

# **SEXUAL and REPRODUCTIVE HEALTH and COMBATING GENDER-BASED VIOLENCE FOR WOMEN and GIRLS WITH DISABILITIES**

**CURRENT SITUATION, RELATED  
SERVICES AND SUGGESTIONS FOR  
INCREASED ACCESS TO SERVICES**

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"This publication contains the presentations and outputs of group discussions carried out in the workshop, "Access to Reproductive Health Services and Struggles with Gender-Based Violence for Women and Girls with Disabilities", which was organized with the cooperation of the United Nations Population Fund (UNFPA) Turkey Office and the Turkish Family Health and Planning Foundation (TFPF), and with the support of the British Embassy in Ankara. It also contains a preliminary report on the current conditions, legal regulations and available services in relation to the subject. The contents of the presentations and group discussions reflect the opinions of guest speakers and participants."

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# FOREWORD

Girls and women with disabilities constitute a group that encounters more difficulties in obtaining access to age-adapted and reliable information and services with respect to reproductive and sexual health than many other groups. It is also subject to a greater risk of gender-based violence. For girls and women with disabilities, who constitute a significant percentage of the population, information and services about reproductive and sexual health are currently not accessible in many domains, and the mechanisms provided for countering gender-based violence against women are not adequate to meet the needs of this group. For this reason, the reassessment of sexual and reproductive health programs that also account for disability and gender factors within their overall framework of needs is a must.

The Turkish Family Health and Planning Foundation (TFPF), in cooperation with the United Nations Population Fund (UNFPA), carries out events and workshops for persons with disabilities – an often neglected area – these workshops also cover reproductive and sexual health. In this study, existing services and legal regulations in relation to reproductive and sexual health, as well as the struggle with gender-based violence from the perspective of women and girls with disabilities, were assessed. As a result of the one-day workshop following this study, an attempt was made to create a roadmap for expanding the scope of existing services with a greater emphasis on gender equality. This effort included participation from representatives of numerous civil society and public organizations, as well as universities.

This report and the outputs of the workshop are intended to reach a wider audience, to facilitate the development of new practices and to enhance current implementations in this area. We extend our thanks to the organizations that have contributed to the preparation of this report and to the organization of the workshop itself. We would also like to acknowledge our gratitude to the participants and moderators of the workshop and to the reporters and organization representatives, who have supported us in compiling this content. We hope that with this study, cooperation with the relevant institutions and organizations will be strengthened and that we will be in a position to support the creation of more inclusive reproductive and sexual health programs for women and girls with disabilities that are based on a perspective of gender equality.

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# ABBREVIATIONS

UN	United Nations
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
DİE	Prime Ministry State Institute of Statistics
WHO	World Health Organization
CRPD	Convention on the Rights of Persons with Disabilities
EHK	Turkish Law on Persons with Disabilities
ENGKAD	Association of Women with Disabilities
ICPD	International Conference on Population and Development
ISTANBUL CONVENTION	Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence
KSGM	Directorate General for the Status of Women
MEB	Turkish Ministry of National Education
OECD	Organization for Economic Co-operation and Development
OZİDA	Prime Ministry Directorate for Persons with Disabilities
NGO	Non-Governmental Organization
SDGs	Sustainable Development Goals
ŞÖNİM	Violence Prevention and Monitoring Center
TFPF	Turkish Family Health and Planning Foundation
TPC	Turkish Penal Code
TOHAD	Social Rights and Research Association
TURKSTAT	Turkish Statistical Institute
UN DESA	United Nations Department of Economic and Social Affairs
UNFPA	United Nations Population Fund
YÖK	Council of Higher Education

# I. SEXUAL HEALTH, REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE:

## ASSESSMENT OF THE CURRENT SITUATION AND RELEVANT SERVICES FROM THE PERSPECTIVE OF WOMEN AND GIRLS WITH DISABILITIES

### INTRODUCTION

This report has been prepared for the purpose of assessing the current situation in relation to reproductive health and sexual health services provided in relation to gender-based violence against women and girls with disabilities in Turkey. In a report launched in 2011 by the World Health Organization (WHO), it was reported that people with disabilities make up 15% of the world's population.<sup>1</sup> In the Development Report by the United Nations Department of Economic and Social Affairs (UN DESA) regarding persons with disabilities, it was noted that the number of women with disabilities in Organization for Economic Co-operation and Development (OECD) countries is higher than the number of men with disabilities.<sup>2</sup> The most up-to-date data in Turkey about the number of people with disabilities are available via the population and household research conducted in 2011 by Turkish Statistical Institute (TURKSTAT).<sup>3</sup> According to this research, within the population aged 3 and above, the proportion of persons with disabilities is 6.9% whereas the proportion of the female population with disabilities makes up 7.9% of the entire population.

