NGO Submission to the Human Rights Committee for its Development of Nigeria’s List of Issues in the Absence of a State Report

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Advocacy for Women with Disability Initiative (AWWDI), Legal Defence and Assistance Project (LEDAP), and Women Enabled International (WEI) jointly submit this report for consideration during the Human Rights Committee’s July 2018 development of Nigeria’s list of issues in the absence of a State report.

AWWDI advocates for the rights of women and girls with disabilities in Nigeria, for their inclusion in all national policies, programs and activities. AWWDI operates nationwide and currently has a presence in over fifty communities across the country. It also works to network and form alliances with international organizations that carry out activities that lead to the advancement of the cause of women and girls with disabilities. LEDAP is a non-governmental organization of lawyers and other professionals committed to amongst others, the protection and promotion of women’s right in Nigeria since 1997. LEDAP works on advocacy, monitoring and documentation to ensure access to justice for women and girls with disabilities while ensuring their inclusion in all policies and laws in Nigeria. WEI works at the intersection of women’s rights and disability rights to advocate and educate for the human rights of all women and girls, emphasizing women and girls with disabilities, and works to include women and girls with disabilities in international resolutions, policies, and programs addressing women’s human rights and development, in collaboration with disabled women’s rights and women’s rights organizations worldwide.
I. Introduction

Women and girls with disabilities in Nigeria are discriminated against based on both their gender and disability in many aspects of their lives. Due to this intersectional discrimination, women with disabilities in Nigeria are subjected to harmful stereotypes that undermine their dignity, place barriers in front of their full inclusion in society including their ability to access justice, heighten their risk of sexual violence, and impact their access to sexual and reproductive health care. These issues affect women with disabilities in conflict and non-conflict areas of Nigeria, and although many of these issues impact all women in Nigeria, they disproportionately impact women with disabilities.

Through its General Comments, Concluding Observations, and Individual Complaints, the Human Rights Committee has demonstrated that States should take special measures to ensure that the rights of women with disabilities are respected, protected, and fulfilled. Failure to exercise due diligence to prevent and redress discrimination against women with disabilities can amount to a violation of the International Covenant on Civil and Political Rights (ICCPR), in particular articles 2 (right to non-discrimination and effective remedies), 3 (equality of men and women), 6 (right to life), 7 (right to be free from torture or ill-treatment), 9 (right to liberty and security of the person), 10 (rights of detained persons), 14 (right to equality before the courts), 17 (right to privacy), 19 (right to freedom of expression), 23 (rights in the family), 24 (protection of children), and 26 (equal protection of the laws).

This submission focuses on rights violations that disproportionately or uniquely affect women with disabilities throughout Nigeria. The submission includes legal and policy background information applicable to the rights of women with disabilities and details about the rights violations they experience in Nigeria, including discrimination and harmful stereotypes, violations of sexual and reproductive rights, and gender-based violence, including lack of access to justice and effective remedies to address these violations. This submission concludes with suggestions to the Human Rights Committee for issues it should include in Nigeria’s list of issues and recommendations it should consider making to Nigeria for its eventual review.

II. Background

A. Informational Background

According to the World Health Organization (WHO) and the World Bank, approximately 15% of people worldwide are persons with disabilities, and women with disabilities account for 19.2% of the total population of women around the world. However, data from the most recent census in Nigeria, which occurred in 2006, indicated that there were only 1.5 million women with disabilities, accounting for less than half the number of persons with disabilities and only about 2.2% of the total population of women in the country. The Disability Rights Advocacy Centre, a non-governmental organization (NGO) operating in Nigeria, estimates that the total number of women with disabilities is closer to 11 million (about 16%
of the total population of women), an estimate that is more consistent with global statistics provided by WHO and the World Bank. The gap between this estimate and official census data is likely due to stigma and cultural factors surrounding disability, as well as ongoing conflict that is steadily increasing the number of persons with disabilities, the lack of a clear definition of impairment and disability in Nigerian law, and the lack of awareness and training of census administrators and government officials on disability.

Additionally, as the WHO and the World Bank have identified, gaps in census data may be due to the types of questions that official surveys ask about persons with disabilities. The Washington Group on Disability Statistics—a body of the U.N. Statistical Commission—has devised a six-question survey to determine rates of disability, focusing on difficulties in performing six actions (seeing, hearing, mobility, cognition, self-care, and communication) rather than relying on self-identification of disability status. The Washington Group’s survey asks individuals to state whether they have no difficulty with these actions, at least some difficulty, at least a lot of difficulty, or are unable to do these actions at all. It then calculates the rate of disability based on the percentage of individuals who respond that they have at least some difficulty or more performing these actions. When this survey was utilized in Zambia, the measured rate of disability rose from 2.7% in 2000 to 14.5% in 2006. Nigeria plans to undertake a new census in 2018 and should adopt these methods in its measurement of the rate of disability to ensure a more accurate count.

B. Legal Background

1. International and Regional Human Rights Obligations

In addition to being a party to the International Covenant on Civil and Political Rights (ICCPR), Nigeria has ratified the following international human rights treaties that bear on its obligations to prevent and redress discrimination against women with disabilities:

- Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and its optional protocol;
- Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol;
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT); and
- Convention on the Rights of the Child (CRC) and its optional protocols.

