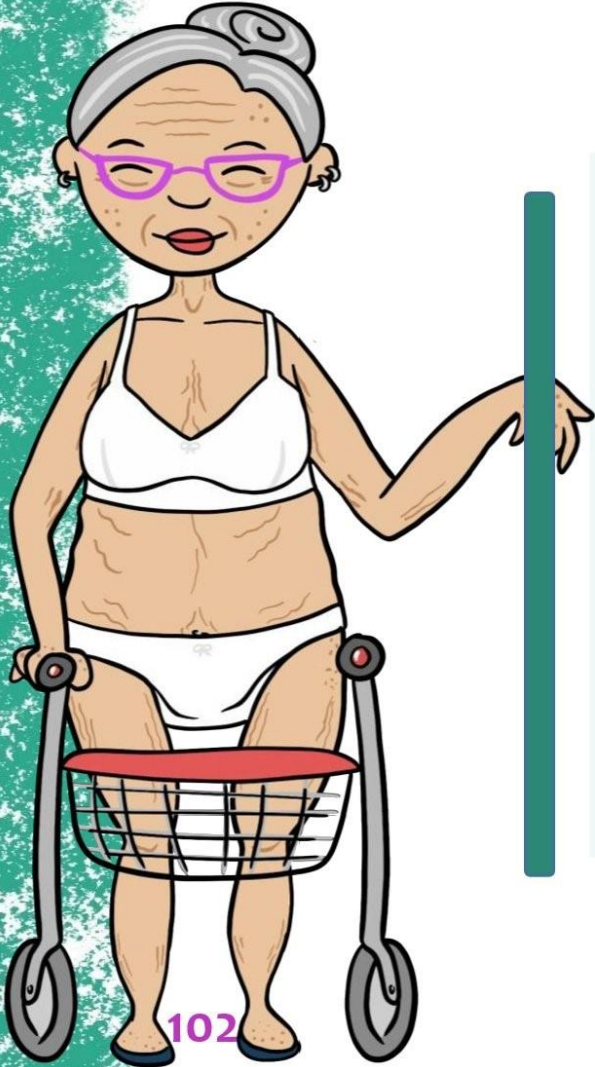




6. Right to privacy

“All people have the right to respect for their privacy and intimacy, as well as to confidentiality when providing information about their sexual and/or reproductive history or plans.”





The right to privacy is essential to enjoying and exercising our sexual and reproductive rights.

This right is enshrined in Article 12 of the **Universal Declaration of Human Rights** and Article 17 of **the International Covenant on Civil and Political Rights**. It is also found in Article 22 of the **Convention on the Rights of Persons with Disabilities**.

All these documents state that interference in our private life, family, home, correspondence, or other forms of communication, as well as attacks on our honor and reputation, are prohibited.

Intrusion into our privacy can create or exacerbate inequality and discrimination.

What is intimacy and what is privacy?

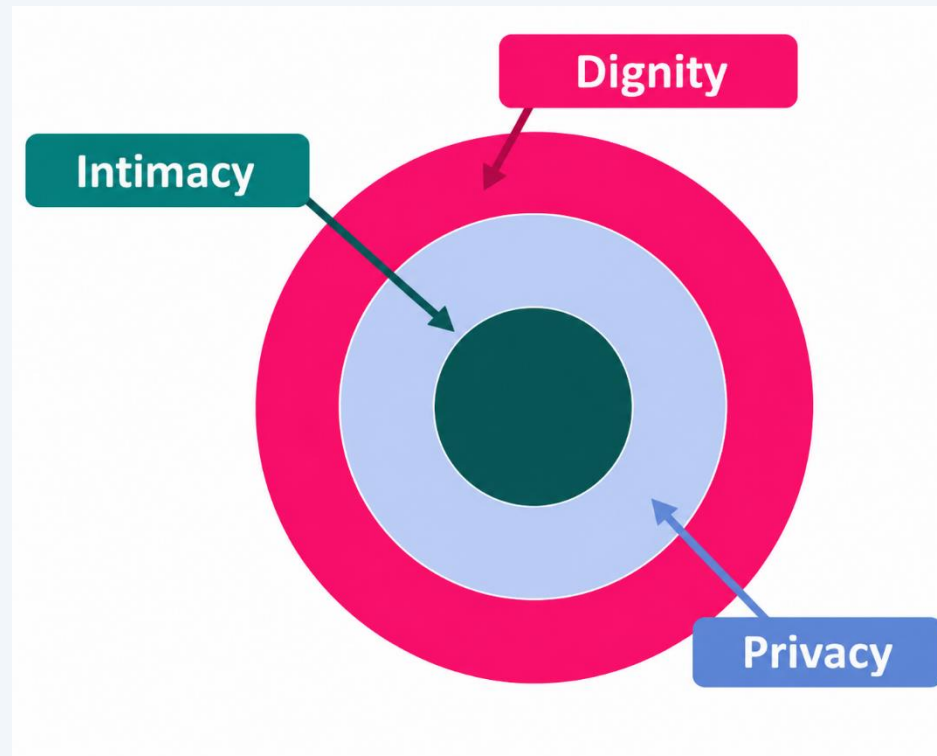
PRIVATE

Intimacy

Intimacy belongs to our personal sphere, the “spiritual” realm, and encompasses what we keep to ourselves or share only with those we trust most: feelings, thoughts, beliefs, modesty, sexuality...

It relates to the right to one’s own image, honor, or the confidentiality of what we communicate.

It sets us apart as individuals. We recognize ourselves in our intimacy.



Human dignity

Human dignity has to do with how we feel about ourselves and how we value ourselves. But it is also related to how we must be respected and valued by others.

Privacy

Privacy is the right we all have to decide which aspects of our lives we would like to share with others: our private and family life, our home, or our correspondence, for instance.

We must set the limits on who has access to our bodies, spaces, and belongings, as well as to our communications and our information.

Privacy relates to what is not in the public domain.

PUBLIC

Public realm

On the contrary, the public realm would encompass “things that can and should be seen by anyone,” behaviors and decisions of individuals in a society. Public is something which is “common” or shared by a “society.”

“Something that belongs to no one and belongs to everyone.”

Without intimacy or privacy, the exercise of our sexual and reproductive rights is hindered.

Respect for both also impacts our dignity as women and girls with disabilities.

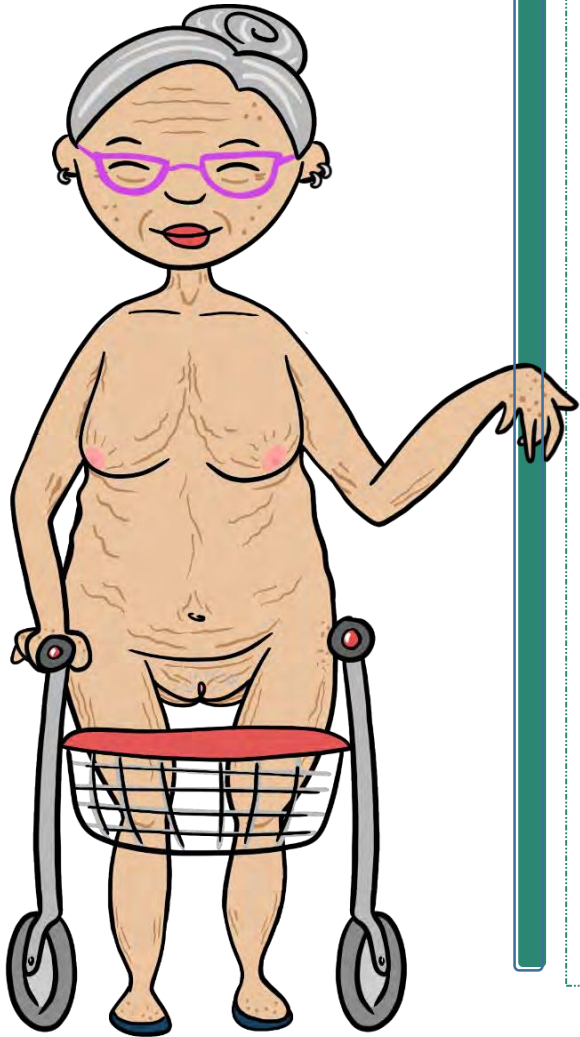
All too often, women and girls with disabilities have been led to believe that their bodies, modesty, or nudity are unimportant.

The infantilizing gaze, overprotection, or the need for support have been used as excuses to justify practices that violate our right to intimacy and privacy. All of this is exacerbated by gender issues. For instance:

- More individuals than the strictly necessary having access to our naked or semi-naked bodies.
- Exposing our nakedness in inappropriate settings.
- Not having our own time or space for our personal and relational intimacy.
- Dismissing our sense of modesty.
- Accessing our personal belongings without permission.
- Handling our private information without care.

We must analyze and reflect on how society must work to prevent violations of our right to bodily privacy.

Privacy



Bodily privacy

Access to our body is a fundamental component of our personal privacy and our sexual and reproductive lives. Every woman or girl with a disability must feel in control of her own body. We have the right to decide when and with whom to share it.

To do so, we must establish our own personal bodily boundaries and have them recognized and respected by those around us.

We must clearly establish when, where and in front of whom it may be necessary to show our naked or partially naked bodies. This, in turn, will be useful to recognize who is part of our safe environment and, in doing so, may help us to identify potential situations of abuse.

Valuing and respecting our own bodies will also serve as a way to value and respect the bodies, nudity, and modesty of others.

Times and spaces for intimacy

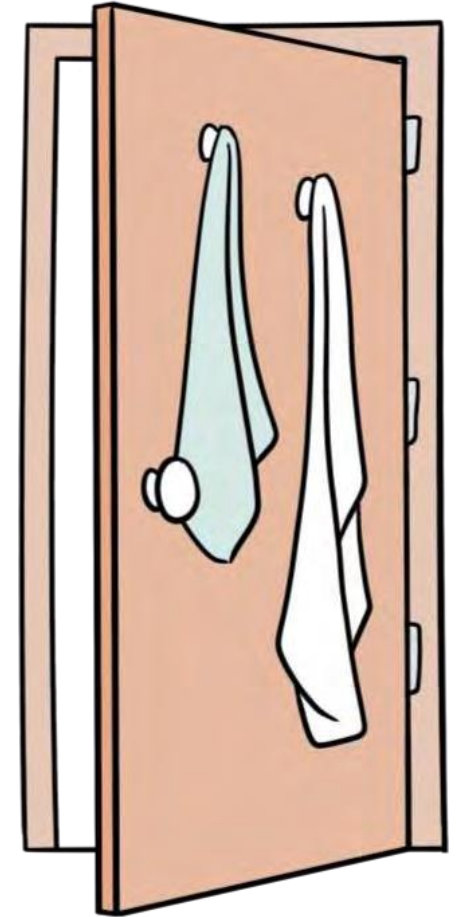
Protection, risk prevention, and control exerted by our close circle often means that we do not have our own private time or space.

To exercise our sexual and reproductive rights, we need to have that time and space for intimacy.

There are spaces that are conventionally considered intimate (bedrooms, bathrooms, etc.); however, a space can only be truly intimate only when we can control access to it and decide which people may enter and when. If there is a possibility that someone could enter that space without our permission, its intimacy is compromised.



Being able to enjoy intimate moments and spaces is key to feeling like the main characters of our own story.



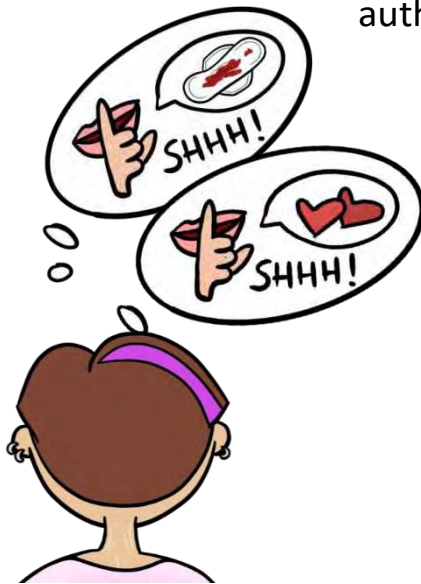
Privacy

Sexual and reproductive life is a matter of personal privacy.

As women and girls with disabilities, we often find ourselves in countless situations where our personal data is accessible to many people, whether for educational, health, therapeutic, or social reasons. Unfortunately, this data is not always handled with respect, responsibility, and confidentiality.

