



## NGO Submission to the CEDAW Committee Pre-Sessional Working Group for Nigeria October 2016

Partners: Women Enabled International (WEI), Advocacy for Women with Disability Initiative (AWWDI), Legal Defence and Assistance Project (LEDAP), Inclusive Friends Association

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WEI, AWWDI, LEDAP, and the Inclusive Friends Association jointly submit this report for consideration during the CEDAW Committee's pre-sessional working group and list of issues process for the state review of 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. **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. The **Inclusive Friends Association** is a non-profit organization for and by persons with disabilities that works to bring issues related to disability to the forefront of national development through advocacy, training, music and action. Located in Plateau State, Nigeria, the group is passionate about removing barriers that limit the full participation of persons with disabilities in their communities. The organization is an offshoot of the two-year reign of the former Ms. Wheelchair Nigeria Queen, Ms. Grace Jerry and her team. Inclusive Friends has been a leading ally in the struggle to create a conducive environment for full inclusion of children, youth, and women with disabilities. Since 2011 it has carried out peace building, WASH, gender, income and livelihoods, democracy and good governance project.



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### I. Introduction

Women and girls with disabilities<sup>1</sup> 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 and place barriers in front of their full inclusion in society. Additionally, women with disabilities in Nigeria are at heightened risk of sexual violence—including in conflict and post-conflict settings—and, because of their disabilities, they face barriers to access needed social support services and justice mechanisms following this violence. Furthermore, women with disabilities face specific forms of discrimination in health care settings, particularly when accessing sexual and reproductive health information and services, frequently finding that these services are unavailable, unaffordable, and/or inaccessible or that health care workers have particular prejudices against them, a situation that applies to all women in Nigeria but particularly affects women with disabilities.

As the Committee on the Elimination of Discrimination Against Women (CEDAW Committee) recognized in its General Recommendation No. 18 on disabled women, states parties should take special measures to ensure that the rights of women with disabilities are respected, protected, and fulfilled and should report on those measures to the Committee.<sup>2</sup> Despite the barriers women with disabilities face in exercising their rights in Nigeria, its state report to the CEDAW Committee fails to contain any specific references to women with disabilities or any measures that Nigeria has taken to ensure their rights.<sup>3</sup> This reporting gap reflects the broader exclusion of women with disabilities from Nigeria's state policies and programs designed to ensure human rights, including the rights of women and of persons with disabilities.

This submission focuses on rights violations that disproportionately or uniquely affect women with disabilities in Nigeria, both in times of conflict and relative peace. It includes background information about women with disabilities in Nigeria, including the legal and policy background that affects their rights. The submission then details the rights violations women with disabilities experience in Nigeria, including violence against women with disabilities and violations in accessing health care that impact their rights to health, including sexual and reproductive health, and to start a family. Finally, this submission offers suggestions to the CEDAW Committee for questions it should ask Nigeria about women with disabilities as part of the list of issues process, as well as recommendations to give to Nigeria during its state review in 2017.

### 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.<sup>4</sup> However, official statistics from Nigeria indicate a much smaller percentage of persons with disabilities in the country. Data from the most recent census in Nigeria, which occurred in 2006, indicated that there were approximately 3.5 million persons with disabilities, accounting for only 2.32% of the population.<sup>5</sup> Women with disabilities accounted for only about 1.5 million people, less than half the number of persons with disabilities and only about 2.2% of the total

population of women in the country.<sup>6</sup> However, 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),<sup>7</sup> and other NGOs in the country estimate that there are about 25 million persons with disabilities overall (about 16% of the total population).<sup>8</sup> These statistics are more consistent with global percentages of people with disabilities reported by the WHO and World Bank referenced above. The gap in official census data is likely due to stigma and cultural factors surrounding disability, which will be discussed more below and may affect census disclosure rates, as well as ongoing conflict that is steadily increasing the number of persons with disabilities, a lack of a clear definition of impairment and disability in Nigerian law, and a lack of awareness and training of census administrators and government officials.<sup>9</sup>

Additionally, as the WHO and the World Bank have identified, gaps like these in official statistics may also be due to the types of questions that official surveys ask about persons with disabilities.<sup>10</sup> The Washington Group on Disability Statistics—a body of the United Nations 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 on self-identification of disability status, which helps to close this gap.<sup>11</sup> 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.<sup>12</sup> It then calculates the rate of disability based on the percentage of individuals who respond that they had at least some difficulty or more performing these actions.<sup>13</sup> When this survey was utilized in Zambia in 2006, for example, the rate of disability rose from 2.7% in 2000 to 14.5%.<sup>14</sup> Nigeria will undertake a new census in 2017 and should adopt these methods in its measurement of the rate of disability.

## B. Legal Background

### 1. International and Regional Human Rights Obligations

Nigeria has ratified all of the international human rights treaties, including the optional protocols to CEDAW and the Convention on the Rights of Persons with Disabilities (CRPD).<sup>15</sup> The CEDAW Committee in particular has frequently called on states to ensure that the rights of women with disabilities are fully respected, protected, and fulfilled. In its General Recommendation No. 18 on disabled women, the CEDAW Committee recognized the importance of “special measures to ensure that [women with disabilities] have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.”<sup>16</sup> In its General Recommendation No. 24, the CEDAW Committee also noted that states “should take appropriate measures to ensure that health services are sensitive to the needs of women with disabilities and are respectful of their human rights and dignity.”<sup>17</sup> Finally, the CEDAW Committee in its General Recommendation No. 33 found that women with disabilities may face particular barriers when accessing the justice system, including physical barriers, and recommended that states “[p]ay special attention to access to justice systems for women with disabilities.”<sup>18</sup>

In its most recent review in 2008, the CEDAW Committee recommended that Nigeria ensure special protections for women, including women with disabilities, who had been internally displaced by conflict.<sup>19</sup> 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.<sup>20</sup> It 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.<sup>21</sup> In 2013, Nigeria adopted its eighth edition of a National Policy on Education, which includes a provision for inclusive education of children with disabilities,<sup>22</sup> but Nigeria has not yet adopted a policy specifically addressing the wider rights and needs of children with disabilities.