In 2017, the Committee on the Elimination of Discrimination against Women (CEDAW Committee) recommended that Nigeria “[i]ntensify its efforts through existing and new innovative programmes that target women with disabilities in order to facilitate their access to health care, education and employment and to combat all forms of discrimination against them.” It also urged Nigeria to expedite the adoption of the National Disability Bill (see below). In its 2010 concluding observations to Nigeria, the Committee on the Rights of the Child (CRC Committee) expressed concern about de facto discrimination against children with disabilities in Nigeria, about derogatory language referring to children with disabilities used in state laws and policies, and about information distributed by some churches and the film industry that increased stigma towards children with disabilities by associating them with witchcraft, sometimes leading to arbitrary killings. The CRC Committee recommended that Nigeria provide information in its next state report specifically about discrimination against children with disabilities, adopt a national policy on children with disabilities, and address geographical disparities in providing them with health and education services.

In addition to these international human rights obligations, Nigeria is a State Party to the African Charter on Human and Peoples’ Rights and its Protocol on the Rights of Women in Africa (Maputo Protocol).
Concerning women with disabilities, Article 23 of the Maputo Protocol requires states to “facilitate their access to employment, professional and vocational training as well as their participation in decision-making” and “ensure the right of women with disabilities to freedom from violence, including sexual abuse, discrimination based on disability and the right to be treated with dignity.” Despite these commitments, Nigeria’s 2014 periodic report to the African Commission on Human and Peoples’ Rights (ACPHR) did not contain any information on the rights of persons with disabilities, including women with disabilities. As a result, the ACPHR recommended that Nigeria include information on persons with disabilities in its next state report and “[e]stablish mechanisms for inclusive protection of persons with disabilities and other vulnerable persons in the country.” Although Nigeria included a chapter on older persons and persons with disabilities in its most recent report to the ACPHR, this chapter merely summarizes relevant laws and provides few details about the actual situation of persons with disabilities in Nigeria, including no details specifically relevant to women with disabilities.

2. Domestic Laws and Policies

At the federal level, although the Nigerian Constitution prohibits discrimination based on sex, it does not specifically prohibit discrimination based on disability. The Constitution does provide some rights protections for persons with disabilities, including that “every citizen shall have equality of rights, obligations and opportunities before the law” and that persons with disabilities are entitled to welfare benefits. At the time of writing, there was no other national law that provides a comprehensive framework for preventing discrimination against women or persons with disabilities in Nigeria, though gender equality and disability rights laws do exist in some Nigerian states.

In 2006, the Ministry of Women and Social Development adopted a National Gender Policy, with several goals and targets. The policy addresses important human rights and development issues faced by women, including gender-based violence (including in conflict situations), sexual and reproductive health, and access to justice. However, the policy does not acknowledge that women may face multiple and intersecting forms of discrimination, based on both their gender and other statuses, including disability. As such, the policy and its targets do not address the specific issues women with disabilities face when exercising their rights. Indeed, the policy’s only mention of women with disabilities is in a target related to employment, where the Ministry sought to eliminate discriminatory and abusive practices based on a number of grounds, including disability, by 2015.

The pending Gender and Equal Opportunities Bill 2011 provides little additional support for ensuring the rights of women with disabilities. Although the Bill prohibits discrimination on the grounds of both gender and disability and prohibits all forms of violence against women and specifically women with disabilities, it does not specify what forms of violence women with disabilities experience beyond sexual abuse. Additionally, the Bill provides protections for reproductive health, including maternal health, but does not provide specific protections against forced or coerced reproductive health interventions—such as forced sterilization, forced abortion, or forced contraception—which disproportionately affect women with disabilities. Furthermore, although the Bill prohibits discrimination in the provision of health care, it does not specifically require that health services are accessible, including for women with disabilities, and nowhere in Nigerian federal law is there a definition of discrimination against persons with disabilities that also includes denial of reasonable accommodation as a form of discrimination. Finally, although the National Gender Policy 2006 recognizes that there is gender-based discrimination when accessing justice, the Gender and Equal Opportunities Bill 2011 does not address this issue. Even with the limited protections for women with disabilities in the Gender and Equal Opportunities Bill 2011, at the time of this submission the Bill had not been adopted. In 2017, the CEDAW Committee urged Nigeria to expedite the adoption of this Bill.
A National Disability Bill passed both chambers of the National Assembly in 2016, but the President has yet to sign the bill into law. Although the adoption of this Bill will be a step forward in ensuring the rights of persons with disabilities in Nigeria, the Bill as currently written does not take into account the specific situation of women and girls with disabilities, including their increased risk of gender-based violence, the violations they encounter in sexual and reproductive health care, and the barriers they face in accessing justice. Indeed, the current Bill does not mention the words “women” or “girl” at all. Instead, the Bill only mentions “sex” in one circumstance, providing that persons with disabilities should not be “subjected to prejudices or harmful practices, including those based on sex…,” and it only references “gender” in the section on children, referring to the need to ensure that children with disabilities are “free from all forms of neglect, exploitation, violence and abuse, including their gender-based aspects” and that services for abuse have a gender dimension. There are no similar protections for women with disabilities from gender-based violence or guarantees for gender-specific services.

The National Policy on Rehabilitation of Persons with Disabilities, which pre-dates Nigeria’s ratification of the CRPD, notes that women with disabilities “suffer double jeopardy” due to both their gender and disability statuses, based on negative attitudes, stereotypes, and lack of understanding of women with disabilities. As the Ministry of Women and Social Development notes in this policy, women with disabilities are entitled to love and family but lack educational opportunities, are not encouraged to participate in society, and live in “silent misery.” Despite acknowledging this discrimination, the National Policy on Rehabilitation of Persons with Disabilities does not address some of the rights violations women with disabilities disproportionately face, nor does it contain any targeted policy measures to ensure the rights of women with disabilities.