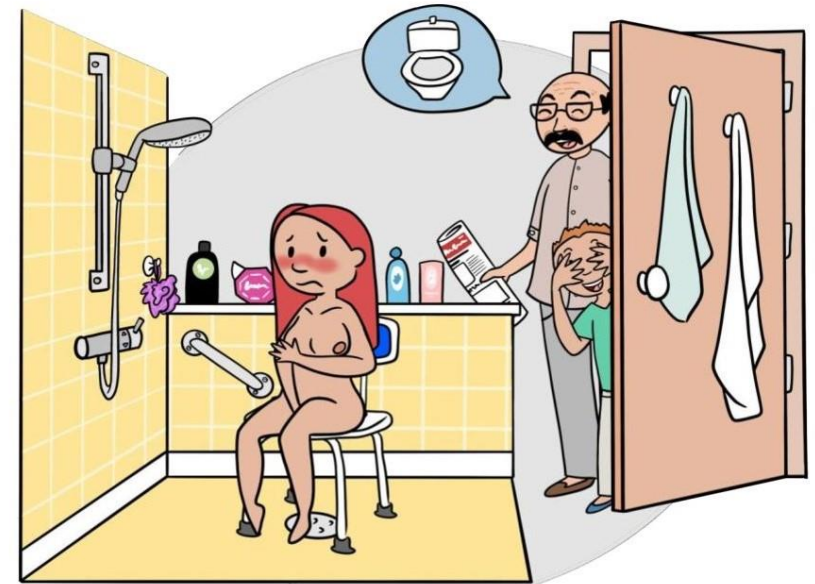
There are people who have information or documents regarding our sexual or reproductive health; that does not give them the right to share them without our authorization or consent.

It is essential that women and girls with disabilities recognize the importance of respecting our privacy. We must give it the importance it deserves and be able to identify situations where our personal data is not being handled confidentially, understanding that our rights are being violated. Our dignity is at stake.



Your right to **bodily privacy** is **NOT** respected in the **family setting** when:

- ❌ You are forced to keep the bathroom or bedroom door open at all times.
- ❌ People in your immediate family don't ask your permission before entering the rooms where you are naked or partially naked (they don't knock on the door, they don't ask if they can come in...).
- ❌ You cannot decide which people or at what times may or may not see your naked or partially naked body.
- ❌ People (known or unknown) have access to your naked or partially naked body without asking for your permission or consent.
- ❌ Your naked or semi-naked body is exposed in more settings than is appropriate (common areas within the family environment: living room, kitchen, hallways...) and/or in other public places (streets, parks, bus stops, etc.).
- ❌ Your naked or partially naked body is exposed in front of others without your consent.



- ❌ Your opinion is not taken into account when planning who should assist you in personal autonomy programs: personal hygiene, dressing, grooming, physical health checks, fitting and adjusting assistive devices, sexual and reproductive health checks (changing sanitary pads, menstruation, bladder and bowel control, preventive health screenings—such as breast self-exams...).
- ❌ You have no say on who gets to accompany you to appointments regarding sexual or reproductive health issues.



- ❌ Your furniture has no locking mechanisms to ensure an independent management of your personal and intimate items: hygienic products (pads, tampons, diapers, sanitary products...), devices used for physical and genital pleasure (stimulators, massagers...), etc. which are left in plain sight or within reach of anyone.
- ❌ Anyone can access your personal and private belongings without asking for permission.

Your right to bodily privacy in the institutional environment (educational, healthcare, occupational, etc.) is NOT respected when:

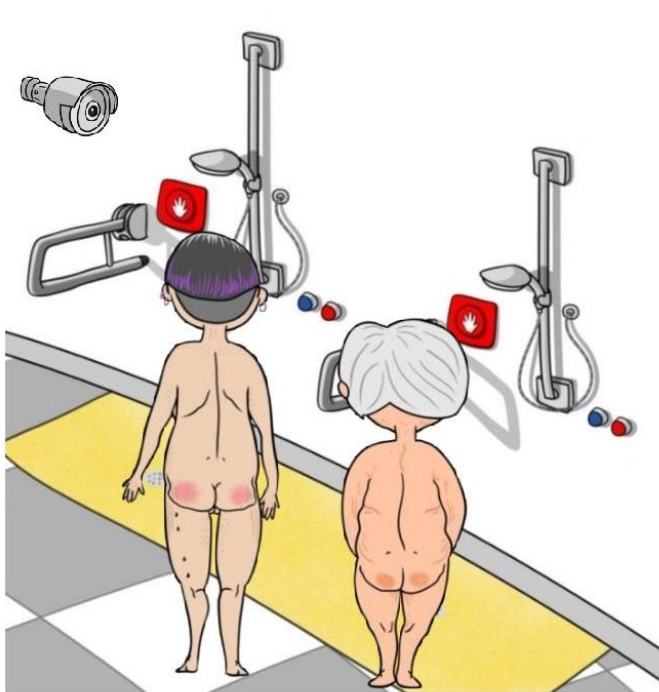
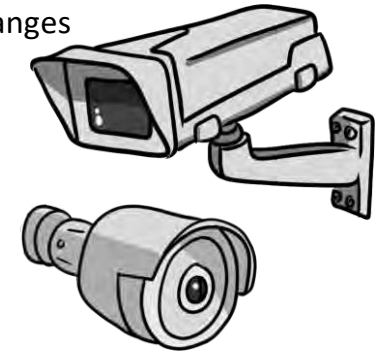
- ❌ People in the professional setting (direct care providers, direct care, specialists, etc.) do not ask for your permission before entering spaces where you are exposing your naked or semi-naked body.
- ❌ Healthcare professionals do not show consideration for your nudity by closing doors, placing screens, or blocking the entrance to other personnel at times when their presence is not necessary, revealing only those parts of your body that are strictly necessary for providing physical support and/or for the exact amount of time required.
- ❌ You cannot decide who, and for what reasons, may or may not have access to your naked or partially naked body.
- ❌ Strangers may have access to your naked or partially naked body without first asking for permission
- ❌ Grooming, personal hygiene or other types of physical assistance where one may be naked or partially naked, are performed outside of private spaces designated for that specific purpose (bathrooms, showers, rooms or treatment areas) leaving your body exposed in public areas (hallways, common rooms...).



- ❌ You are not allowed to participate in decision-making processes regarding your individualized or personalized support plan.

There is a complete and total disregard for your opinion, preferences, arguments, or reasons as to who should help with your assistance in personal autonomy programs: personal hygiene, dressing, grooming, physical health checks, changes in personal hygiene products (pads, diapers, absorbent products...), control of bowel and bladder functions, preventive health screenings, medical consultations regarding sexual and reproductive health, assistive products...

- ❌ There are systems and devices for capturing and recording images and sounds, such as the use of video surveillance cameras, intercoms... in areas intended for personal privacy: bathrooms, restrooms, bedrooms, treatment areas (nursing station, first-aid room, physical therapy, etc.).



- ❌ The facilities do not have locks on the doors to the bathroom, changing areas or rooms meaning anyone can enter these spaces and areas without your authorization or permission.
- ❌ In the self-care areas, such as showers, there are no devices to protect your naked or partially naked body (screens, curtains, partition panels...).
- ❌ When anyone can access your belongings, intimate items, and/or personal effects without justification or asking for permission beforehand.

Your right to **personal privacy** is **NOT** respected when:

❌ You don't have the time or space to be alone without disruptions and to be able to:

- *Freely express your emotions (cry if you feel like it without anyone asking why, laugh out loud...).*
- *Enjoy your hobbies (listening to music, painting, dancing, writing, dressing up, collecting...).*
- *Look out at the horizon and think about "your own things."*
- *Enjoy your body (and your genitals) whenever you feel like it.*
- *Look at photos and reminisce about "important moments."*
- *Do nothing, unplug, and rest.*
- *Recognize yourself as a person, a unique and genuine woman.*
- *Be with yourself, take care of yourself, and love yourself.*
- *Observe and get to know your naked body.*
- *Recognize yourself as part of a diverse whole.*
- *Be silent and listen to yourself.*
- *Fantasize (about yourself).*
- *Imagine (yourself).*
- *Dream (about yourself).*
- *Just be.*



❌ You don't have the time or space to be alone with your friends and be able to:

- *Share affection, emotions, and feelings with those you consider your "special" people.*
- *Enjoy shared hobbies (listening to music, watching a movie, playing cards, organizing trading cards...).*
- *Look at photos and reminisce about "shared moments in life."*
- *Have private conversations, without anyone listening in.*
- *Create "unique" moments where you feel like the "star of the show."*
- *Build meaningful interpersonal relationships.*
- *Plan and create shared dreams for the future.*
- *Feel "important" to other people.*
- *Know you're part of shared projects.*
- *Show yourself confidently just as you are.*
- *Expand your social support network.*
- *Thrive in informal social settings.*
- *Growing emotionally, socially, and relationally.*



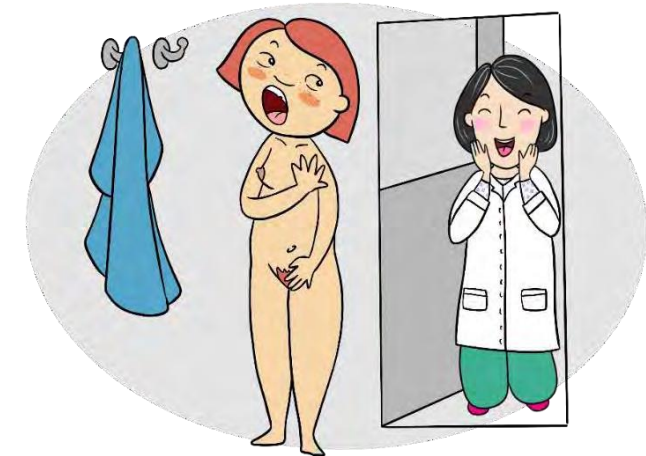
❌ You don't have the time or space to be alone with your partner and be able to:

- *Share affection, emotions, and feelings with the people you consider "important" to you.*
- *Enjoy shared hobbies (listening to music, playing a game of checkers...)*
- *Look at photos and reminisce about "shared moments in life."*
- *Have private conversations without interference from others.*
- *Build meaningful romantic relationships based on freedom.*
- *Create "unique" moments where you feel important and like the "star of the show."*
- *Plan and create shared future dreams, and be a part of them. Show your most authentic self, just as you want to be.*
- *Share various ways of enjoying each other, such as: massaging each other, holding hands, exploring each other's bodies with your tongue, laughing, caressing each other's bodies, sharing fantasies, dressing up, undressing, applying lotions, running your hair over their skin, kissing each other on the face, lips, ears, licking or sucking body parts, gazing into each other's eyes, letting yourself be kissed, sleeping in each other's arms, sharing a shower or bath, tickling, playing, watching an erotic or romantic movie together, blowing all over the body, covering your eyes and letting yourself be caressed, having intercourse, painting each other's bodies...*



Your right to **privacy** is **NOT** respected when at the **health center** or **at the hospital:**

- ❌ You are not treated with due respect for your body, your modesty, and your nudity during consultations, examinations, or medical tests.
- ❌ Access to changing rooms, dressing areas, medical consultation rooms, examination areas, and/or treatment areas is not controlled: healthcare staff and external service professionals can enter at any time.
- ❌ The production crew doesn't ask for permission before entering areas where you are naked or partially naked.
- ❌ They access your naked body without first asking for your permission.
- ❌ Students or interns have access to your naked body during consultations, or during examinations without first informing you or asking for your permission.

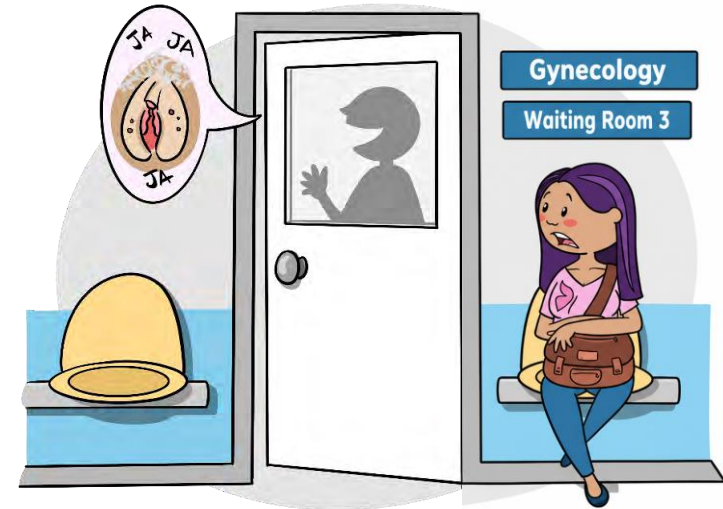


- ✗ More parts of your body are exposed than those which are strictly necessary during consultations, examinations, or medical tests.
- ✗ They leave your body naked or partially naked for longer than is strictly necessary during examinations or medical tests.
- ✗ They do not provide appropriate clothing or the necessary support for its proper use.
- ✗ When moving through common areas within the healthcare setting (hallways, elevators, waiting rooms, examination rooms, visiting rooms, etc.), they do not take care of your physical appearance.