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). 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, whether it occurs in public or private and including in armed conflict situations.<sup>23</sup> Additionally, the Maputo Protocol requires that states ensure the health and reproductive rights of all women, including by allowing them to control their fertility, ensuring that they can exercise "the right to self-protection" from sexually transmitted infections such as HIV/AIDS, and ensuring that health services are adequate, affordable, and accessible, particularly in rural areas.<sup>24</sup> Concerning women with disabilities, Article 23 of the Maputo Protocol requires states to take special measures to protect their rights, including by "facilitat[ing] their access to employment, professional and vocational training as well as their participation in decision-making" and "ensur[ing] 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."<sup>25</sup> 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.<sup>26</sup> 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."<sup>27</sup>

## 2. Domestic Laws and Policies

Nigeria has a layered system of laws and policies at both the federal and state levels. At the federal level, although the Constitution prohibits discrimination based on sex, it does not specifically prohibit discrimination based on disability, although it 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.<sup>28</sup> There is 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 states in Nigeria.<sup>29</sup> Also, as will be discussed more below, the National Assembly adopted a law in 2015 on HIV and AIDS-related discrimination that may impact persons with disabilities.

In 2006, the Ministry of Women and Social Development adopted a National Gender Policy, with several goals and targets to be met by 2015. 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, although the policy recognizes that many abuses against women are based on patriarchal norms and harmful gender stereotypes, it does not acknowledge that many women—including women with disabilities—may face intersecting forms of discrimination, based on both their gender and other statuses, including disability status. As such, the policy and its targets do not address the specific issues faced by women with disabilities when exercising their rights, as will be explored in more detail below. Indeed, the policy's only mention of women with disabilities and their particular circumstances is in a target related to employment, where the Ministry set a target of eliminating discriminatory and abusive practices based on a number of grounds, including disability, by 2015.<sup>30</sup>

The pending Gender and Equal Opportunities Bill 2011 provides little additional support for ensuring the rights of women with disabilities. The Bill prohibits discrimination on the grounds of both gender and

disability.<sup>31</sup> It also prohibits all forms of violence against women and specifically women with disabilities, but does not specify what forms of violence women with disabilities experience beyond sexual abuse.<sup>32</sup> Additionally, the Bill provides protections for reproductive health, including maternal health,<sup>33</sup> but does not provide specific protections against forced or coerced reproductive health procedures—such as forced sterilization, abortion, or contraception—that 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 be accessible, including for women with disabilities,<sup>34</sup> 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.<sup>35</sup> 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 and a revised version had only recently proceeded to a second reading in the National Assembly.<sup>36</sup> Gender equality laws have been adopted in several Nigerian states,<sup>37</sup> which helps to fill the gap in national legislation, and a similar bill is currently pending in Lagos state, but there are still many women in Nigeria who lack either state or federal protections of their rights.

The National Policy on Rehabilitation of Persons with Disabilities, which appears to pre-date 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.<sup>38</sup> 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.”<sup>39</sup> Despite acknowledging this increased discrimination, the National Policy on Rehabilitation of Persons with Disabilities does not contain any targeted policy measures to ensure the rights of women with disabilities.<sup>40</sup> It also does not acknowledge some of the rights violations that women with disabilities disproportionately face, such as gender-based violence, barriers to accessing health services needed primarily by women, such as reproductive health services, or barriers to accessing social services and justice mechanisms, as will be described in more detail below.

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

### **III. Violations against Women with Disabilities in Nigeria**

#### **A. Intersectional Discrimination and Stereotypes about Women with Disabilities in Nigeria (CEDAW, arts. 1, 2, & 5)**

Women with disabilities worldwide are subjected to stereotypes and discrimination, based on both their gender and disability, which impact their exercise of rights. The CEDAW Committee has expressed concern in particular about stereotypes that place women solely in the roles of mothers and caregivers—and stereotypes about women with disabilities that they cannot play these roles in society—and has recommended that states implement programs to overcome these prejudices.<sup>41</sup> The Committee on the Rights of Persons with Disabilities (CRPD Committee) also recognized in its General Comment No. 3 on women with disabilities that harmful stereotypes about women with disabilities help perpetuate human rights abuses committed against them.<sup>42</sup> 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).<sup>43</sup> 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....”<sup>44</sup>

Women with disabilities in Nigeria experience a wide variety of discrimination and stereotypes about their capabilities and role in society that are distinct from other women and from men with disabilities. Women with disabilities in Nigeria 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.<sup>45</sup> Furthermore, women with disabilities in Nigeria experience lower rates of education and less access to proper hygiene and care services.<sup>46</sup>