Nigeria recently adopted the Anti-Torture Act of 2017, which provides a definition of torture and specific legal protections from torture. Although the act provides some gender-sensitive protections against specific forms of torture, including mental/psychological torture, it appears to only apply to torture committed in detention settings and also does not include protections against cruel, inhuman and degrading treatment or punishment that does not amount to torture, as required by Article 7 of the ICCPR. In particular, the act does not specifically prohibit abuses in health care settings, such as forced reproductive health interventions including forced sterilization, forced abortion, and forced contraception performed on women without their informed consent, which the Human Rights Committee has previously classified as torture or ill-treatment and which disproportionately affects women and girls with disabilities, as outlined in more detail below.

Nigeria has also adopted specific laws related to violence against women and to HIV/AIDS. These laws are addressed in the sections below.

III. Rights Violations against Women with Disabilities in Nigeria

A. Intersectional Discrimination and Stereotypes about Women with Disabilities in Nigeria (ICCPR arts. 2, 3, and 26)

Women with disabilities worldwide are subjected to stereotypes and discrimination, based on both their gender and disability, which impact their exercise of rights. The Committee on the Rights of Persons with Disabilities (CRPD Committee) recognized in its General Comment No. 3 on women with disabilities that harmful stereotypes about women with disabilities—such as that they are dependent, burdensome, or asexual—perpetuate human rights abuses committed against them. These stereotypes then are used to “infantilize women with disabilities, call into question their ability to make judgments, and [reinforce] perceptions of women with disabilities as being asexual, or hypersexual…”
Women with disabilities in Nigeria experience a wide variety of discrimination and stereotypes about their capabilities and role in society. They face higher rates of unemployment and increased barriers to receiving income support, and they are also more likely to live in poverty than men with disabilities. Furthermore, women with disabilities in Nigeria experience lower rates of education, face violations of their privacy, and lack access to care services.

This situation is often the result of social and cultural stereotypes in Nigeria about women and about persons with disabilities. For instance, due to gender-based discrimination, women generally in Nigeria are valued less than men with disabilities, because men with disabilities can still inherit property and land, carry on the family name, and make family decisions. Stereotypes about persons with disabilities are also widespread, and society views women with disabilities as “less human, faulty, witches, less productive, illiterate and repulsive.” Indeed, women with disabilities, particularly in rural areas, are viewed as useless or unhelpful because they are perceived as not being able to farm. Due to the belief in and abhorrence of witchcraft generally, persons with disabilities who are perceived as witches may also be blamed for a community’s misfortunes, including violence that arises because of conflict, a situation that is exacerbated by the fact that many persons with disabilities are already segregated from their communities due to stigma and poverty. Family members and caretakers may also become frustrated with women with disabilities who have long-term care needs, because there is inadequate social welfare support for these individuals.

Many also hold the stereotypes that persons with disabilities generally, and women with disabilities in particular, do not engage in sexual activity. On the contrary, a 2015 study of HIV prevalence among persons with disabilities in Nigeria conducted by Enhancing Nigeria’s HIV and AIDS Response Programme (ENR) found that, 71% percent of respondents indicated that they had had sex, and indeed a higher percentage of adolescents with disabilities (40%) had had sex before age 15 than the general population (16% for women; 3% for men).

Under Article 26 of the ICCPR, States have an obligation to “prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground…” As part of their obligations under Article 3 of the ICCPR, States must also ensure the equal enjoyment of civil and political rights by men and women. In its General Comment No. 28, the Human Rights Committee highlighted that “[d]iscrimination against women is often intertwined with discrimination on other grounds…” To this end, the Human Rights Committee has called on at least one State to take all measures necessary to avoid “cases of multiple and intersectional discrimination.” The Human Rights Committee has also emphasized the need to combat harmful stereotyping, including the gender based stereotyping of women in marginalized groups. To address discrimination against women and persons with disabilities, the Human Rights Committee has recommended that States raise awareness about available remedies and to change the perspective of the general public.

B. Sexual and Reproductive Rights and the Right to Start Family (ICCPR, art. 2, art. 3 and General Comment No. 28, art. 6, art. 7 and General Comment No. 20, art. 9, art. 10, art. 14, art. 17, art. 19, art. 23 and General Comment No. 19, art. 24, and art. 26)

Women with disabilities worldwide face a wide range of unique human rights abuses related to their sexual and reproductive rights and their right to start a family, due to both their gender and disability. Stereotypes about women with disabilities—including that they cannot make decisions for themselves, are asexual, cannot become pregnant, or will not be good parents—may lead health care workers or family members to discount their needs or subject them to abuse. Furthermore, women with disabilities worldwide are disproportionately subjected to practices such as forced or coerced sterilization, contraception, and abortion in health care settings, usually with the consent of a parent, guardian, health
care provider, or other person but without the consent of the woman herself, in violation of myriad rights, including their right to be free from torture or ill-treatment.

In Nigeria, violations of these rights begin in intimate relationships, which often reflect the discrimination and stereotypes women with disabilities face in their daily lives. Women with disabilities in Nigeria report that men want to have sex with them but not openly date them, due to shame and stigma. Women with disabilities in Nigeria are also considered less eligible for marriage because they are perceived as being unable to fulfill their gendered roles as wives and mothers, as they are seen as asexual, not able to give birth, and not able to undertake daily domestic tasks. Indeed, women in Nigeria who acquire a disability during their marriage may be abandoned by partners who cannot cope with the stigma associated with disability. Stories documented by AWWDI further illustrate these issues:

- One woman reported: “Most times in a home where there are ladies, the joy is always that you will get married and move out your family house because society place a lot of respect on such a woman but as a disabled woman, you are hardly considered as being an eligible candidate for that celebration or respect is hardly accorded you. Most times, if you are unable to get a place to leave you are treated as a child that is still suckling and your privacy is denied of you … Most times the society feels that as a complete woman, you should be able to conceive and bear children naturally as much as 3-5 where this is not the case you are considered an incomplete woman. Most families find it hard to permit their sons into any true relationship with a disabled woman.”