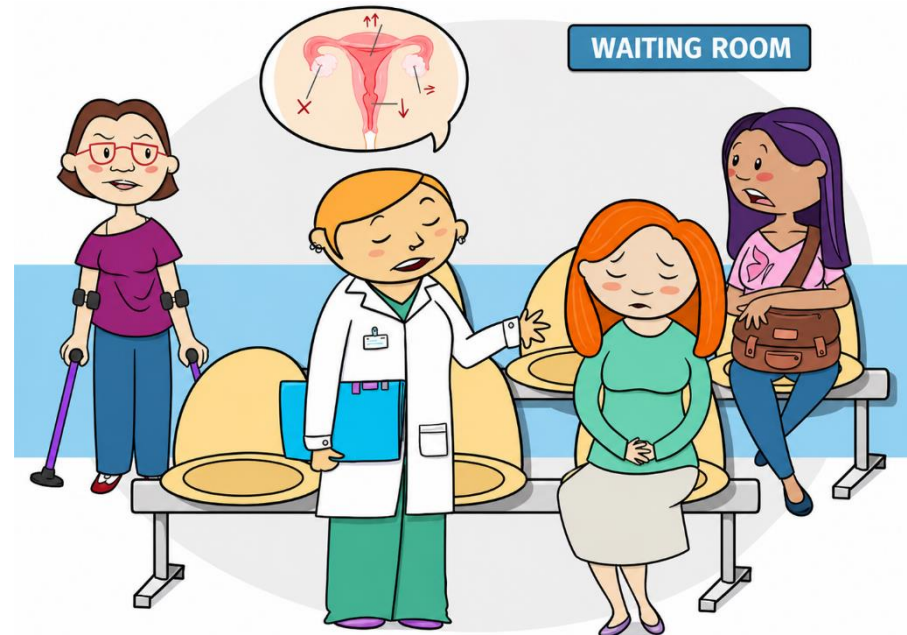
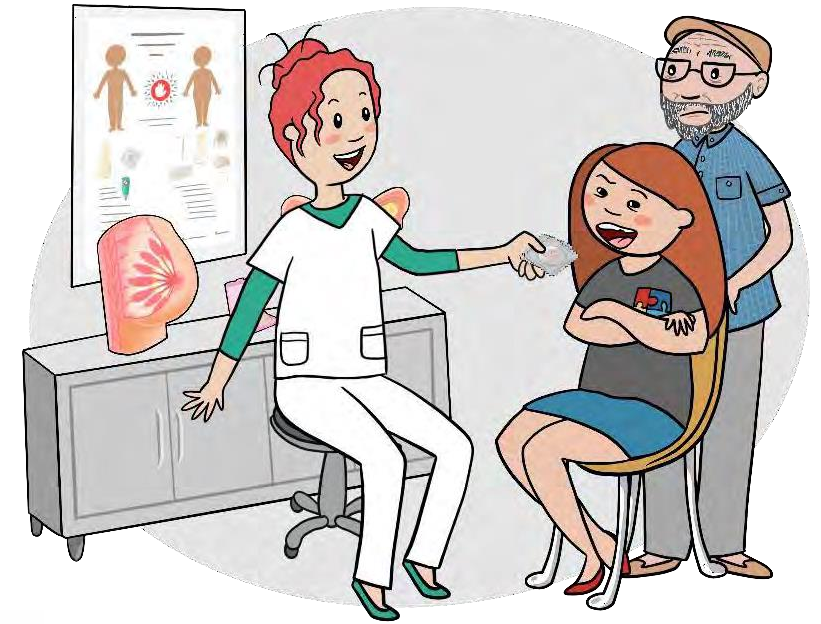


Your right to privacy is NOT respected when at the health center or hospital:

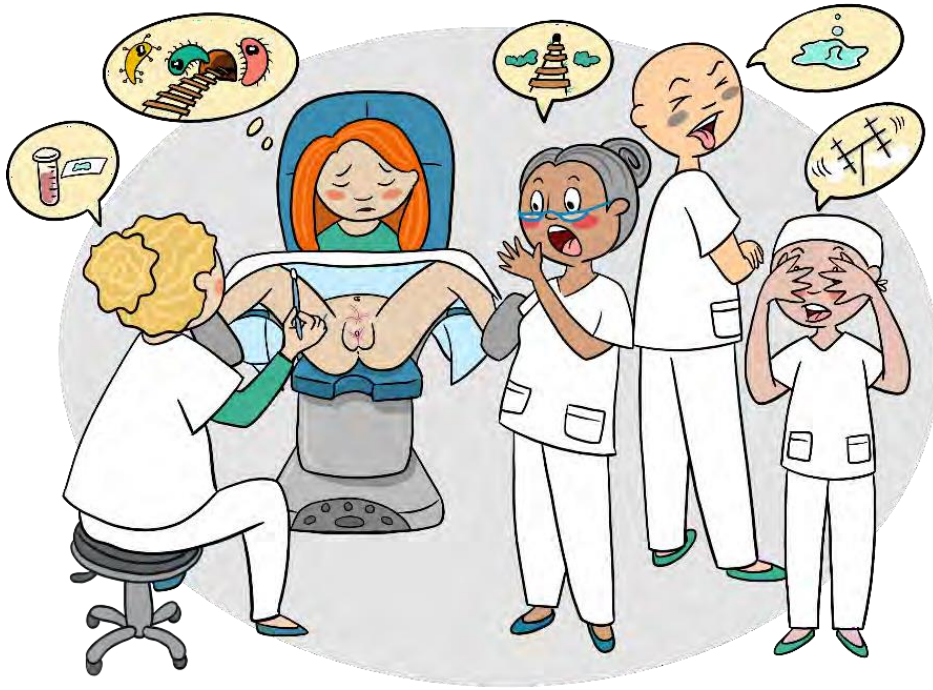
- ❌ They do not use formal channels for the transfer of private and confidential information.
- ❌ The medical and/or healthcare team discusses aspects of your sexual and/or reproductive health, or the sexual or reproductive health of other women or girls, in informal public settings without authorization or consent.



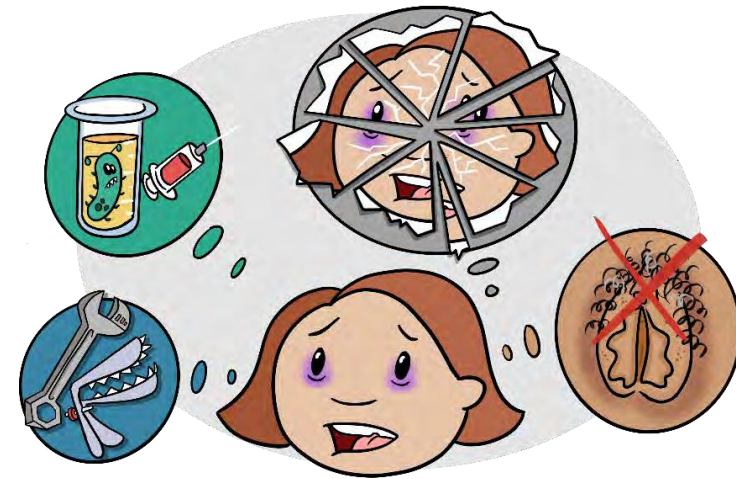
- ❌ The medical and/or healthcare team shares information with the people accompanying you (family members, support professionals, friends...) without first asking your permission, and without your consent, for example, information about your body, your genitals, or aspects related to your sexual or reproductive health, or your sexual history or life plans.
- ❌ The medical and/or healthcare team discusses aspects of your health, diagnoses, treatments... without your consent.
- ❌ The medical and/or healthcare team discusses information containing aspects of your sexual and/or reproductive health without your consent.



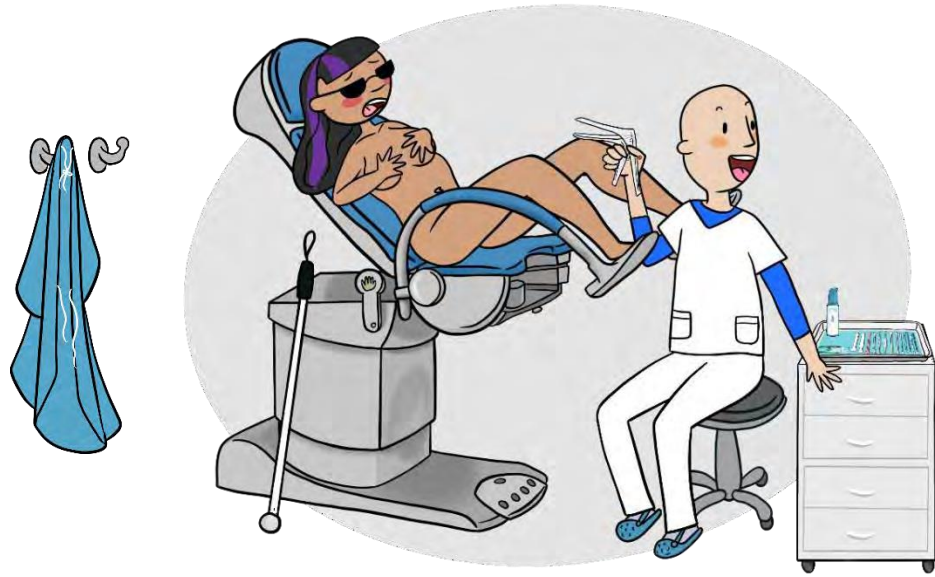
- ❌ Medical staff makes inappropriate comments, jokes, or unpleasant, disrespectful gestures about anatomy, physiology, or aspects of your sexual or reproductive life.
- ❌ Medical staff shares information about your sexual or reproductive life in informal settings without your consent.



- ❌ Information is not provided to you using accessible, understandable, and age-appropriate language regarding aspects of your body and genital anatomy, bodily processes and changes occurring in your body, preventive tests and checkups necessary for your sexual or reproductive health, diagnoses and treatments in cases of illness, specialists in sexual and reproductive health...
- ❌ Support resources are not used (easy-to-read materials, pictograms, sign language interpreters, etc.) to ensure everyone can fully comprehend medical documents needed to properly understand all aspects of sexual and reproductive health.



Let's discuss this example...



Sara is a woman with visual impairment. Every time she goes for a gynecological exam, she faces the unpleasant situation of having to repeatedly ask for a sheet to cover her body. The healthcare team asks her why she needs the sheet if she can't see.

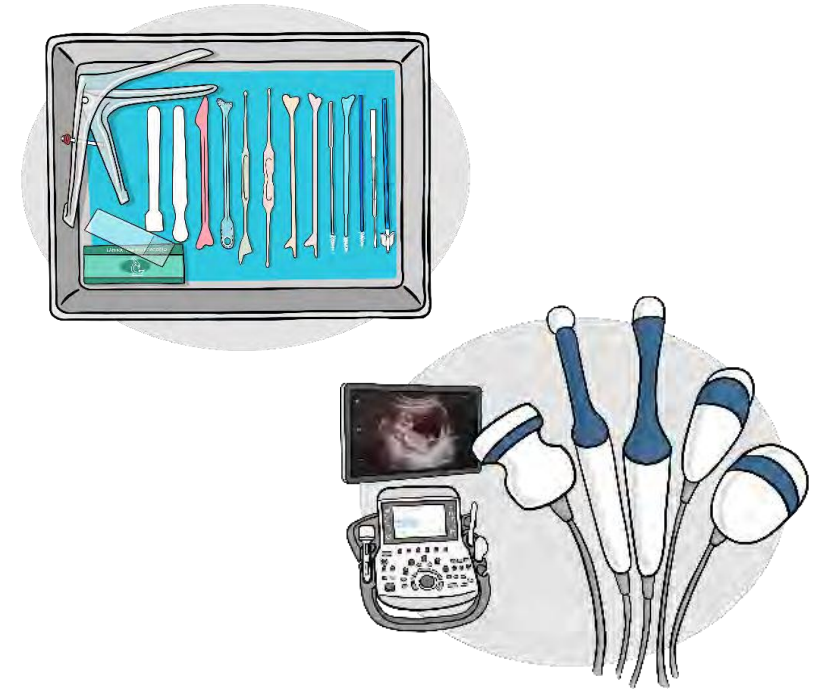
Let no one disregard the bodies of women with disabilities!