This treatment is often based on social and cultural stereotypes in Nigeria about women and about persons with disabilities. For instance, due to gender-based discrimination, women 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.<sup>47</sup> Stereotypes about persons with disabilities are also widespread, and society views women with disabilities as “less human, faulty, witches, less productive, illiterate and repulsive.”<sup>48</sup> Indeed, women with disabilities, particularly in rural and agrarian areas, are viewed as useless or unhelpful because they are perceived as not being able to farm.<sup>49</sup> 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.<sup>50</sup>

Discrimination against women with disabilities begins in childhood. Children with disabilities face stigma based on treatment from their families, who may be ashamed to have a person with a disability in the family or who are over-protective of that person.<sup>51</sup> Women who give birth to children with disabilities are considered negligent, careless, sinful, or immoral, which affects their standing within the household, and they may be more likely to emotionally or physically abuse their children as a result.<sup>52</sup> Children with disabilities may also be kept indoors and hidden from visitors, as well as excluded from school.<sup>53</sup> According to UNICEF, nearly one-third of children in Nigeria are not registered at birth and had never been registered,<sup>54</sup> and marginalized children—including children with disabilities—are even less likely than others to be registered,<sup>55</sup> which increases their risk of violence and exploitation. Family members and caretakers may also become frustrated with women and girls with disabilities who have long-term care needs, because there is inadequate social welfare support for these individuals.<sup>56</sup>

Many believe that persons with disabilities generally, and women with disabilities in particular, do not engage in sexual activity.<sup>57</sup> On the contrary, 71% percent of respondents to a 2013 survey on HIV and disability in Nigeria 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).<sup>58</sup> Indeed, women and girls with disabilities may find that men want to have sex with them but not openly date them, due to shame and stigma.<sup>59</sup> Women with disabilities are also considered less eligible for marriage. This is because women with disabilities 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.<sup>60</sup> Indeed, women who acquire a disability during their marriage may be abandoned by partners who cannot cope with the stigma associated with disability.<sup>61</sup>

B. Violence against Women with Disabilities in Nigeria (CEDAW arts. 1, 2, & 5; General Recommendation No. 19)

Gender-based violence against women with disabilities worldwide takes many unique forms. According to the former UN 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.”<sup>62</sup> 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.”<sup>63</sup> In its General Comment No. 3 on women with disabilities, the CRPD Committee has found that “[s]ome women with disabilities, in particular, deaf and deafblind women, and women with intellectual disabilities, may be further at risk of violence and abuse because of their isolation, dependency or oppression.”<sup>64</sup>

The CEDAW Committee has itself frequently recommended that states take particular steps to ensure that women with disabilities are free from gender-based violence. For instance, the CEDAW Committee has expressed concern to states about lack of information on the types of violence committed against women with disabilities,<sup>65</sup> and has further noted with concern that, when it comes to violence, women with disabilities “are not seen as a particular group with particular needs.”<sup>66</sup> It has also frequently expressed concern about the barriers women with disabilities face in accessing services to address violence, including the inaccessibility of shelters and crisis centers.<sup>67</sup> The CEDAW Committee has called on states to collect particular data on violence against women with disabilities and address their specific needs.<sup>68</sup> It has also recommended that states provide training to medical professionals to “raise awareness toward their own prejudices” about women with disabilities, as a means of preventing violence,<sup>69</sup> and “to monitor the provision of social services with a view to ensuring the availability of a sufficient number of shelters equipped to accommodate women with disabilities.”<sup>70</sup>

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,<sup>71</sup> though due to barriers to reporting this violence—including stigma surrounding sexual violence—this figure is likely to be much higher.<sup>72</sup> Women with disabilities report experiencing sexual violence at even higher rates. According to a 2015 survey of HIV prevalence conducted by Enhancing Nigeria’s HIV and AIDS Response Programme (ENR) among 624 persons with sensory and physical disabilities, over 10% of women with disabilities reported having experienced some form of sexual violence in their lifetimes.<sup>73</sup> 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.<sup>74</sup> These higher rates of sexual violence exist despite the many barriers women with disabilities face in reporting gender-based violence, including stigma and discrimination surrounding disability and the inaccessibility of the justice system for women with disabilities.<sup>75</sup>

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.<sup>76</sup> 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.<sup>77</sup> 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, including rape.<sup>78</sup>

Perpetrators of sexual violence in Nigeria may target women and girls with disabilities because of their perceived vulnerability. Indeed, the 2013 study of school-aged children in Nigeria 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.”<sup>79</sup>

Following sexual violence, women with disabilities in Nigeria face additional barriers to accessing justice and support services. Women generally in Nigeria 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.”<sup>80</sup> 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.<sup>81</sup> 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.<sup>82</sup>

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).<sup>83</sup> The Act, however, still excludes some forms of violence that women with disabilities experience, including forced or coerced sterilization, contraception, and abortion as well as taking away mobility aids and medicines.<sup>84</sup> 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.