- Another woman reported: “There's this general notion or mentality (wrong mentality) that women living with disabilities can't live a 'normal' life or can't get pregnant or impregnate or raise a family of their own. So most times it's difficult for women living with disabilities to get into a relationship and when they eventually do, the in-laws most times kicks against such relationship and such experience can traumatized or leads to emotional and psychological depression.”

Furthermore, women with disabilities in Nigeria experience many barriers to accessing health care services, including sexual and reproductive health care. The physical environment surrounding and within health care facilities may be inaccessible to wheelchairs or may not have needed support services for communicating with persons with disabilities, and health care workers frequently lack knowledge about or experience with managing care for women with disabilities. For instance, a woman in a wheelchair described to AWWDI how her disability requires frequent medical appointments but the medical facilities she visits are rarely accessible to her. A 2013 study on girls with hearing impairments accessing sexual and reproductive health care services in Ibadan, Nigeria found that these girls were not provided with professional interpreters during visits to reproductive health facilities, instead having to rely on family members and friends to translate information for them, a situation that jeopardized the confidentiality of those services. The same study on the experiences of girls with hearing impairments found that many of these girls miss appointments because they cannot hear when they are called in the waiting room, often causing great embarrassment and frustration on the part of the hearing-impaired patient. A deaf woman also reported to AWWDI that during her pregnancy and labour she felt a barrier between her and her health care providers. She described, “[the medical professionals] didn’t make effort to provide communication. They just don’t care.” These barriers to access, combined with inadequate training of health care workers, lack the control of one’s own health care and a dependency on others for secondary information creates a situation which violates a woman with a disability’s right to privacy.

In 2015, Inclusive Friends Association and the Nigerian Stability and Reconciliation Programme published a report on violence against women with disabilities, focused on Plateau State. The report found that, because women with disabilities are treated poorly by medical personnel, find health care services inaccessible, and may not be able to afford those services, they may not seek needed antenatal care when they become pregnant, a situation that can increase the risk of complications during pregnancy and labor. During labor, medical personnel in Nigeria are also more likely to assume that women with disabilities require Caesarean sections to deliver.
Additionally, the families of women with mental disabilities in Nigeria have reported that they sometimes subject them to reproductive health interventions without their consent, a violation of their bodily integrity and a form of torture or ill-treatment. Families reported that they sometimes had contraceptive devices implanted in women’s skin, without the women’s consent, so that these women would avoid getting pregnant if they were subjected to sexual abuse.90 Some families also reported that they had forcibly confined or sterilized women with disabilities for similar protective reasons.91 It is important to note that forced sterilization or forced contraception does not address the root causes of gender based violence and does not prevent sexual abuse; indeed, these practices could actually lead to further sexual abuse, as perpetrators can keep that abuse hidden.92 Nigeria’s laws fail to specifically prohibit or prevent forced reproductive health interventions as issues under provisions on health, violence against women, or torture or ill-treatment, a situation which effectively denies women with disabilities access to effective remedies.

Women with disabilities in Nigeria also face barriers to accessing needed sexual health information and services, making them susceptible to sexually transmitted infections including HIV. A 2015 study of HIV prevalence among persons with disabilities in Nigeria found that, although HIV prevalence was lower than for the general population, 2.4% of the women with disabilities surveyed had HIV, as compared to 1.4% of the men with disabilities.83 This higher rate of HIV infection for women with disabilities may be due to higher-risk behaviors that are the result of discrimination against them, including higher rates of sexual violence and lower rates of condom use.84 The study also indicated that there were very few sexual and reproductive health services targeted at or accessible to persons with disabilities in Nigeria,85 a situation that can increase the risk of acquiring or experiencing the negative health effects of HIV.

In 2014, Nigeria adopted the HIV and AIDS (Anti-Discrimination) Act, which guarantees a right to be free from discrimination based on HIV status.86 The Act takes some steps to ensure protection of women with disabilities from violations associated with HIV, including by generally outlawing cultural practices that may increase the risk of HIV transmission.87 However, persons with disabilities themselves are invisible in the Act, and their situations are not adequately addressed. For instance, although the Act defines discrimination against persons with HIV to include failures to reasonably accommodate their needs, the Act appears to require only that services and individuals provide reasonable accommodation based on HIV status and not other statuses such as disability, as required by the CRPD.88 Additionally, some issues faced disproportionally by women, including women with disabilities, that increase their exposure to HIV—such as lack of access to comprehensive sexuality education and increased experiences of sexual violence and sex work or prostitution—are not addressed at all in the Act, meaning that these issues are also less likely to be included in the Act’s implementation and enforcement.