Our bodies and our modesty belong to us.

Every time Sara has to go for a gynecological exam, she gets very nervous and worried. What causes her the most anxiety is the medical equipment that will be used. She has heard in some conversations that there are women who have experienced painful situations during exams. Sara would like to know what the equipment used to examine her looks like. Being able to recognize them by touch would reduce her distress and anxiety.

Sara would appreciate it if the healthcare staff would give her that opportunity.

Knowledge gives us security and peace of mind. It helps us feel in control of our lives.



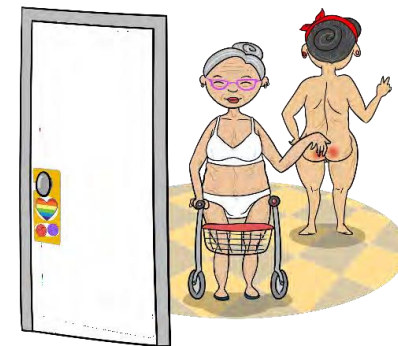
Remember!



Always knock on the door and ask for permission before entering any room.



Times and moments to connect, to share, to express, to enjoy, to BE, to KNOW ONESELF, and to FEEL.



Respect my space and my time for enjoyment.



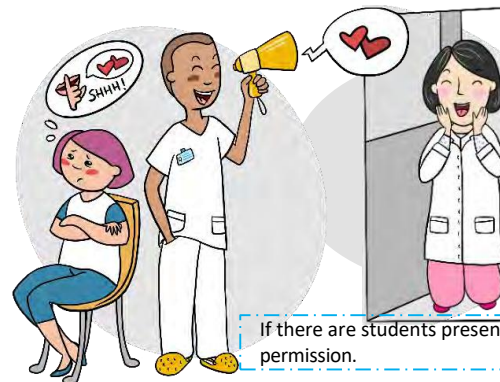
Ask my permission before touching my personal belongings.



Being able to decide on my personal appearance (clothing, hairstyle, grooming, etc.) boosts my self-esteem, reinforces my identity, and promotes my social interaction.

It is my way of expressing my personality.

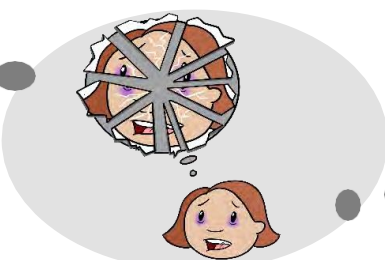
When discussing issues related to my sexual or reproductive health, please ensure you do so with respect.



Remember that when I share personal matters, I do so in good faith and in confidence.

If there are students present, let me know and ask for my permission.

My body is my own. Only the necessary people should be present when providing care. Prevent strangers from touching my body.



Your attitude toward my body and my life story will have a direct impact on my self-perception and, consequently, on my self-esteem.

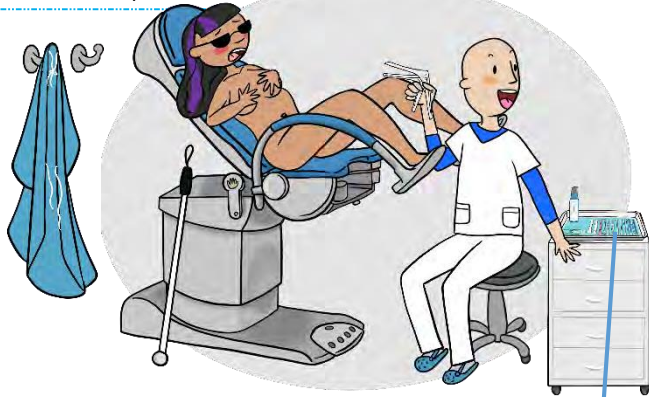


It will make it easier to identify potential situations involving boundary violations, risk, and abuse.

Start by introducing yourself; explain to me what you're going to do to me using simple instructions that I can understand. Treat me like the adult woman that I AM.



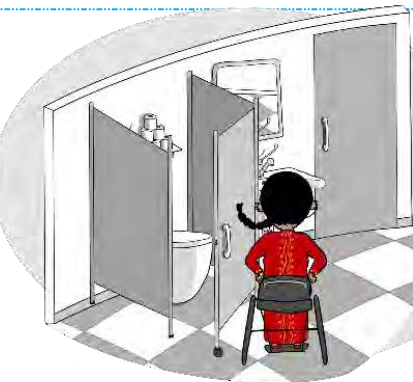
Provide me with appropriate clothing and help me use it correctly.



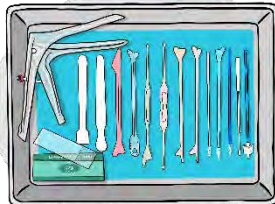
Explain to me why it is necessary for me to show my naked body.

Uncover only the part of my body that is being examined.

Minimize the time my body is exposed.



Explain what medical instruments are used for; having access to them (seeing or touching them) helps me participate in decision-making.



Make sure there are accessible restrooms and bathrooms near the examination room. This helps me maintain my independence.

Speak to me clearly, slowly, and look at me. Make sure I've understood you.



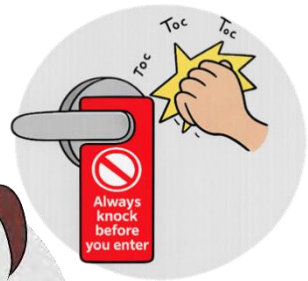
If I need to undress or change clothes, please tell me where I should do so.



Keep the doors closed. My body, my modesty, and my nudity belong to me.



Always knock on the door and ask for permission before entering



Take care of my personal appearance during transfers.

Give me time to decide and to present myself with dignity



Being able to decide on my personal appearance improves my self-esteem, reinforces my identity, and promotes my social interaction.

Ask for my permission during transfers and ensure they are carried out with dignity.



Make sure that medical supplies and equipment are suitable for patients with diverse needs.

Sexual and reproductive rights of women and girls with disabilities. Right to intimacy in healthcare.

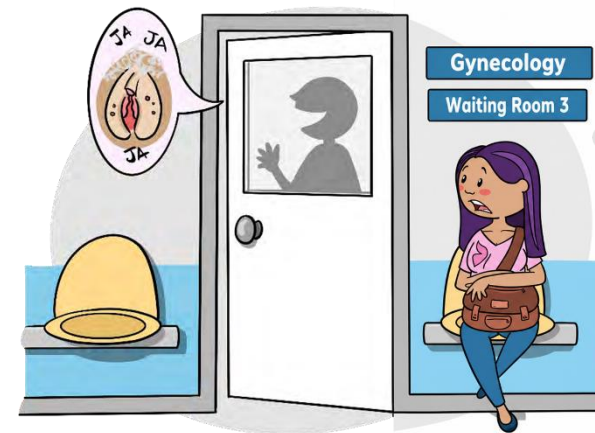
Before giving me the information, make sure only the necessary people are present.



Please ensure that access to my information is handled responsibly and respectfully.



Gynecology
Waiting Room 3



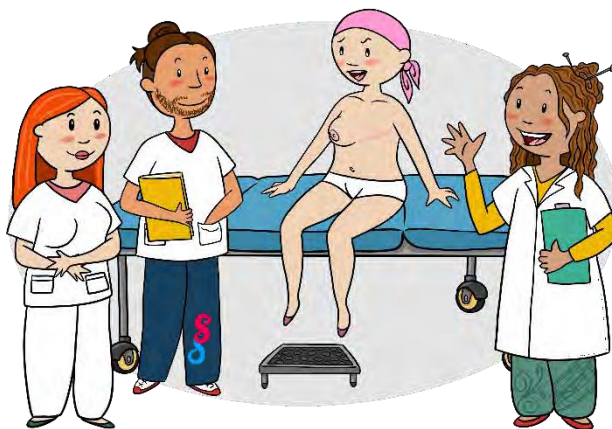
Keep the doors closed



My life story and my personal data belong to me.

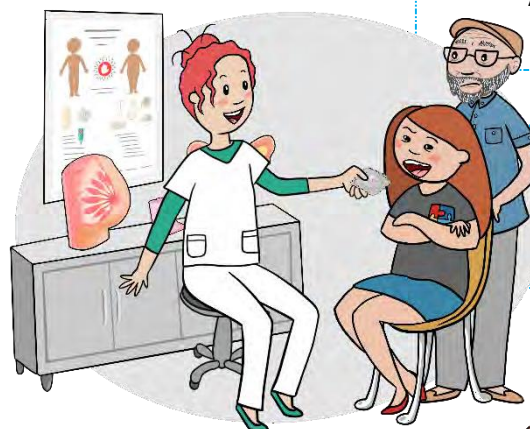
Start by introducing yourself. Speak clearly, slowly, and look at me. Make sure I understand you.

If there are students present, tell me what role they play and ask for my permission

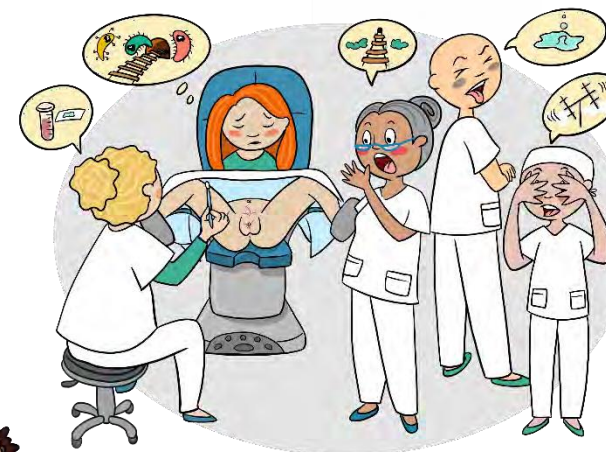


Knowing who can and cannot access my personal data will help me identify role models and distinguish between the intimate, the private, and the public.

Always knock on the door and ask for permission before entering



Ask me if I want the people accompanying me to have access to my personal information.



The way you talk about my body, your words and gestures have a direct impact on my self-perception and, consequently, on my self-esteem.

Make sure the information you give me is tailored and accessible

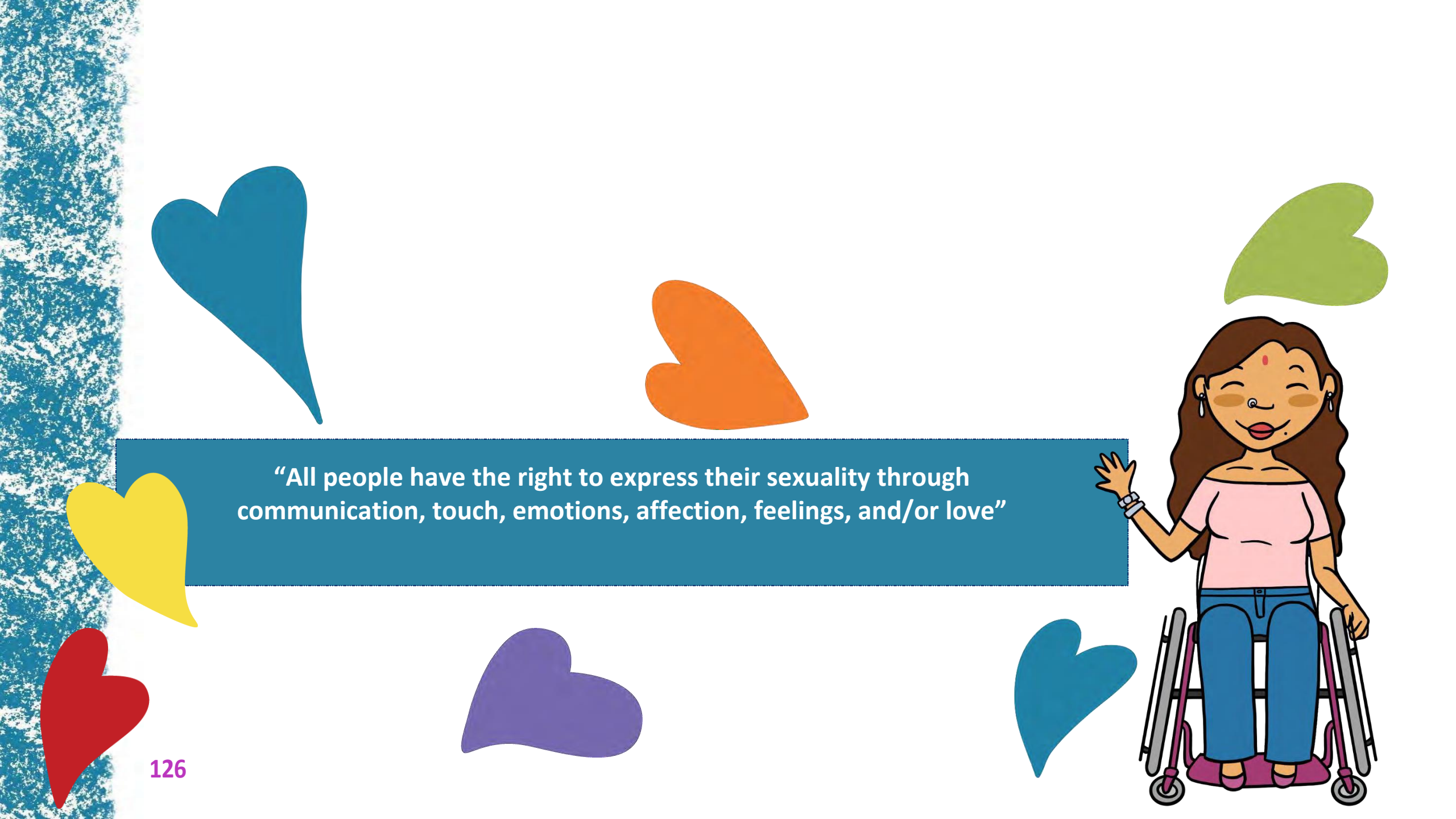


When you talk about my health and my life, please be respectful. Put yourself in my shoes.