### *Violence against Women with Disabilities in Conflict Situations*

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.<sup>85</sup> The CEDAW Committee also noted that the risk of disability increases during conflict as a result of violence, including gender-based violence.<sup>86</sup> To prevent human rights abuses against women with disabilities in conflict situations, the CEDAW Committee recommended that states “[a]ddress the specific risks and particular needs of different groups of internally displaced and refugee women who are subjected to multiple and intersecting forms of discrimination, including women with disabilities....”<sup>87</sup>

Violence against women in Nigeria increases 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 violence in Adamawa State in this region.<sup>88</sup> 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 before the survey.<sup>89</sup> Alongside gender-based violence, 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 increased risk of violence.<sup>90</sup>

In 2015, Inclusive Friends and the Nigerian Stability and Reconciliation Programme published a report on violence against women with disabilities, focused on Plateau State. This report—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.<sup>91</sup> 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.<sup>92</sup> For instance, women with disabilities reported that they found it difficult to escape violence and were often not warned of impending violence.<sup>93</sup> 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.<sup>94</sup> Frequently, they abandoned by community members and family when violence came to their communities, because they were perceived as an “inconvenience” during a crisis when others were running away, and were thus left to face this violence alone and without protection.<sup>95</sup> Women with disabilities in the region reported that they received no assistance from community leaders or social services following violence.<sup>96</sup>

Those who were able to escape often had to leave behind mobility aids, medicines, or caregivers, making them again more reliant on others when they reached safety and thus also more vulnerable to exploitation, including gender-based violence.<sup>97</sup> 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.<sup>98</sup> Additionally, camps for internally displaced persons (IDPs) are frequently not built with safety and accessibility for women with disabilities in mind,<sup>99</sup> and programs for providing food and other relief materials disadvantage women with disabilities by failing to take their needs into account.<sup>100</sup> 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.<sup>101</sup>

Conflict in Nigeria has also increased the number of women and girls with disabilities.<sup>102</sup> 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.<sup>103</sup> For instance, girls who were kidnapped by Boko Haram in Nigeria—including the more than 200 girls kidnapped in 2014 from the Chibok School—report deep trauma from this experience of forced marriage and rape, leading possibly to psychosocial disabilities.<sup>104</sup> Many also experience stigma and ostracism from their communities if they are rescued or able to escape, because they are considered tainted by sexual violence.<sup>105</sup> 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 UN Security Council Resolution 1325 on women, peace, and security, entitled the *National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria* (NAP).<sup>106</sup> The NAP recognizes that “[w]omen in war-torn societies can face specific and devastating forms of sexual violence, which are sometimes deployed systematically to achieve military or political objectives,” that this violence can have long-term consequences on their well-being, health, and education, and that they are often excluded from peace processes.<sup>107</sup> Although the adoption of the NAP is an important step for ensuring that women are included in peace-building processes, can access relief services, and are protected from rights violations during conflict, women with disabilities are invisible in the plan, and the issues that particularly affect them during conflict situations are excluded. For instance, the 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 plan 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.<sup>108</sup> Without explicit reference in the NAP to the abuses faced by women with disabilities and steps as part of its action plan to address their particular needs in the context of conflict and post-conflict situations, it is unlikely that Nigeria, in implementing the NAP, will take women with disabilities into account. Nigeria is

revising the NAP this year and should include specific issues affecting women with disabilities in the new version of the NAP.

C. The Rights to Health, including Sexual and Reproductive Health, and to Start a Family (CEDAW, arts. 12 & 16; General Recommendation No. 24)

Women with disabilities worldwide face a wide range of unique human rights abuses in health care settings, including sexual and reproductive health care settings, due to both their gender and disability. As the CEDAW Committee noted in its General Recommendation No. 24 on the right to health, “women with disabilities, of all ages, often have difficulty with physical access to health services.”<sup>109</sup> Stereotypes about women with disabilities—including that they cannot make decisions for themselves, are asexual, or cannot become pregnant—may lead health care workers to discount their needs or subject them to abuse, violating their rights to health and to start<sup>110</sup> a family.<sup>111</sup> Indeed women with disabilities worldwide are disproportionately subjected to practices such as forced or coerced sterilization, contraception, and abortion in these settings.<sup>112</sup> The CEDAW Committee has thus called on states to “take appropriate measures to ensure that health services are sensitive to the needs of women with disabilities and are respectful of their human rights and dignity.”<sup>113</sup>

In Nigeria, women with disabilities experience many barriers to accessing health care services, including sexual and reproductive health care. The physical environment surrounding and within healthcare facilities may be inaccessible to wheelchairs, and health care workers frequently lack knowledge about or experience with managing care for women with disabilities.<sup>114</sup> Information in these facilities may also be inaccessible; for instance, deaf women report that they do not have access to interpreters in health facilities.<sup>115</sup>

The 2015 report on violence against women with disabilities in Plateau State cited above also described barriers and abuses faced by women with disabilities when accessing reproductive health care. 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,<sup>116</sup> a situation that can increase the risk of complications during pregnancy and labor.<sup>117</sup> During labor, medical personnel in Nigeria are also more likely to assume that women with disabilities require Caesarean sections to deliver.<sup>118</sup> Furthermore, women with disabilities may be subjected to medical procedures without their consent in order to prevent pregnancies. For instance, the families of women with mental disabilities in Nigeria reported to researchers in the 2015 Plateau State report that they sometimes had contraceptive devices implanted in the women’s skin, without the women’s consent, so that these women would avoid getting pregnant if they were subjected to sexual abuse.<sup>119</sup> Some families also reported that they had forcibly confined or sterilized women with disabilities for similar protection reasons,<sup>120</sup> though forced sterilization of women with disabilities in Nigeria is not yet widely documented.

Women with disabilities in Nigeria may 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 among those surveyed 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.<sup>121</sup> 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.<sup>122</sup> Furthermore, because women with disabilities have low rates of employment and are considered to have few marketable skills in Nigeria, they may also engage in selling sex, a behavior that can increase the risk of HIV.<sup>123</sup> The study also indicated that there were very few sexual and reproductive health services targeted at or accessible to persons with disabilities in Nigeria,<sup>124</sup> a situation that can increase the risk of acquiring or experiencing the negative health effects of HIV.