In its General Comment No. 19, the Human Rights Committee explained that “[w]hen States parties adopt family planning policies, they should be compatible with the provisions of the Covenant and should, in particular, not be discriminatory or compulsory.”99 The Human Rights Committee has explained on numerous occasions that States have an obligation to ensure that reproductive health services are accessible for all women and adolescents90 and that States must ensure access to information on sexual and reproductive health services.91 The Human Rights Committee has further called on States to ensure better training for health care personnel, including on sexual and reproductive rights,92 and to ensure that the right to privacy is maintained in medical settings by maintaining confidentiality and allowing women to make important medical decisions for themselves.93 The Human Rights Committee has also expressed concern about women being subjected to sterilization without their consent94 and has classified this forced sterilization as a violation of ICCPR Article 7 and, in some instances, of Article 26.95

C. Violence against Women with Disabilities in Nigeria (ICCPR, art. 3 and General Comment No. 28, art. 7, art. 23, art. 24, and art. 26 and General Comment No. 20)
Gender-based violence against women with disabilities worldwide takes many unique forms. According to the former U.N. Special Rapporteur on Violence against Women, Rashida Manjoo, violence against women with disabilities can be of a “physical, psychological, sexual or financial nature and include neglect, social isolation, entrapment, degradation, detention, denial of health care, forced sterilization and psychiatric treatment.”96 Violence against women with disabilities also has unique causes, including violence that is perpetuated by stereotypes “that attempt to dehumanize or infantilize, exclude or isolate them, and target them for sexual and other forms of violence.”97

According to the 2013 Nigeria Demographic and Health Survey (DHS), 7% of women aged 15-49 in Nigeria report having experienced sexual violence in their lifetimes,98 though due to barriers to reporting this violence—including stigma surrounding sexual violence—the actual figure is likely to be much higher.99 Women with disabilities report experiencing sexual violence at even higher rates. According to the 2015 survey of HIV prevalence among 624 persons with sensory or physical disabilities, over 10% of women with disabilities reported having experienced some form of sexual violence in their lifetimes.100 Of the female respondents, 14% had been touched against their will, 8% had been subjected to rape, 7% had been deceived or coerced into having sex, and 6% had suffered physical abuse for refusing to have sex.101

Furthermore, a 2013 academic paper investigating knowledge about HIV in school-aged children with and without disabilities in Nigeria found that girls with disabilities, particularly intellectual disabilities, experienced rape at higher rates than other girls.102 In a 2015 study of violence against women in Plateau State, researchers also uncovered several examples of women with disabilities at universities who were exploited, including through sexual activity, in order to receive assistance with understanding otherwise inaccessible course materials.103 Social myths in some parts of Nigeria—which indicate that having sex with women with disabilities, particularly intellectual and psychosocial disabilities, will bring wealth, status, and power—may also make women with disabilities more vulnerable to sexual violence.104

The adoption of the Violence against Persons (Prohibition) Act, 2015, is a step in the right direction towards ensuring that women and girls, including women with disabilities, are free from violence. Although the Act does not provide specific protections from violence for women with disabilities, it contains prohibitions on many of the forms of violence that women with disabilities uniquely or disproportionately experience (for instance, abandonment, forced isolation, and economic abuse).105 The Act, however, still excludes some forms of violence that women with disabilities experience, including forced or coerced reproductive health interventions, as well as taking away mobility aids and medicines.106 There are also no provisions in the Act requiring that courts, police officers, and service providers ensure reasonable accommodations for women with disabilities—including sign language interpretation, accommodations in providing witness statements and testimony, and information available in accessible formats—when women with disabilities report and seek justice for violence committed against them. At the time of writing, there were no other known legal provisions in Nigeria that required reasonable accommodations in these settings.

The Human Rights Committee has regularly called on States to adopt a comprehensive approach to preventing and addressing violence against women in all of its forms and manifestations.107 Specifically, in its concluding observations to other States, the Human Rights Committee has routinely recognized gender-based violence as a violation of several rights protected in the ICCPR, including articles 3,108 7,19 23,110 24,111 and 26.112 In several instances, the Human Rights Committee has expressed concern to States about the disproportionate impact of gender-based violence on specific populations, including women and girls with disabilities.113 Through its concluding observations to other States, the Human Rights Committee has clarified that this obligation includes the need to overcome shortcomings in the effective
implementation of existing laws and policies on gender-based violence, including through implementing legislation\textsuperscript{114} and allocation of sufficient resources.\textsuperscript{115}

*Violence against Women with Disabilities in Conflict Situations*

Women in Nigeria are at greater risk of gender-based violence in conflict zones. According to the 2013 DHS, the highest rates of sexual violence against women in the country (15.7\%) occurred in the Northeast region, where there is also the most active conflict, with more than 38\% of women reporting gender-based violence in Adamawa State in this region.\textsuperscript{116} In Plateau State, where there is also active conflict, more than 19\% of women report having experienced sexual violence, including 6.3\% in the 12 months directly before the survey.\textsuperscript{117} Women in these regions also face increased food insecurity and are expected to take on the burden of taking care of families and communities, situations that can potentially place them at greater risk of violence.\textsuperscript{118}

The 2015 report from Plateau State—which surveyed primarily women with physical and sensory disabilities over the age of 17—found that women with disabilities were more vulnerable to conflict-related violence, including gender-based violence, and that the causes and consequences of this violence were unique.\textsuperscript{119} This increased risk was linked to already-existing marginalization of and discrimination against women with disabilities in their daily lives, as well as social and cultural stereotypes about this group.\textsuperscript{120} Women with disabilities reported that they found it difficult to escape violence and were often not warned of impending violence.\textsuperscript{121} If women with disabilities did try to escape, they faced barriers because of an inaccessible physical environment, and they were often reliant on others to help them to safety.\textsuperscript{122} They were abandoned by community members and family when violence came to their communities, because they were perceived as an “inconvenience” during a crisis, and were thus left to face this violence alone and without protection.\textsuperscript{123} Women with disabilities in the region reported that they received no assistance from community leaders or social services following violence.\textsuperscript{124}