7. Right to the free expression of sexuality



“All people have the right to express their sexuality through communication, touch, emotions, affection, feelings, and/or love”



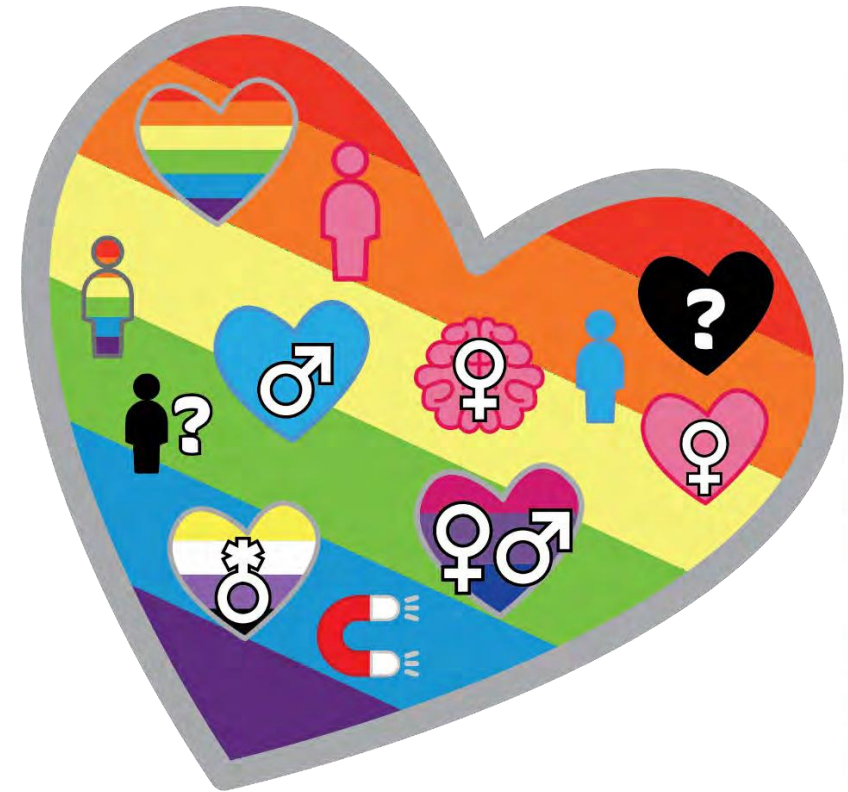
Sexuality is an integral part of our personality and is shaped through interaction with society.

We have the right to freely and fully express our sexuality through communication, physical contact, emotional expression, and love, without this being a cause for discrimination.

The **Universal Declaration of Human Rights** (Article 2) upholds the right to express ourselves freely without being discriminated against under any circumstances, for instance, our gender, sexual orientation, or disability.

Sexual expression goes beyond genitalia or sex; that is why sexuality is a holistic concept that encompasses who I am, how I express myself or feel, and how I take care of myself.

It is present in many aspects of our lives; it helps us develop our identity and personality, as well as relate to others.



Sexuality is present from before we are born until we die; it accompanies us from the moment we are conceived. That is why we are *sexual beings*.

When we say we are sexual beings, we are referring to what in sexology we call the *human sexual fact*.

This explains why all of us go through a *process of sex determination* before we are born.

That process of sex determination allows us to have a *sexed body*. In other words, all people (absolutely everyone), at every stage of our lives, have a sexuality, and this is a fact that cannot be changed; we cannot stop being sexed—it cannot be taken away. It is part of us, just like our head, arms, legs, etc.

Before continuing, let's briefly look at some terms that may seem similar: sex, gender, gender identity, gender expression, and sexual orientation.



SEX (biological)

It is assigned at birth based on physical characteristics: external genitalia, chromosomes, hormones...

Female: Clitoris, vulva, inner and outer labia, XX chromosomes.

Male: Penis, testicles, XY chromosomes.

Intersex: Ambiguous genitalia, Xo, XXX, XXY chromosomes...

GENDER

A social and cultural construct associated with biological sex.

Woman: feminine, sensitive, delicate, beautiful,...

Man: masculine, strong, brave, intelligent,...

Androgynous: non-conforming to both constructs.

GENDER IDENTITY

Personal perception of how we experience the gender with which we identify.

Cisgender: you identify with the gender assigned to you by society.

Transgender: You do not identify with the gender assigned to you by society.

Queer (non-binary): You reject socially assigned gender and do not identify with any particular gender.

Gender-fluid (you do not identify with just one gender identity, but with several).

Demi-gender (you partially identify with a specific gender).

Agender (you do not identify with any gender).

GENDER EXPRESSION

How we present our gender to the world (name, clothing, behavior...).

SEXUAL ORIENTATIO

The emotional and sexual attraction we feel toward another person.

Heterosexual: You are attracted to people of the opposite sex.

Homosexual (gay or lesbian): You are attracted to people of the same sex.

Bisexual: You are attracted to people of both sexes.

Pansexual: You feel sexual attraction toward people regardless of their gender.

Asexual: You do not feel any sexual attraction.



As we can see, diversity in terms of sexuality can be very broad, and women with disabilities are diverse.

Our physical sexual characteristics, the gender with which we identify, how we express ourselves, and who we are attracted to also reflect that diversity.

We are different and go through different experiences in our lives. Each of us experiences our bodies, our desires, our fantasies, our actions, and our relationships in different ways, and this is sexuality. It is the way each of us experiences the fact of being sexual beings. Sexuality is for everyone.



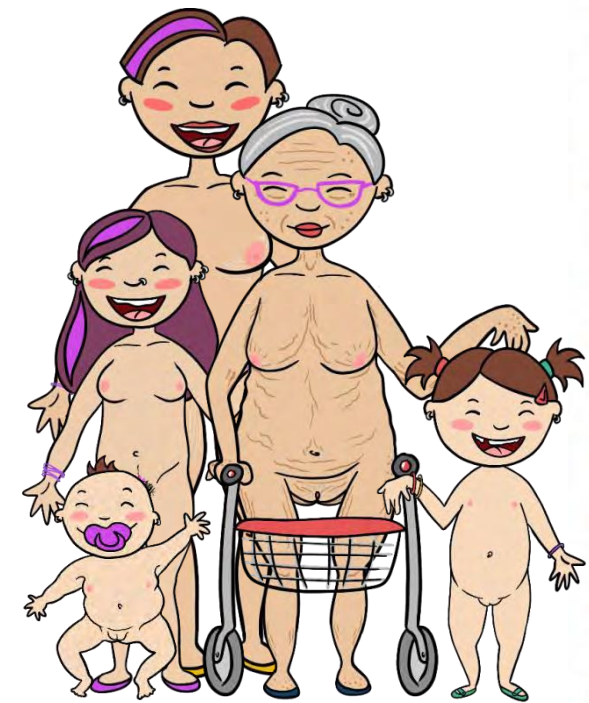
We are diversity!

However, we live in a society *governed by* social norms. These norms lead us to believe that only certain types of people are “allowed” to engage in certain activities, wear certain types of clothing, or express themselves in certain ways.

Normativity has led to women and girls with disabilities facing significant stigma related to sexuality because their diverse realities are not represented.

There are many **myths and stereotypes** about the sexuality of women and girls with disabilities. Let’s look at a few:

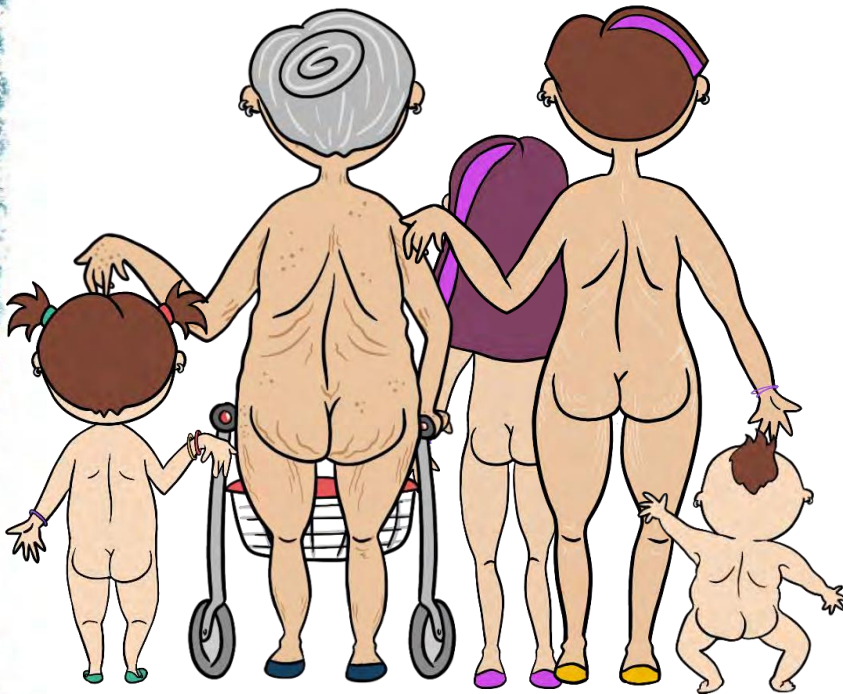
- **They have no sexuality.** They are asexual people who have no interest in or feel no sexual attraction. Nothing could be further from the truth. Just like anyone else, girls and women with disabilities have bodies, emotions, desires, and feel attraction toward other people.
- **They have physical challenges that make it difficult for them to have “normal” sex or prevent them from engaging in satisfying sexual activity:** We must start from the premise that there is no such thing as a “normal” sexual relationship; there are different ways to have sex depending on each person’s preferences. Furthermore, girls and women with disabilities have the sexual relationships they want, desire, and are able to have.



- **They do not have romantic relationships:** Girls and women with disabilities have emotions and feel emotional attraction just like anyone else, and others can also be attracted to them. So they do have romantic relationships, although to a lesser extent than women without disabilities.
- **They are not considered attractive to men without disabilities:** Women with disabilities are sometimes viewed as incomplete individuals who do not meet the beauty standards society imposes on women.

- **They have no control over their own sexuality:** Society does not accept the sexuality of people with disabilities, and even less so in women with disabilities; thus, when they express their sexuality, their behaviors are labeled as scandalous. Especially in the case of women with intellectual disabilities, there is a mistaken belief that they do not engage in appropriate or responsible sexual behavior; and, therefore, this is the group that has been most denied the expression of their sexuality.

Holding these beliefs contributes to increased stigma and makes it more likely for a person to face discrimination, as well as increasing the likelihood of experiencing violence.