Women with disabilities in Nigeria also begin having sex earlier than men with disabilities and other women, a situation that decreases their knowledge about sexuality and increases their risk of acquiring HIV.<sup>125</sup> Women with disabilities worldwide are less likely to have received comprehensive sexuality education, due to the misperception that they are asexual and so do not require this information,<sup>126</sup> and a study of school-aged girls in Nigeria found that girls with intellectual disabilities were much less likely than non-disabled girls to have heard about HIV.<sup>127</sup>

In 2014, Nigeria adopted the HIV and AIDS (Anti-Discrimination) Act, which guarantees a right to be free from discrimination based on HIV status.<sup>128</sup> The Act takes some steps to ensure protection of women with disabilities from violations associated with HIV—including by outlawing cultural practices that may increase the risk of HIV transmission.<sup>129</sup> 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.<sup>130</sup> Given that, as noted above, there are few sexual and reproductive health services that target or accommodate persons with disabilities, this omission creates a major gap when persons with disabilities need to access sexual and reproductive health services. Additionally, some issues faced disproportionately 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.

#### **IV. Conclusions and Recommendations**

As noted above, women with disabilities in Nigeria face intersectional discrimination and harmful stereotypes based on both their gender and disability. This discrimination leads women with disabilities to experience gender-based violence at higher rates and in different forms than others and to encounter increased barriers to accessing affordable, acceptable, and quality health services, including sexual and reproductive health services. 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. Indeed, women with disabilities were excluded from consideration in Nigeria’s state report to the CEDAW Committee, despite the provisions in the CEDAW Committee’s General Recommendation No. 18 on disabled women that specifically request this information.

With these gaps in mind, our organizations request that the CEDAW Committee include the rights of women with disabilities in both its list of issues to Nigeria and in its examination of Nigeria’s women’s rights record. In particular, we recommend that the CEDAW Committee ask the following questions and make the following recommendations to Nigeria:

##### *Questions to Nigeria for List of Issues*

- What steps is Nigeria taking to ensure that the upcoming census properly documents the number of people with disabilities, especially women and girls with disabilities, in Nigeria?
- How are women and girls with disabilities being included in programs to implement the National Gender Policy and the National Policy on Rehabilitation of Persons with Disabilities?
- What measures is Nigeria taking to include women and girls with disabilities in the revision of and provisions in the revised *National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria* (NAP), and how does Nigeria plan to fund and implement the revised NAP?

- How is the Violence against Persons (Prohibition) Act, 2015, being implemented to specifically address violence against women and girls with disabilities and issues they face in accessing justice?
- What steps is Nigeria taking to ensure that health information and services, including sexual and reproductive information health services, are accessible to women and girls with disabilities?

#### *Recommendations to Nigeria*

- Implement best practices, in line with the Washington Group on Statistics' recommendations, for counting persons with disabilities, especially women and girls with disabilities, in any future Nigerian 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. Also develop a public awareness campaign about stigma and violence against women and girls with disabilities, and highlight the contributions that women with disabilities make to society in Nigeria, as a means to tackle stereotypes about women and girls with disabilities.
- Develop a new National Gender Policy that includes specific goals and targets related to women and girls with disabilities—including ensuring that they are free from violence, can access health services including sexual and reproductive health services, and can access justice mechanisms—and ensure that this policy is in line with state obligations under 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. In particular, ensure that definitions of discrimination in this and other laws and policies include denial of reasonable accommodation for persons with disabilities as forms of discrimination.
- 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 be taken to ensure implementation of 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 sterilization, contraception, and abortion and the withholding of mobility aids and medications.
- Include in the revision of the *National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria* (NAP) recognition of the heightened risk of violence that women and girls with disabilities face in conflict and post-conflict situations, due to both their inability to escape conflict as well as due to their reliance on others to access relief materials. Include in the NAP specific action points to ensure that IDP camps and other relief services are accessible to persons with disabilities and take their particular needs into account, and that women and girls with disabilities are included in efforts at post-conflict peace building.
- Develop a plan for security forces and communities 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.
- 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 women and girls with disabilities. Ensure that teachers are trained to work with and provide comprehensive sexuality education to women and girls with disabilities, including information on how to access needed sexual and reproductive health services, in order to help them exercise their sexual and reproductive rights.

- As part of strategies to tackle HIV, develop specific programs targeted at persons with disabilities, including women and girls with disabilities, that take into account their increased vulnerability to violence, and plan for all health and social support services for persons with HIV to be accessible to persons with disabilities.
- Mandate training for state and state-funded support services that respond to gender-based violence, including shelters, and for justice system actors, such as courts and police personnel, to ensure that they work with and can reasonably accommodate persons with disabilities.
- Require through legislation and policy that future infrastructure—such as schools, hospitals, and courts—is physically accessible for person with disabilities, that information and services provided in these public accommodations is provided in accessible formats, and that persons with disabilities can access support to utilize public services, when needed and requested.

Thank you for your consideration of this shadow letter. Please do not hesitate to contact us if you have any questions or comments. Our main point of contact is Stephanie Ortoleva at [President@WomenEnabled.org](mailto:President@WomenEnabled.org).

<sup>1</sup> 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.