Those who were able to escape often had to leave behind mobility aids, medicines, or caregivers, making them more reliant on others when they reached safety and thus also more vulnerable to exploitation, including gender-based violence.\textsuperscript{125} For instance, 11.4\% of respondents to the 2015 study on Plateau State reported violence, including gender-based violence, at the hands of security agencies, a situation that made women with disabilities more reluctant to approach these individuals for help.\textsuperscript{126} Additionally, camps for internally displaced persons (IDPs) are frequently not built with safety and accessibility for women with disabilities in mind,\textsuperscript{127} programs for providing food and other relief materials disadvantage women with disabilities by failing to take their needs into account.\textsuperscript{128} Barriers may include inaccessible bathroom facilities and the need to travel long distances to get food relief.\textsuperscript{129} As a result, the researchers in the 2015 Plateau State study documented at least one case of a woman with a disability who had lost her caregiver and had to engage in sex with someone in order for him to “volunteer” to help her get access to relief.\textsuperscript{130}

Conflict in Nigeria has also increased the number of women and girls with disabilities.\textsuperscript{131} In addition to physical disabilities that may be acquired as a direct result of conflict, women and girls may also develop psychosocial disabilities due to trauma they experience as a result of violence, including gender-based violence, committed against them and their families.\textsuperscript{132} For instance, girls who were kidnapped by Boko Haram in Nigeria—including the more than 200 girls kidnapped in 2014 from the Chibok School—have reported trauma from this experience of forced marriage and rape, leading for some to psychosocial disabilities.\textsuperscript{133} Given the poor service infrastructure for women with disabilities in conflict zones in Nigeria, it is unlikely that women and girls who acquire disabilities during conflict will be able to receive the care and support they need.
In 2013, Nigeria launched a plan for implementing U.N. Security Council Resolution 1325 on women, peace, and security, entitled the National Action Plan for the Implementation of UN Security Council Resolution 1325 and Related Resolutions in Nigeria (2013 NAP). In May 2017, Nigeria launched a revised NAP (2017 NAP), however, women with disabilities were not included in the plan, and the issues that particularly affect them during conflict situations were excluded. For instance, the 2017 NAP does not contain any references to particular barriers faced by marginalized groups of women—including women with disabilities and women from ethnic or religious minorities who live in many of Nigeria’s conflict areas—when facing gender-based violence or accessing peace-building efforts or relief programs. Although the 2017 NAP calls for humanitarian services to be adequate and accessible, the provisions for accessibility focus on the number of facilities and quality of relief materials rather than on physical and informational accessibility measures for persons with disabilities. Without explicit reference in the 2017 NAP to the abuses faced by women with disabilities and the needed steps to address these abuses, it is unlikely that Nigeria, in implementing the NAP, will take women with disabilities into account.

In its jurisprudence, the Human Rights Committee has noted that women are particularly vulnerable to gender-based violence in times of conflict and called on States to report on all measures taken “to protect women from rape, abduction and other forms of gender-based violence” in times of armed conflict. The Human Rights Committee has further called on States to increase protection for civilians in areas of conflict. Further, as the CEDAW Committee recognized in its General Comment No. 30 on women in armed conflict, women with disabilities worldwide are at increased risk of violence, particularly sexual violence, during and after conflict situations.

D. Access to Justice (ICCPR, art. 14 and General Comment No. 32, General Comment No. 31, art. 2, art. 3 and General Comment No. 28, and art. 26)

In order to ensure access to justice for women with disabilities, States must take steps to dismantle the specific barriers that women with disabilities face, such as physical access to public buildings, including court houses and police stations, and communication barriers, such as a lack of access to sign language interpreters. When courthouses, police departments, legal aid offices, and transportation services are not physically accessible or not located in local communities, this can prevent women with disabilities from accessing justice. Communication barriers, in particular, serve as a huge obstacle for deaf women and women with intellectual disabilities. Women with disabilities often lack knowledge about their rights to and within the justice system, because information about their rights is inaccessible, not produced in user-friendly formats, and not available in plain language. This gap in knowledge means that persons with disabilities may not know how to access justice, the procedures that they must follow, or even when their rights have been violated.

Following sexual violence, women with disabilities in Nigeria face additional barriers to accessing justice and support services. Nigerian women who experience gender-based violence are likely to have their stories doubted, and this is particularly the case for women with disabilities because they are considered unattractive or asexual and the caregivers who are often the perpetrators of violence are considered “saints.” Women with disabilities are also more likely to lack knowledge about the procedures for reporting violence or feel shame or fear that no one will believe them. When women with disabilities are able to report violence, they find that services for victims of violence are not accessible, as they are not located in physically accessible environments and do not provide sign language interpretation or information in Braille or easy-to-read formats. The 2013 study of school-aged children in Nigeria cited above indicated that rates of sexual violence may be higher for girls with intellectual disabilities because “perpetrators are aware that due to the cognitive impairments of their victims, these individuals find it difficult to recognize their perpetrators, avoid violent situations, report such abuse and/or receive justice from the courts of law.”
In General Comment No. 32, the Human Rights Committee noted that “[a]ccess to administration of justice must effectively be guaranteed […] to ensure that no individual is deprived, in procedural terms, of his/her right to claim justice.” The Human Rights Committee further emphasized that “[t]he availability or absence of legal assistance often determines whether or not a person can access the relevant proceedings or participate in them in a meaningful way,” and accordingly encourages States to provide free legal aid (noting that in certain instances, free legal assistance may be required). The Human Rights Committee has, in particular, stressed the importance of access to justice for victims of gender-based violence. Related to this obligation, the Committee has expressed serious concern over ineffective police investigations into complaints of gender-based violence; lack of coordination across law enforcement bodies in efforts to eradicate such violence; the limited number of complaints of gender-based violence reported to or registered by authorities; the low number of gender-based violence cases that are actually brought to justice and appropriately sanctioned; and sociocultural norms—all of which contribute to a climate of impunity around gender-based violence. Accordingly, the Human Rights Committee has emphasized that States must provide training to local authorities and law enforcement, who must be trained to ensure that gender-based violence cases are handled appropriately. The Human Rights Committee has also called on at least one government to guarantee free legal assistance in domestic violence cases across the country.