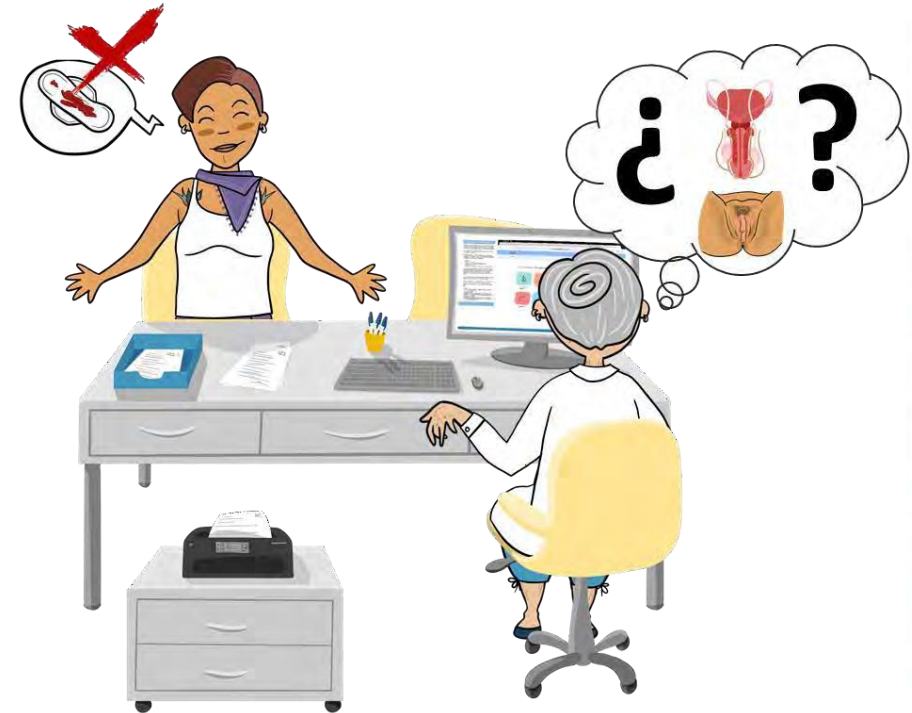
Expressing one's sexual orientation, when it deviates from cisgender identity, leads to further discrimination and increases the risk of experiencing violence, known as hate crimes.

Furthermore, disability is often prioritized over gender identity or sexual orientation, which are frequently ignored.

Intersectional discrimination is most evident when we talk about women with disabilities who are part of the LGBTIQ+ community, where discrimination can even come from the disability community itself. If talking about sex is taboo within families, discussing sexual orientation is even more complex.

In Spain, **Law 4/2023** February 28, **on the real and effective equality of transgender people and the guarantee of the rights of LGBTIQ+ individuals**, allows people to live out their sexual orientation, gender identity, gender expression, sex characteristics, and family diversity with complete freedom.

This legal recognition has not yet been socially accepted, hence the discrimination.

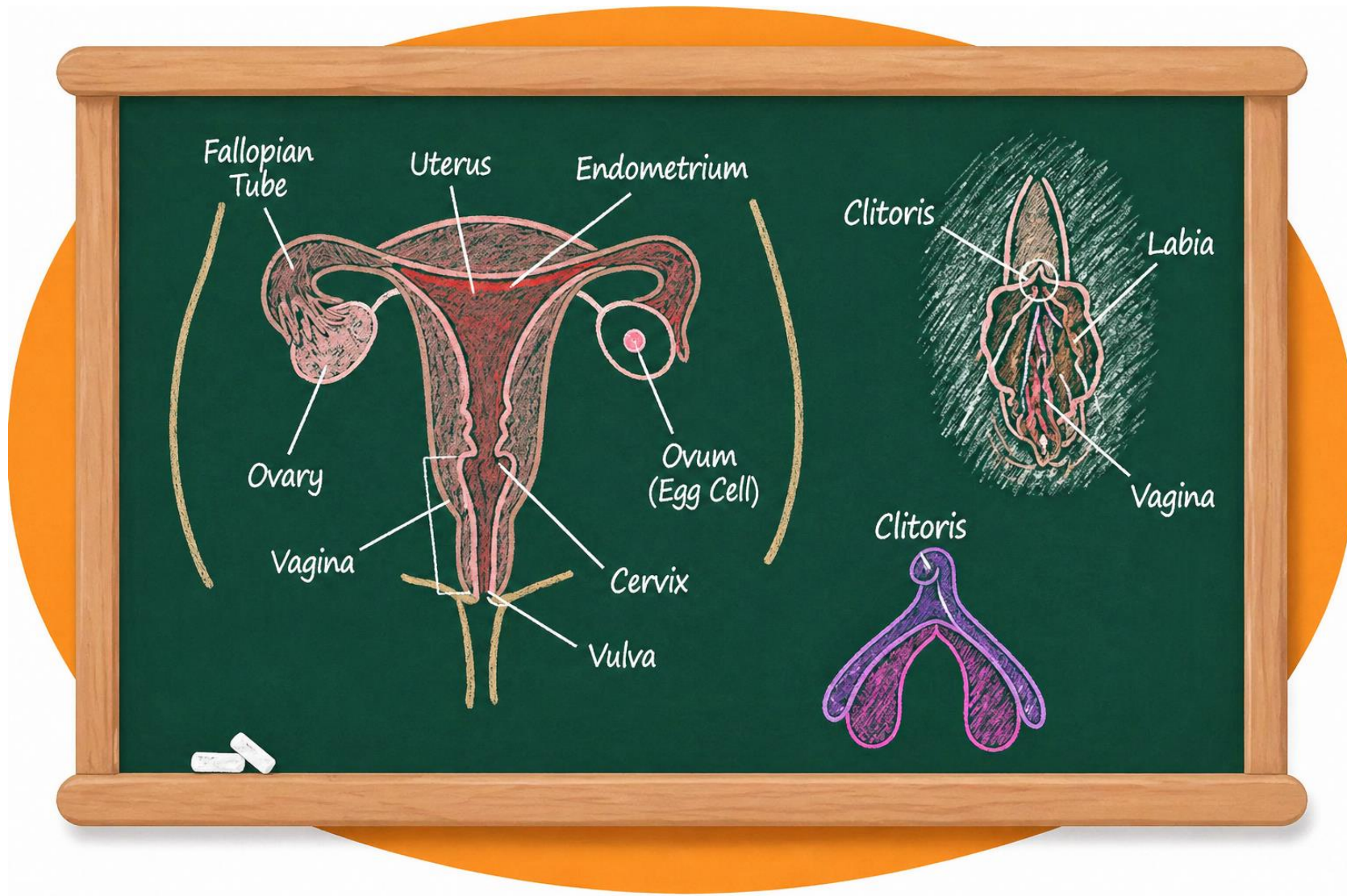


As recommendations for advancing the right to freely express our sexuality, we propose:

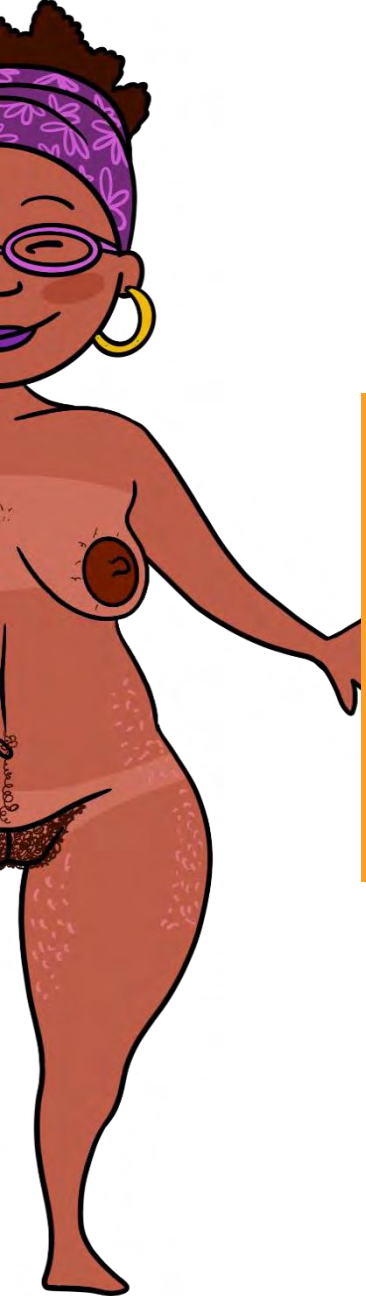
- Communication campaigns that naturally highlight the sexuality of women with disabilities.
- Training for family members and professionals regarding the diverse sexuality of women with disabilities.
- Providing adapted and accessible information on sexuality to women and young people with disabilities.
- Providing private spaces for women and young people with disabilities.
- Developing sex education programs for women and girls with disabilities.
- Provide spaces where women and young people with disabilities can share their experiences and concerns regarding their sexuality or motherhood.
- Provide accessible materials on sexual and reproductive health services.
- Promote support for women with disabilities during child-rearing.

Your rights to freely express your sexuality are NOT respected when:

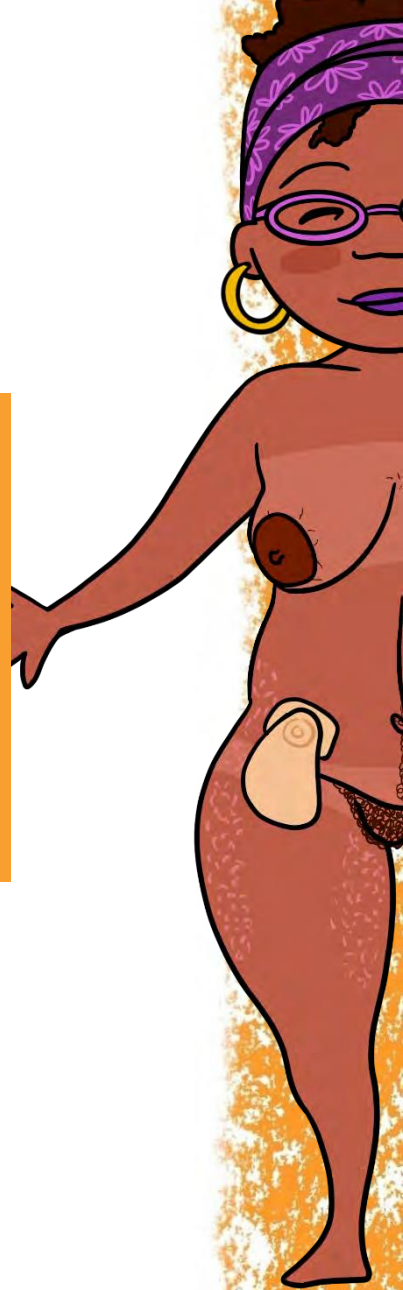
- ✗ My family makes fun of me when I tell them who I'm attracted to.
- ✗ I can't dress the way I want; they force me to wear clothes that match my gender.
- ✗ They don't let me go out in case I have sex with other people.
- ✗ I don't know if I'm using birth control because it's given to me without my knowledge or consent.
- ✗ I'm not allowed access to information about sexuality.
- ✗ No one explains to me how to express my sexuality in public and private spaces.



8. Right to education and information



“Everyone has the right to receive sex education based on a positive approach to sexuality, which recognizes sexuality as a human dimension. Education and information grounded in scientific knowledge provide the resources needed to build a fulfilling and healthy sexual and reproductive life, where we can make free and responsible decisions.”



The **International Covenant on Economic, Social and Cultural Rights** (Art. 13) recognizes the **right of everyone to education**.

Therefore, the right to education is part of human rights.

However, gender and disability stereotypes have led to many women and girls with disabilities being excluded or discriminated against by educational systems.

The **Convention on the Elimination of All Forms of Discrimination against Women** (CEDAW) and the **Convention on the Rights of Persons with Disabilities** (CRPD) have required countries to ensure our access to education on an equal footing, eliminating any form of discrimination that prevents it (CEDAW, Art. 10, General Recommendation No. 36 on CEDAW and CRPD, Art. 24).

Access to lifelong learning will allow us to develop our potential and, thereby, our sense of dignity and self-esteem, our personality and talents, and thus enable us to participate effectively in society (CRPD, Art. 24 and General Recommendation No. 3 of CEDAW).

Real education is:

Inclusive

For everyone,
Without exception.

Egalitarian

The same conditions and
equal opportunities.

Comprehensive

Molds independent
individuals.

Diverse

Respects
individuality.

Education and information play an essential role in our sexual and reproductive health.

Sexual and reproductive education enables us to lead healthier lives and allows us to understand our sexual and reproductive rights.