<sup>2</sup> CEDAW Committee, *General Recommendation No. 18: Disabled women* (1991).

<sup>3</sup> Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Consideration of reports submitted by States parties under article 18 of the Convention, Seventh and eighth periodic reports of States parties due in 2014: Nigeria*, U.N. Doc. CEDAW/C/NGA/7-8 (2015).

<sup>4</sup> WORLD HEALTH ORGANIZATION AND WORLD BANK, *WORLD REPORT ON DISABILITY 28-29* (2011).

<sup>5</sup> Ngozi C. Umeh & Ramola Adeola, *African Disability Rights Yearbook Nigeria* (2013), available at <http://www.adry.up.ac.za/index.php/2013-1-section-b-country-reports/nigeria#pgfId-1088340>.

<sup>6</sup> *Id.*

<sup>7</sup> Jonathan Nda-Isaish, *11 Million Women in Nigeria Living with Disabilities – Report*, in Leadership, Jul. 19, 2015, available at <http://leadership.ng/news/447938/11-million-women-in-nigeria-living-with-disabilities-report>.

<sup>8</sup> INCLUSIVE FRIENDS & NIGERIA STABILITY AND RECONCILIATION PROGRAMME, *WHAT VIOLENCE MEANS TO US: WOMEN WITH DISABILITIES SPEAK 6* (2015) [hereinafter INCLUSIVE FRIENDS & NSRP, *WHAT VIOLENCE MEANS TO US INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US*].

<sup>9</sup> See §§ II(C) & III(A) below.

<sup>10</sup> WORLD HEALTH ORGANIZATION AND WORLD BANK, *WORLD REPORT ON DISABILITY 25-26* (2011).

<sup>11</sup> *Id.* at 26-27.

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> Office of the High Commission for Human Rights, *Status of Ratifications: Nigeria*, <http://indicators.ohchr.org/>.

<sup>16</sup> CEDAW Committee, *General Recommendation No. 18: Disabled women* (1991).

<sup>17</sup> CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, ¶ 25, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].

<sup>18</sup> CEDAW Committee, *General Recommendation No. 33 on women’s access to justice*, ¶¶ 13 & 17(g), U.N. Doc. CEDAW/C/GC/33 (2015).

<sup>19</sup> CEDAW Committee, *Concluding Observations: Nigeria*, ¶¶ 37-38, U.N. Doc. CEDAW/C/NGA/CO/6 (2008).

<sup>20</sup> CRC Committee, *Concluding Observations: Nigeria*, ¶¶ 28, 56 & 67, U.N. Doc. CRC/C/NGA/CO/3-4 (2010).

<sup>21</sup> *Id.*, ¶¶ 29 & 57.

<sup>22</sup> Federal Republic of Nigeria, *National Policy on Education, 8<sup>th</sup> edition* (2013), available at <http://www.nerdc.ng/national-policy-on-education>.

<sup>23</sup> 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).

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- <sup>24</sup> *Id.*, art. 14.
- <sup>25</sup> *Id.*, art. 23.
- <sup>26</sup> Federal Republic of Nigeria, *Nigeria's 5<sup>th</sup> Periodic Country Report: 2011-2014 on the Implementation of the African Charter on Human and Peoples' Rights in Nigeria* (June 2014), available at [http://www.achpr.org/files/sessions/56th/state-reports/5th-2011-2014/staterep5\\_nigeria\\_2013\\_eng.pdf](http://www.achpr.org/files/sessions/56th/state-reports/5th-2011-2014/staterep5_nigeria_2013_eng.pdf).
- <sup>27</sup> African Commission on Human and Peoples' Rights, *Concluding Observations and Recommendations on the 5th Periodic Report of the Federal Republic of Nigeria on the Implementation of the African Charter on Human and Peoples' Rights (2011 – 2014)*, ¶¶ 131-132 (2015).
- <sup>28</sup> Const. of the Federal Republic of Nigeria, arts. 15, 16(2)(b) & 17 (1999), <http://www.nigeria-law.org/ConstitutionOfTheFederalRepublicOfNigeria.htm>.
- <sup>29</sup> 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.
- <sup>30</sup> Ministry of Women and Social Development, *National Gender Policy*, § 2.5.4 (2006), available at [http://www.aacoalition.org/national\\_policy\\_women.htm](http://www.aacoalition.org/national_policy_women.htm).
- <sup>31</sup> Gender and Equal Opportunities Bill 2011, §§ 4 & 18 (Nga.), available at [http://www.aacoalition.org/images/Gender\\_and\\_Equal\\_Opportunities\\_Bill\\_National.pdf](http://www.aacoalition.org/images/Gender_and_Equal_Opportunities_Bill_National.pdf).
- <sup>32</sup> *Id.*, §§ 4 & 18.
- <sup>33</sup> *Id.*, §§ 6(c), 10(g) & 12(b)-(c).
- <sup>34</sup> *Id.*, § 12(a).
- <sup>35</sup> 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.)
- <sup>36</sup> *Nigeria anger as Gender and Equal Opportunity Bill fails*, in BBC NEWS, March 16, 2016, <http://www.bbc.com/news/world-africa-35820970>.
- <sup>37</sup> 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.
- <sup>38</sup> Ministry of Women And Social Development, National Policy on Rehabilitation of Persons with Disabilities, § 2.3.3 (date unknown), available at <http://www.womenaffairs.gov.ng/index.php/85-quick/127-policies>.
- <sup>39</sup> *Id.*, § 2.3.3.
- <sup>40</sup> *Id.*, § 3.
- <sup>41</sup> *See, e.g.*, CEDAW Committee, *Concluding Observations: Hungary*, ¶¶ 8, 18, 19, 27 & 28, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).
- <sup>42</sup> CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶¶ 30, 38, 40 & 46, U.N. Doc. CRPD/C/GC/3 (2016) [hereinafter CRPD Committee, *Gen. Comment No. 3*].
- <sup>43</sup> *Id.*, ¶ 47.
- <sup>44</sup> *Id.*, ¶ 33.
- <sup>45</sup> ENHANCING NIGERIA'S HIV/AIDS RESPONSE (ENR) PROGRAMME, HIV/AIDS AND SEXUAL BEHAVIOURS OF PERSONS WITH DISABILITIES IN NIGERIA 23 (2015) [hereinafter ENR, HIV/AIDS AND PERSONS WITH DISABILITIES IN NIGERIA].
- <sup>46</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 11.
- <sup>47</sup> *Id.* at 12.
- <sup>48</sup> *Id.* at 11.
- <sup>49</sup> *Id.* at 16.
- <sup>50</sup> *Id.*
- <sup>51</sup> *Id.* at 11.
- <sup>52</sup> *Id.*
- <sup>53</sup> *Id.* at 11 & 13.
- <sup>54</sup> <http://www.vanguardngr.com/2013/12/birth-registrations-improve-nigeria-unicef/>
- <sup>55</sup> *See id.*; CRPD Committee, *Gen. Comment No. 3*, *supra* note 42, ¶ 35.
- <sup>56</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 11.
- <sup>57</sup> ENR, HIV/AIDS AND PERSONS WITH DISABILITIES IN NIGERIA, *supra* note 45, at 22.
- <sup>58</sup> *Id.*
- <sup>59</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 12.
- <sup>60</sup> *Id.*