Further, the Human Rights Committee has emphasized the importance of access to justice in conflict settings. The Human Rights Committee has expressed concern over the slow pace of investigations and prosecutions for sexual violence that occurred during times of conflict, as well as the lack of support that sexual violence victims experienced throughout the process and challenges they face in reporting crimes of sexual violence. The Human Rights Committee has also called on at least one State to adopt and effectively implement laws and policies aimed at ensuring access to justice and reparations for civilian victims of conflict, including survivors of sexual violence and other forms of torture, and to ensure that civilian victims of war have equal access to social benefits, including personal disability benefits.

IV. Conclusions and Recommendations

As described above, women with disabilities in Nigeria are subjected to harmful stereotypes that undermine their dignity, place barriers in front of their full inclusion in society including their ability to access justice, heighten their risk of sexual violence, and decrease their access to sexual and reproductive health care. Despite these abuses, women with disabilities are almost always invisible in laws and policies in Nigeria, including those specifically targeted to address gender equality and the rights of persons with disabilities.

With these gaps in mind, our organizations request that the Human Rights Committee include the rights of women with disabilities in its examination of Nigeria’s human rights record. In particular, we recommend that the Human Rights Committee include the following:

Questions for Nigeria’s List of Issues

Discrimination, Stereotypes, Data, and Legislation

- What steps has Nigeria taken to ensure that laws prohibit discrimination on multiple and intersecting grounds, including gender and disability? How is this prohibition reflected in the implementation of policies affecting women and girls with disabilities, including in programs to implement the National Gender Policy and the National Policy on Rehabilitation of Persons with Disabilities?
• Given the rights abuses faced uniquely and disproportionately by women with disabilities in Nigeria, why does the National Disability Bill not contain any particular references to women and girls and how will this gap be addressed so that these issues are addressed?
• Has Nigeria ratified the Protocol on the Rights of Persons with Disabilities to the African Charter on Human and Peoples’ Rights?
• How will Nigeria ensure an accurate count of women and girls with disabilities in the upcoming census?

Sexual and Reproductive Health and Rights and the Right to Start a Family
• What steps is Nigeria taking to ensure that health information and services, including sexual and reproductive information health and services, are accessible to women and girls with disabilities? What steps is Nigeria undertaking to train health providers on the specific health needs of women with disabilities as well as their rights to accessible sexual and reproductive health care?
• What steps is Nigeria taking to prohibit and prevent forced or coerced reproductive health interventions on women and girls with disabilities, including forced or coerced contraception, abortion, or sterilization without the free and informed consent of the woman herself?
• In what ways will the new Anti-Torture Act of 2017 address abuses that occur outside of detention settings, including in health care settings? How will the law address severe physical or mental pain and suffering that amounts to other cruel, inhuman, or degrading treatment or punishment but does not meet the specific intent requirement of torture?

Freedom from Gender-Based Violence and Access to Justice
• How is the Violence against Persons (Prohibition) Act, 2015, being implemented to address violence against women and girls with disabilities and issues they face in accessing justice?
• How will Nigeria revise and implement the 2017 NAP to address the needs and rights of women and girls with disabilities in conflict situations?

Recommendations to Nigeria

Discrimination, Stereotypes, Data, and Legislation
• Implement best practices, in line with the Washington Group on Statistics’ recommendations, for counting persons with disabilities, especially women and girls with disabilities, in the 2018 census, including by training census administrators and government officials and by ensuring that questions about disability focus on difficulties in performing basic tasks rather than solely on the existence of an impairment.
• Develop and implement a public awareness campaign that portrays women and girls with disabilities as rights holders and also addresses stigma and violence against women and girls with disabilities, highlighting the contributions that women with disabilities make to society in Nigeria.
• Develop a new National Gender Policy that includes specific goals and targets related to women and girls with disabilities, and ensure that this policy is in line with state obligations under the ICCPR, CEDAW, and the CRPD, as well as commitments under the Sustainable Development Goals.
• Amend the Gender and Equal Opportunities Bill 2011 to recognize that women face intersecting forms of discrimination, including based on disability, which impacts their exercise of rights and their prospects for equality, and that denial of reasonable accommodation is a form of discrimination.
• Amend the National Disability Bill to include a specific section on women and girls with disabilities that recognizes the multiple and intersecting discrimination they face, provides protections for them against gender-based violence and violations of their sexual and reproductive
rights, and outlines specific measures for their access to justice. Adopt this amended National Disability Bill with all due haste.

- Ensure that any legislation addressing issues affecting women with disabilities is done in conjunction with disabled persons organizations (DPOs) and civil society organizations (CSOs) working in that field to ensure that they are afforded every protection.

**Sexual and Reproductive Health and Rights and the Right to Start a Family**

- Mandate training for health care workers, and particularly those working on sexual and reproductive health, about the rights of women and girls with disabilities and how to provide accessible and dignity-based health information and services to them.

- Amend the Anti-Torture Act of 2017 to prohibit other cruel, inhuman, and degrading treatment or punishment that does not meet the specific intent requirement of torture and to ensure that the Act provides protections against torture that occurs in settings outside of detention. Further amend the Act to specifically prohibit forced medical interventions, particularly forced reproductive health interventions such as forced sterilization, forced abortion, and forced contraception.