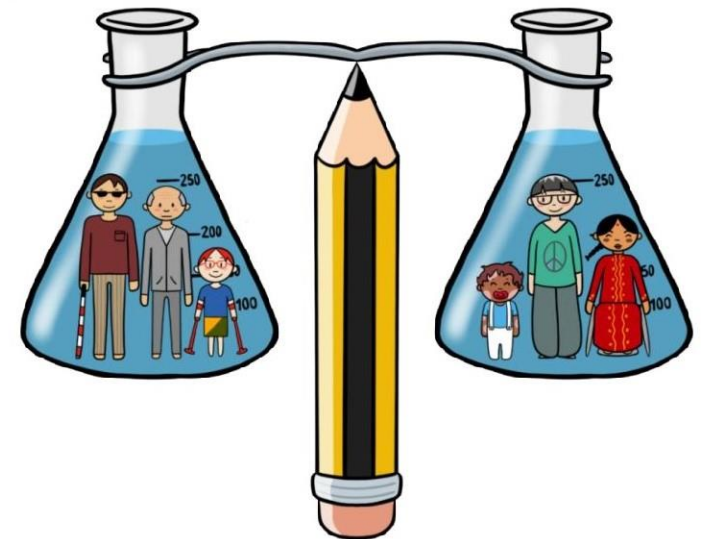
Several Conventions and their Committees call on countries to adopt various measures to promote the sexual and reproductive health and rights of women and girls with disabilities.

Education and information on sexual and reproductive health are part of these measures.

The **Report of the Special Rapporteur on the rights of persons with disabilities** (2017) details the elements that such education should include. We will supplement this list with insights from **General Comment No. 3 of the CRPD Committee** (2016):

- Information on self-esteem and healthy relationships.
- Sexual and reproductive health, and maternal health.
- Contraception and family planning.
- Sexually transmitted infections and HIV prevention.
- Safe abortion and post-abortion care.
- Infertility and fertility options.
- Cancer of the reproductive system.
- Prevention of exploitation, violence, and abuse, whether sexual or otherwise.
- Stigmatization and prejudice against people with disabilities.
- Gender roles.
- Human rights.

This information must be provided in accessible and alternative communication formats, with any reasonable accommodations needed.



This training is intended for women and girls with disabilities themselves—at various stages of their development—as well as their families and the professionals who care for them.

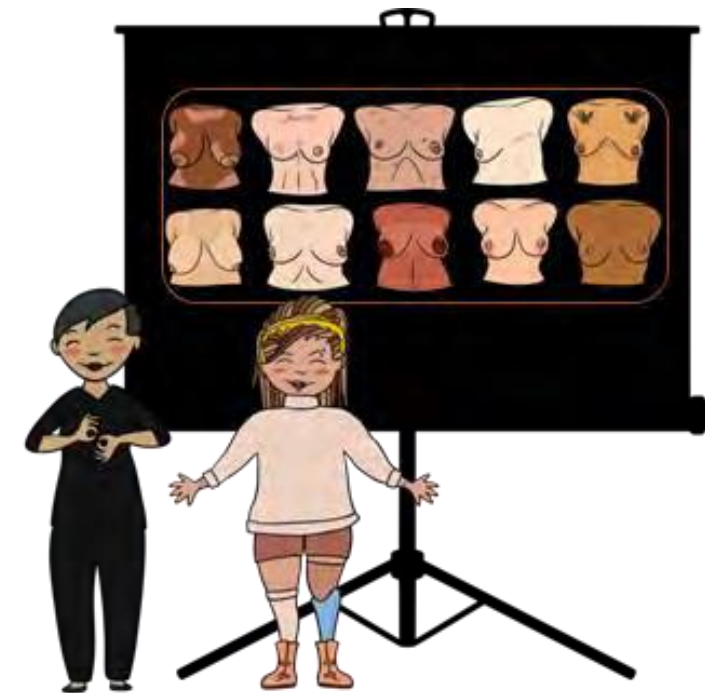
Providing information to families will also help them understand their daughters' sexuality, meet their needs, and recognize potential situations of violence or sexual abuse. It can also change their behaviors and give them more confidence in discussing sexuality with them.

We must pay special attention to sexual and reproductive education during adolescence. It has been shown to improve teenagers' sexual health and reduce sexual violence.

In accordance with **General Recommendation No. 24 of the CEDAW Committee** and **General Comment No. 22 of the Committee on Economic, Social and Cultural Rights**, information and counseling should be provided at this stage on:

- Contraceptive methods.
- The risks of early pregnancy.
- The prevention and treatment of sexually transmitted diseases, such as HIV/AIDS.

In any case, this education must be age appropriate.



Women and girls with disabilities are often excluded from sex education programs or denied access to them.

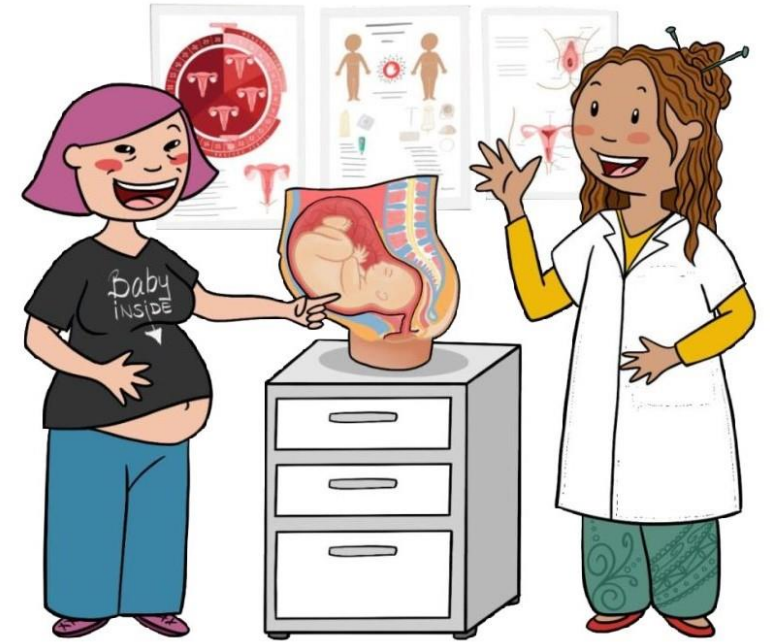
They assume we do not need such information based on harmful prejudices and stereotypes, believing that we are asexual.

We face difficulties in accessing information on sexual and reproductive health, especially women with intellectual disabilities, deaf and blind women.

We need unbiased, non-targeted, and non-discriminatory information.

We have the right to receive information on sexual and reproductive health based on scientific knowledge, that does not put our health at risk and that helps us dispel erroneous popular beliefs, such as those related to the transmission of disability.

All women and girls with disabilities, including those living in institutions, must be informed of their rights and receive accessible education on sexual and reproductive health so that they can make informed decisions about their lives.



Your right to inclusive sex education is NOT respected when:

In SEX EDUCATION WORKSHOPS:

- ❌ You feel that your ideas, values, or opinions are not respected.
- ❌ Some opinions are given more weight than others.
- ❌ They try to convince you of certain ideas without creating space for debate and the exchange of opinions.
- ❌ In training sessions, they convey messages of superiority and hierarchies among people, presenting models and examples of the superiority of some sexualities over others.
- ❌ They provide information or materials that are outdated or contain religious, cultural, or ideological biases.
- ❌ Some messages promote the superiority of men over women.
- ❌ The sexuality of women and girls with disabilities is denied or disregarded.
- ❌ They tell you that sexuality is a topic that belongs solely to men.
- ❌ They tell you that certain erotic and sexual behaviors are tolerable in men but not in women, for example, touching one's genitals.
- ❌ They do not explain the impact of sexual and reproductive health in your quality of life.
- ❌ Men's contributions are given greater prominence and consideration than those of women.
- ❌ It does not address the different types of sexual diversity.





9. Right to Participation and Freedom of Opinion

“All people have the right to think, hold opinions, and express their ideas freely, as well as the right to associate in order to participate in policies regarding sexual and reproductive health.”



Women and girls with disabilities have the right to participate and be considered in any policy initiative that affects fundamental aspects of our lives, such as sexuality, sexual and gender diversity, sexual and reproductive health, motherhood, relationship diversity, and violence against women.

Sexual and reproductive rights affect our well-being and quality of life.

The lives of women and girls with disabilities have all too often been surrounded by comments that have led us to believe that our opinions or ideas are neither valid nor important. We have experienced countless instances of discrimination where we have learned that other people's thoughts or contributions were prioritized over our own. All of this has affected our self-esteem and self-confidence, causing us to doubt our ability to imagine, create, express our opinions, or participate.

We must break free from these false notions that hold us back, because our ideas matter.



Doubting our abilities means that few women with disabilities lead or participate in public policies on sexual and reproductive health. This also contributes to the perpetuation of inequalities.

No one knows our reality and needs better than we do. Our life stories must be heard and considered by decision-makers.

By trusting in ourselves, feeling supported and safe, and making ourselves visible, we will gradually reclaim the space that belongs to us.



Social barriers that hinder our participation in public life

- People still believe that women with disabilities are not “capable” of speaking for themselves and defending their interests; we are infantilized. They think we need other people to protect us and make decisions for us.

These ideas convey a negative image of us as vulnerable individuals, lacking the ability to defend ourselves and unable to voice our opinions or make decisions regarding our sexual or reproductive lives.

- Today, the internet is an essential tool for exercising our right to freedom of expression; it’s a way for our ideas to reach more people. But many women with disabilities do not have access to it, either because they lack training or because they don’t have the tools to connect.



- The sexual and reproductive rights of people with disabilities—especially women and girls with disabilities—have not been treated as social priorities. We must recognize that the needs of men and women differ, and that gender is a crucial factor to consider in policies regarding sexual and reproductive health. It is up to us to articulate these needs; decisions should not be made by others.
- Difficulties in accessing information mean that, if we do not know our rights, we will find it hard to recognize when they are being violated. Knowledge helps us become aware of the situations we face, speak out about what bothers us, make decisions, denounce injustices, assert our rights, and give a voice to those who cannot speak for themselves—in short, to take back control of our lives.



The right to freedom of opinion implies the ability to communicate and express ourselves freely on issues related to our sexual and reproductive lives.

Article 21 of the **Convention on the Rights of Persons with Disabilities** guarantees our freedom of expression, opinion, and access to information.



This right encompasses all accessible communication systems: verbal and nonverbal, oral and written, as well as alternative and augmentative communication systems; and applies regardless of the medium chosen for communication: print media, radio, television, film, the internet—including social media platforms such as Facebook, Twitter, and Instagram—as well as telephone and mail communications electronic...

Therefore, the right to freedom of expression includes:

- The ability to express ourselves and disseminate information and our opinions.
- The ability to access that information.



Freedom of expression means being able to communicate and express ourselves freely, an essential requirement for making decisions and participating on an equal footing in a just society.

The right to assemble or associate with others to work, promote, or defend our rights

The right to express and disseminate, seek, receive, and share information and ideas without fear is essential to strengthening our personal development, to accessing justice, and to enjoying all our sexual and reproductive rights.

The **Convention on the Rights of Persons with Disabilities** (Article 29) guarantees our participation in political and public life.

Barriers to participation in public and political life make it harder for our voices to be heard, and when we dare to stand up for our rights, we are often persecuted, threatened, and attacked.

We need to share our experiences so that we can actively participate in political decision-making.

Women and girls with disabilities have the right to join forces with others in civil society organizations to participate in and influence public opinion and public policy so that these are inclusive.

We must be guaranteed spaces and mechanisms for participation, consultation, and advocacy, on an equal footing.



The right to meet or associate with other women to work, promote, or defend our rights

Women and girls with disabilities need **SAFE SPACES** to:

Feel **unique, well-treated, respected, not judged, and understood.**

Feel that we are treated with **dignity and respect.**

Communicate and express ourselves **freely.**

Feel heard in an atmosphere of **trust, respect, and support.**

Strengthen our **autonomy, self-confidence, and self-esteem.**

Let us live and express our relationships through kindness, mutual respect, and **without any form of violence.**

Participate in groups or activities **without feeling discriminated against** because of our **sex, gender, sexual orientation, gender identity, or disability...**



Not have to **hide, feel ashamed, or feel inferior.**

Devote time to **self-care and to our emotional, relational, and psychological needs.**

Strengthen relationships with other women and **mutual support networks**, and to share life experiences to feel supported and learn from the experiences of others.

Share **our own opinions** and have them taken into account.