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- <sup>61</sup> *Id.*
- <sup>62</sup> UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 31, U.N. Doc. A/67/227 (2012) [hereinafter SRVAW, *Report on women with disabilities*].
- <sup>63</sup> *Id.*, ¶ 32.
- <sup>64</sup> CRPD Committee, *Gen. Comment No. 3*, *supra* note 42, ¶ 33.
- <sup>65</sup> CEDAW Committee, *Concluding Observations: Hungary*, ¶ 20, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).
- <sup>66</sup> CEDAW Committee, *Concluding Observations: Sweden*, ¶ 40, U.N. Doc. CEDAW/C/SWE/CO/7 (2008).
- <sup>67</sup> CEDAW Committee, *Concluding Observations: Norway*, ¶ 23, U.N. Doc. CEDAW/C/NOR/CO/8 (2012); *Concluding Observations: Germany*, ¶ 43, U.N. Doc. CEDAW/C/DEU/CO/6 (2009); *Concluding Observations: Sweden*, ¶ 28, U.N. Doc. CEDAW/C/SWE/CO/7 (2008).
- <sup>68</sup> CEDAW Committee, *Concluding Observations: Italy*, ¶ 27(a), U.N. Doc. CEDAW/C/ITA/CO/6 (2011); *Concluding Observations: Sweden*, ¶ 41, U.N. Doc. CEDAW/C/SWE/CO/7 (2008).
- <sup>69</sup> CEDAW Committee, *Concluding Observations: Hungary*, ¶ 33, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).
- <sup>70</sup> CEDAW Committee, *Concluding Observations: Sweden*, ¶ 29, U.N. Doc. CEDAW/C/SWE/CO/7 (2008).
- <sup>71</sup> NATIONAL POPULATION COMMISSION, FEDERAL REPUBLIC OF NIGERIA & ICF INTERNATIONAL, NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 2013 307 (2013), available at <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>.
- <sup>72</sup> See, e.g., Diane Cole, *Some Missing Girls Were Welcomed Back But Others Were Shunned*, in NATIONAL PUBLIC RADIO, June 7, 2016 (updated Oct. 13, 2016), available at [http://www.npr.org/sections/goatsandsoda/2016/06/07/480474554/the-long-road-back-from-boko-haram?utm\\_source=facebook.com&utm\\_medium=social&utm\\_campaign=npr&utm\\_term=nprnews&utm\\_content=2039](http://www.npr.org/sections/goatsandsoda/2016/06/07/480474554/the-long-road-back-from-boko-haram?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=2039).
- <sup>73</sup> ENR, HIV/AIDS AND PERSONS WITH DISABILITIES IN NIGERIA, *supra* note 45, at 25.
- <sup>74</sup> *Id.*
- <sup>75</sup> See *supra* § III(A); Toyin J Aderemi, et al, *Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria* in 16(1) J. INT. AIDS SOC. 2013 (2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568677/>.
- <sup>76</sup> Toyin J Aderemi, et al, *Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria* in 16(1) J. INT. AIDS SOC. 2013 (2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568677/>.
- <sup>77</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 18.
- <sup>78</sup> *Id.* at 11 & 18.
- <sup>79</sup> Toyin J Aderemi, et al, *Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria* in 16(1) J. INT. AIDS SOC. 2013 (2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568677/>.
- <sup>80</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 19.
- <sup>81</sup> ENR, HIV/AIDS AND PERSONS WITH DISABILITIES IN NIGERIA, *supra* note 45, at 25.
- <sup>82</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 19.
- <sup>83</sup> Violence against Persons (Prohibition) Act, 2015, §§ 12, 13 & 16 (2015) (Nga.)
- <sup>84</sup> 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.)).
- <sup>85</sup> CEDAW Committee, *General Recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations*, ¶ 36, U.N. Doc. CEDAW/C/GC/30 (2013).
- <sup>86</sup> *Id.*, ¶ 37.
- <sup>87</sup> *Id.*, ¶ 57.
- <sup>88</sup> NATIONAL POPULATION COMMISSION, FEDERAL REPUBLIC OF NIGERIA & ICF INTERNATIONAL, NIGERIA DEMOGRAPHIC AND HEALTH SURVEY 308 (2013), available at <https://dhsprogram.com/pubs/pdf/FR293/FR293.pdf>.
- <sup>89</sup> *Id.*
- <sup>90</sup> INCLUSIVE FRIENDS & NSRP, WHAT VIOLENCE MEANS TO US, *supra* note 8, at 6.
- <sup>91</sup> *Id.* at 1.
- <sup>92</sup> *Id.*