**Freedom from Gender-Based Violence and Access to Justice**

- Amend the Violence against Persons (Prohibition) Act, 2015, to require reasonable accommodation for women and girls with disabilities in accessing police and justice systems following violence committed against them, and enumerate specific steps to implement this provision. Also amend the Act to outlaw specific forms of violence against women and girls with disabilities in reproductive health care settings, such as forced reproductive health procedures and the withholding of mobility aids and medications. Additionally, amend the Act to ensure that forms of violence uniquely or disproportionately experienced by women and girls with disabilities—including forms that amount to torture or ill-treatment such as forced reproductive health interventions—are prohibited and effective remedies are provided.

- Amend the NAP 2017 to specifically include women and girls with disabilities, and consult with organizations of women with disabilities to make those amendments. Develop a plan for security forces and community institutions to proactively reach persons with disabilities when there is conflict or danger, and put in place specific policies to ensure their evacuation from conflict areas.

- Ensure that services available for reporting violence are easily accessible for women and girls with disabilities by ensuring that the services are in physically accessible locations and by providing resources like sign language interpreters and information in Braille and easy-to-understand formats.

- Ensure that public places such as courts and medical centers are physically accessible to women and girls with disabilities and provide assistance for communications

Thank you for your consideration of this shadow letter. Please do not hesitate to contact us if you have any questions or comments.

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1 This submission will address the situation of women with disabilities throughout the life cycle. Any reference to “women with disabilities” should be interpreted to include girls with disabilities unless otherwise indicated.

2 WORLD HEALTH ORGANIZATION AND WORLD BANK, WORLD REPORT ON DISABILITY 28-29 (2011).

3 Id.


5 See §§ III(A) & (C) below.


The Maputo Protocol recognizes violence against women as a violation of the rights to dignity, life, and integrity and security of the person, requiring states to take specific measures to prevent and prosecute this violence, including in armed conflict situations. Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, 2nd Ordinary Sess., Assembly of the Union, adopted July 11, 2003, arts. 3, 4 & 11, CAB/LEG/66.6 (entered into force Nov. 25, 2005). It also recognizes that reproductive rights are important to ensuring women can control their fertility and protect themselves. Id., art. 14.


For instance. Anambra, Imo, Ekiti and Kogi and Plateau State have all adopted the provisions of CEDAW into law by enacting the Gender and Equal Opportunities Act.


Id., §§ 4 & 18.

Id., §§ 6(c), 10(g) & 12(b)-(c).

Id., § 12(a).
Some state laws do make provisions for ensuring the accessibility of public accommodations, such as educational institutions, and services in that state. See, e.g., Lagos Special People’s Law, § 28(3) (2011) (Nga.).


National Disability Bill § 2.

Id. § 30-(1)(2)(4).


Id., § 2.3.3.

Anti-Torture Act of 2017, § 2(2)(a) & (b) (Nga.).

Id., § 1.

The act mentions “other forms of deliberate and aggravated cruel, inhuman, and degrading treatment or punishment” but seems to classify these as forms of torture rather than as separate offenses. See Law, § 2(2)(a)(xiv) & (b)(xiii).


These stereotypes include: “being burdensome to others (that they must be cared for, are a cause of hardship, an affliction, a responsibility, require protection), vulnerable (defenceless, unsafe, dependent, reliant) and/or victims (suffering, passive, helpless), inferior (inability, inadequacy, weak, worthless); hav[ing] a sexual abnormality (for example, women with disabilities are stereotyped as asexual, inactive, overactive, incapable, sexually perverse); [and] being mystical or sinister (stereotyped as cursed, possessed by spirits, practitioners of witchcraft, as being good or bad luck, harmful.)” CRPD Committee, General Comment No. 3: Article 6: Women and girls with disabilities, ¶¶ 30, 38, 40, 46 & 47, U.N. Doc. CRPD/C/GC/3 (2016).

Id., ¶ 33.


Id. at 12.

Id. at 11.

Id. at 16.

Id.


ENR, HIV/AIDS and Persons with Disabilities in Nigeria, supra note 48, at 22.

Id.


Id., art. 3.


66 INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, supra note 49, at 12.

67 Id.

68 Id.

69 Interview by AWWDI with women with disabilities.

70 Interview by AWWDI with women with disabilities.

71 INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, supra note 49, at 13-14.

72 Interview conducted by Patience Dickson (Founder & CEO), AWWDI.


74 Id.

75 Interview conducted by Dickson, supra note 72.


77 INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, supra note 49.


79 INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, supra note 49, at 14.

80 Id. at 19.

81 Id.


84 Id.

85 Id. at 22.

86 HIV and AIDS (Anti-Discrimination) Act, 2014, § 3 (Nga.)

87 Id., § 3 (3).


97 Id., ¶ 32.


101 Id.


104 Id. at 11, 18.


106 Although the Act prohibits acts of coercion, including “a person who coerces another to engage in any act to the detriment of that other person’s physical or psychological well being,” it is unclear whether this provision would cover these forms of violence against women with disabilities (Violence against Persons (Prohibition) Act, 2015, § 3 (2015) (Nga.).)


Recommendation No. 33 on women’s access to justice


138 Conflict situations


133 Id.


131 Id. at 6.

130 Id. at 1.


127 Id. at 2.

126 Id. at 20-21.

125 Id. at 1.

124 Id. at 20.

123 Id. at 15.

122 Id. at 1.

121 Id.

120 Id.

119 Id. at 1.

118 Id.

117 Id.


115 Id.


113 Nigerian girl kidnapped two years ago is found alive — with baby, in The Denver Post, May 18, 2016, available at http://www.denverpost.com/2016/05/18/nigerian-girl-kidnapped-two-years-ago-is-found-alive-with-baby/;


110 Id. at 20.


146 Id., ¶ 10.