Identify shared needs and participate as a group in **public forums** where we advocate for our sexual and reproductive rights

Spaces free of violence that feel like home, where there is safety, trust, and peace of mind

Your right to participation and freedom of opinion is NOT respected when:

IN YOUR IMMEDIATE FAMILY ENVIRONMENT:

- ✗ You have been placed under legal incapacitation without being asked or informed.
- ✗ You do not have the same opportunities to express your opinions as the rest of your family members.
- ✗ Your opinions are met with mockery, laughter, and disregard by people in your family circle.
- ✗ You are not asked for your opinion, and as a result, you are not considered or involved in decision-making regarding issues related to your sexual and reproductive health.
- ✗ When you express your opinions or ideas on certain topics related to your sexual and reproductive health, they are not considered, and others make decisions without taking you into account.
- ✗ You are not allowed to participate in decision-making processes regarding your individualized or personalized support plan. There is a complete and total disregard for your opinion, preferences, arguments, or reasons as to who should help with your assistance in personal autonomy programs: personal hygiene, dressing, grooming, physical health checks, changes in personal hygiene products (pads, diapers, absorbent products...), control of bowel and bladder functions, preventive health screenings, medical consultations regarding sexual and reproductive health, assistive products...



- ✗ You are not allowed to decide whether you want to participate in sex education workshops, or you are even prevented from participating in workshops, sessions and/or events.
- ✗ You are not allowed to be part of platforms in the field of sexuality and disability, or sexual and reproductive rights.
- ✗ You are not allowed to access, share, or disseminate information related to your sexual and reproductive rights.
- ✗ You are not allowed to vote and thus participate in the election of candidates or political proposals which have the capacity and decision-making power regarding policies on sexuality, and sexual and reproductive health.

IN THE INSTITUTIONAL ENVIRONMENT – PLATFORMS IN THE FIELD OF DISABILITY:

- ✗ *You are not provided with the support, resources, or tools you need to express your opinion, make choices, make decisions, and/or participate in decision-making processes regarding your sexual and/or reproductive health.*
- ✗ *There are a myriad of obstacles for you to express your opinions, for instance, the lack of accessible and adapted complaint forms where you can express your opinion on issues related to your sexuality and sexual and/or reproductive health.*
- ✗ *There are no internal platforms within the organization and/or safe spaces to conduct debates about sexual and reproductive rights. E.g., self-advocacy groups, active citizenship groups... with the participation of women and girls with disabilities.*
- ✗ *Comprehensive care programs do not consider sexual and reproductive rights as a priority in your life plan, and you do not have the opportunity to learn about them.*
- ✗ *Although training initiatives on sexual and reproductive rights exist, they are not developed according to universal accessibility, limiting access for everyone.*



- ✗ *Women with disabilities do not hold representative positions with decision-making power regarding sexual and reproductive rights.*
- ✗ *There are no union resources within or outside disability organizations that you can turn to in order to report incidents of harassment and other forms of violence, and receive the comprehensive support you need. E.g., Harassment Policy.*
- ✗ *The organization does not have an equality plan to regulate internal and external communication that promotes a positive image of women and girls with disabilities from a positive and comprehensive perspective (without overlooking the importance of sexual and reproductive rights).*

IN CENTERS, SERVICES, AND FACILITIES FOR SEXUALITY, AND SEXUAL AND REPRODUCTIVE HEALTH:



- ☒ *There are no specialized professionals dedicated to supporting and accompanying people with disabilities who can serve as a liaison with disability-related organizations, coordinating preventive, educational, and support programs from a gender perspective, thereby promoting their participation and leadership in decision-making.*
- ☒ *The professional team's continuing education plans do not address the need for specialized training on sexuality, sexual and reproductive health, and disabilities from a human rights and gender perspective.*
- ☒ *You are not provided with the necessary support or assistance to express your opinion and participate in responsible and informed decision-making regarding your sexual and reproductive health merely due to the fact that you are a woman or girl with a disability.*
- ☒ *There is no suggestion box or accessible protocols in place to collect proposals for improvement.*
- ☒ *You are not given the opportunity to participate in satisfaction surveys, and thus your responses, opinions, evaluations, or suggestions are not included in overall studies or publications.*
- ☒ *The tools used to measure the quality of care for service users are not available in accessible formats (e.g., easy-to-read versions, pictograms, Braille, via mobile apps, etc.).*
- ☒ *The tools used to measure the quality of care for users employ exclusionary, sexist, and non-inclusive language.*
- ☒ *There are no accessible and adapted complaint forms available.*

IN PUBLIC SETTINGS:

- ❌ *You are not invited to public debates on sexuality, sexual and reproductive health and rights, and, sometimes, you are not even allowed to participate.*
- ❌ *In settings for public debates and conferences on sexual and reproductive rights, universal accessibility is not facilitated from a gender perspective.*

For example:

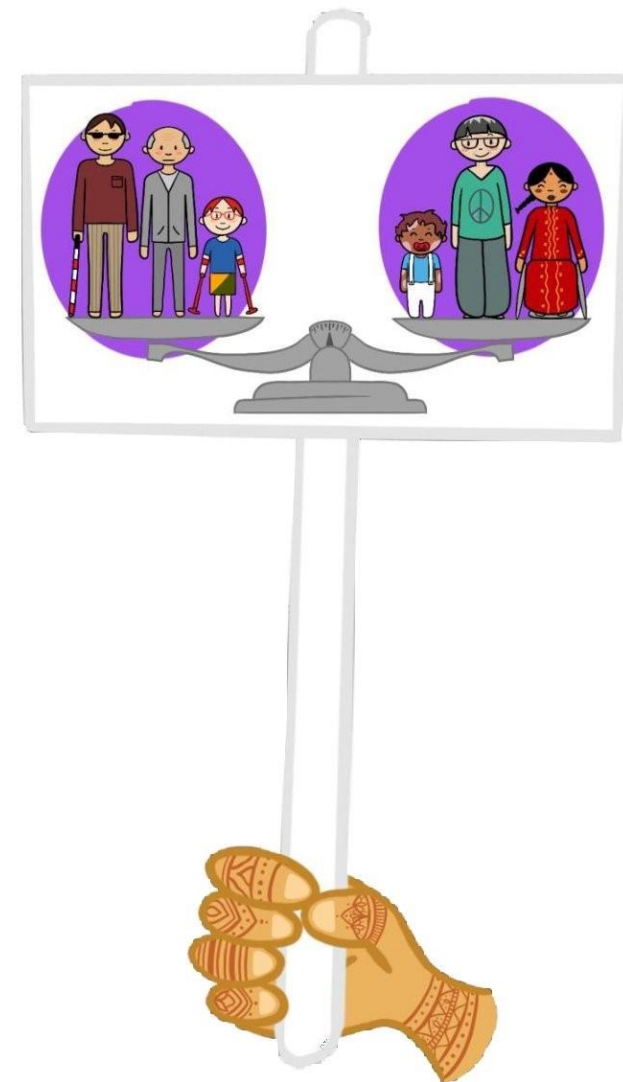
- *Events are held in buildings with architectural barriers (entrances without ramps or with steep inclines; inaccessible restrooms and facilities: no changing areas, adaptations for ostomies, various catheters, etc.; inaccessible interior spaces: narrow hallways, non-adapted elevators, revolving doors, etc.; non-ergonomic furniture, etc.).*
- *Events are organized without providing for the participation of sign language interpreters, induction loop systems, video interpretation services, etc., thereby failing to comply with regulations on full accessibility to information and communication.*
- *The language used at these events is excessively complex, making it difficult to understand, and the distributed materials are not published in cognitively accessible formats, such as easy-to-read text or pictograms.*

- ❌ *When organizing public debates and conferences, schedules do not promote or facilitate work-life balance, and there is no support for family caregivers that facilitate the participation of women with disabilities.*

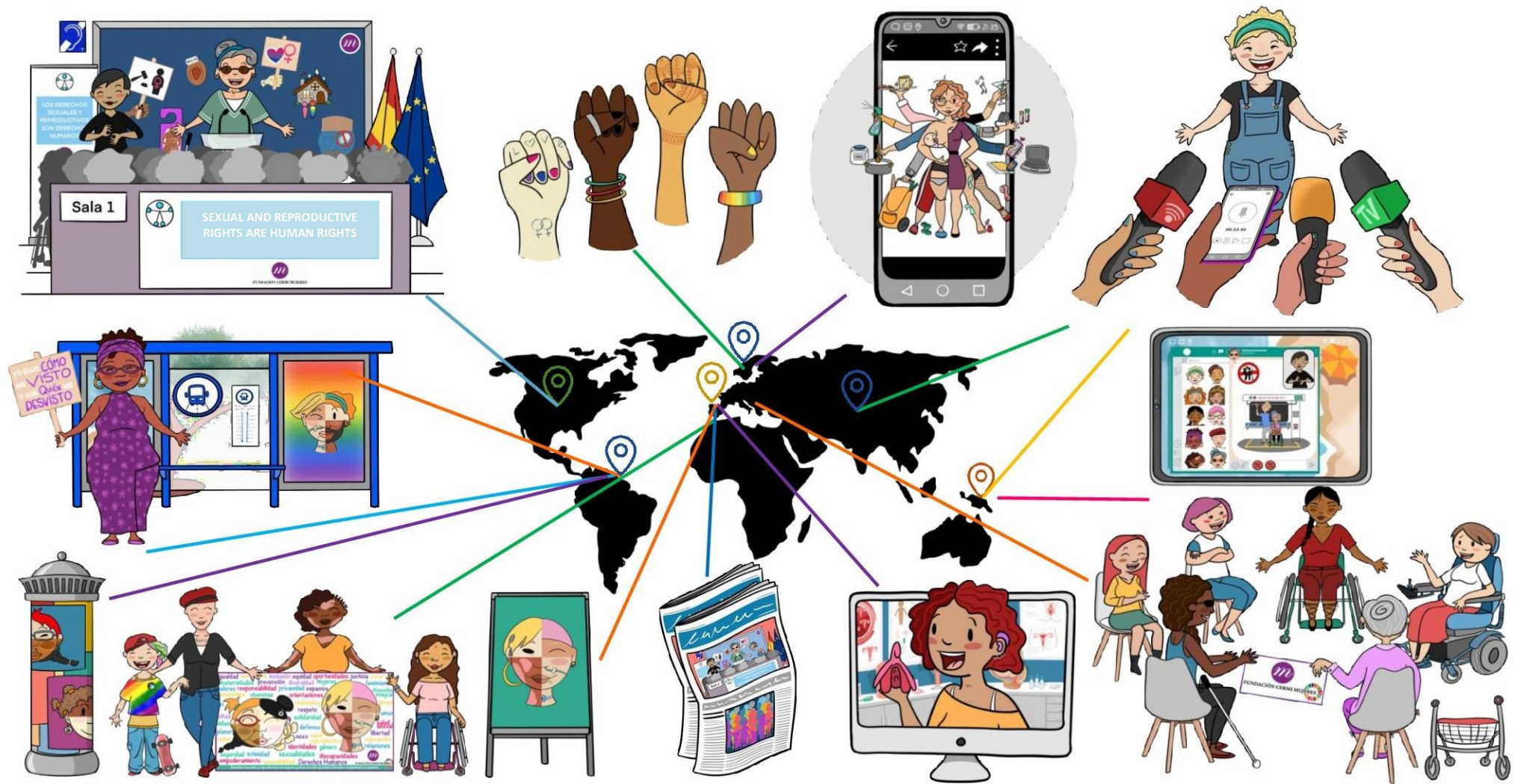


IN POLITICS:

- ✗ *In the national Sexual and Reproductive Health Strategy, there is no representation (voice or opinion) and, consequently, no participation (decision-making) by women with disabilities.*
- ✗ *The limited presence of women with disabilities in public forums for participation and debate on sexuality, sexual and reproductive health, and rights is not considered an area for improvement...*
- ✗ *The media does not share the perspectives, opinions, and participation of women with disabilities.*
- ✗ *At press conferences, debates, and politically oriented conferences on topics related to sexuality, sexual and reproductive health, and sexual and reproductive rights, women and girls with disabilities are not given a voice: sharing of personal accounts, life stories, etc.*
- ✗ *In political arenas or platforms related to sexual and reproductive rights, there are no role models for women with disabilities.*
- ✗ *In the working groups where political decisions are debated and made regarding reforms to laws related to sexual and/or reproductive rights, there is no significant participation by platforms led by women with disabilities.*
- ✗ *In political settings or platforms related to sexual and reproductive rights, the plural and diverse situations experienced by women and girls with disabilities are not made visible from an intersectional perspective.*
- ✗ *In the publication of needs assessments, research, and care responses related to sexuality, sexual and reproductive health, data are not disaggregated by sex.*



How many female political or social leaders with disabilities do you know?



Handbook on Health and Sexual and Reproductive Rights of Women and Girls with Disabilities



Project funded by:



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