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- <sup>93</sup> *Id.*
- <sup>94</sup> *Id.* at 15.
- <sup>95</sup> *Id.*
- <sup>96</sup> *Id.* at 20.
- <sup>97</sup> *Id.* at 1.
- <sup>98</sup> *Id.* at 20-21.
- <sup>99</sup> *Id.* at 2.
- <sup>100</sup> *Id.* at 20.
- <sup>101</sup> *Id.*
- <sup>102</sup> *Id.* at 6.
- <sup>103</sup> CEDAW Committee, *General Recommendation No. 30 on women in conflict prevention, conflict and post-conflict situations*, ¶ 37, U.N. Doc. CEDAW/C/GC/30 (2013).
- <sup>104</sup> *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/>; Monica Mark, *Kidnapped Nigerian student becomes first in months to escape Boko Haram*, in THE GUARDIAN, Sept. 25, 2014, available at <https://www.theguardian.com/world/2014/sep/25/kidnapped-nigerian-schoolgirl-escape-boko-haram>; Megan Friedman, *One of the Kidnapped Nigerian Girls Has Been Found*, in COSMOPOLITAN, Sep. 26, 2014, available at <http://www.cosmopolitan.com/politics/a31530/nigerian-girls-boko-haram-found/>.
- <sup>105</sup> Diane Cole, *Some Missing Girls Were Welcomed Back But Others Were Shunned*, in NATIONAL PUBLIC RADIO, June 7, 2016 (updated Oct. 13, 2016), available at [http://www.npr.org/sections/goatsandsoda/2016/06/07/480474554/the-long-road-back-from-boko-haram?utm\\_source=facebook.com&utm\\_medium=social&utm\\_campaign=npr&utm\\_term=nprnews&utm\\_content=2039](http://www.npr.org/sections/goatsandsoda/2016/06/07/480474554/the-long-road-back-from-boko-haram?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=2039).
- <sup>106</sup> Federal Republic of Nigeria, *National Action Plan for the Implementation of UNSCR 1325 and Related Resolutions in Nigeria* (2013), available at <http://www.nsrp-nigeria.org/wp-content/uploads/2014/03/National-Action-Plan.pdf>.
- <sup>107</sup> *Id.* at 8.
- <sup>108</sup> *Id.* at 20 & 28.
- <sup>109</sup> CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 17, ¶ 25.
- <sup>110</sup> The terminology used here to “start a family” refers to the right to found a family under Art. 16 of CEDAW. The term “found” in Nigeria has a different context, referring only to inanimate objects.
- <sup>111</sup> CRPD Committee, *Gen. Comment No. 3*, *supra* note 42, ¶ 38.
- <sup>112</sup> SRVAW, *Report on women with disabilities*, *supra* note 62, ¶¶ 28 & 36.
- <sup>113</sup> CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 17, ¶ 25.
- <sup>114</sup> INCLUSIVE FRIENDS & NSRP, *WHAT VIOLENCE MEANS TO US*, *supra* note 8, at 13-14.
- <sup>115</sup> *Id.* at 14.
- <sup>116</sup> *Id.*
- <sup>117</sup> World Health Organization, *Maternal Mortality: Factsheet No. 348* (Nov. 2015), <http://www.who.int/mediacentre/factsheets/fs348/en/>.
- <sup>118</sup> INCLUSIVE FRIENDS & NSRP, *WHAT VIOLENCE MEANS TO US*, *supra* note 8, at 14.
- <sup>119</sup> *Id.* at 19.
- <sup>120</sup> *Id.*
- <sup>121</sup> ENR, *HIV/AIDS AND PERSONS WITH DISABILITIES IN NIGERIA*, *supra* note 45, at 26.
- <sup>122</sup> *Id.*
- <sup>123</sup> *Id.* at 22.
- <sup>124</sup> *Id.*
- <sup>125</sup> *Id.*
- <sup>126</sup> CRPD Committee, *Gen. Comment No. 3*, *supra* note 42, ¶ 40.
- <sup>127</sup> Toyin J Aderemi, et al, *Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria* in 16(1) J. INT. AIDS SOC. 2013 (2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568677/>.
- <sup>128</sup> HIV and AIDS (Anti-Discrimination) Act, 2014, § 3 (Nga.)
- <sup>129</sup> *Id.*, § 3(3).

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<sup>130</sup> *Id.*, § 6(c); Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, arts. 2 & 5, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008).