The most comprehensive reference work about persons with disabilities in Turkey is the December 2002 Turkey Research on Persons with Disabilities report conducted by Prime Ministry State Institute of Statistics (DİE) and Prime Ministry Directorate for Persons with Disabilities (OZİDA).<sup>4</sup> This research aimed to identify the number of persons with disabilities in Turkey, their proportion within the population, their social and economic status, difficulties they encounter in their social lives, their expectations, types of disabilities, causes of disabilities, regional differences and the ratio of chronic diseases among persons with disabilities. Accordingly, it was determined that, in the age

**According to the data of the World Health Organization in 2011, 15% of the world population consists of individuals with disabilities. People with disabilities constitute the 12.29% of the population of Turkey. Both in Turkey and worldwide the number of women with disabilities is higher than the number of men with disabilities.**

group 0-3 years, 12.29% of the population and 13.45% of the total female population in Turkey, the majority of whom had chronic diseases, fell within one of the following groups – those with orthopedic, visual, hearing, language, speaking or mental disabilities.

Carrying out research in relation to access to healthcare rights by women and girls with disabilities and in relation to violence against the same individuals, is a move towards supporting the identification of the rights violations that this group could be exposed to and also towards offering a solution for existing problems, particularly in light of the fact that this group constitute a significant part of the population.

According to studies in the international literature focused on women with disabilities, women with disabilities are exposed to domestic violence twice as much as women without disabilities.<sup>5</sup> It has been demonstrated that the personal decisions and control of women and girls with disabilities over their sexuality and reproduction are ignored, that contraceptive and sterilization methods are practiced without their personal consent and that female parents with disabilities in particular are prevented from caring for their children by official authorities ten times more than parents without disabilities. Other findings reveal that compared with their peers without disabilities, children with disabilities are exposed to violence 1.7 times more often and that persons with disabilities are more frequently exposed to violence and rape compared to persons without disabilities.<sup>6</sup> A further problem was emphasized in the relevant studies namely that despite the frequency and high rates of violence, preventive and protective legal regulations are also inadequate. According to a study about gender-based violence and sexuality, reproductive health and rights in relation to young people with disabilities, girls and boys with disabilities are exposed to sexual violence three times more than their peers and that this rate is higher among girls with disabilities. Young women and girls with disabilities are oppressed because of domestic violence and sexual violence, and they are at a higher risk of sexual violence outside school.<sup>7</sup> Considering the fact that worldwide, about 90% of children with disabilities cannot gain access to education and only 1% of women with disabilities are employed, it is clear that access by women and girls with disabilities to the mechanisms for combating gender-based violence is also difficult.

**Considering the fact that worldwide, about 90% of children with disabilities cannot get access to the right of education and only 1% of women with disabilities are employed, it is clear that access by women and girls with disabilities to the mechanisms for combating gender-based violence is also difficult. Therefore, women and girls with disabilities, who are denied their sexual health and reproductive health rights, have limited or no control of their bodies and enjoyment of reproductive preferences, are at a high risk of being neglected, abused and exposed to violence.**

Therefore, women and girls with disabilities, who are denied their sexual health and reproductive health rights as well as reproductive preferences, are at a high risk of being neglected, abused and exposed to violence.

Access to the right of health, which is regarded as one of the basic human rights is a necessity for all individuals in order that they might enjoy a high-quality of life. Supporting the right to access healthcare is of critical importance for social development. Within the scope of the Sustainable Development Goals set forth by the United Nations (UN SDGs), in line with the goal to “Ensure healthy lives and promote well-being for all at all ages” (SDG 3), access to information and services about sexual health and reproductive health, the prevention of sexually transmitted diseases and inclusion of plans and content about sexual and reproductive health into national strategies and programs should be given greater prominence. Similarly, the International Conference on Population and Development (ICPD) Action Program also stresses the importance of improvements in information and counselling services and the adoption of a preventative and solution-oriented approach to enable individuals to lead a safe and satisfactory sexual life and to enable them to avail of their reproductive rights as they see fit.<sup>8</sup> In the same action program, it was noted that relevant services and counselling programs must be accessible to all individuals, affordable and in accordance with their needs. However, because for many years the conceptualization of disability fell within the context of the medical model and the dominant approach was based on loss of ability, it has been difficult to consider access for persons with disabilities to sexual and reproductive health information and services from a rights-based approach.

As the most up-to-date model addressing individuals with disabilities, the rights-based approach has brought sexual and reproductive health rights to the agenda as an approach

**Within the scope of the Sustainable Development Goals set forth by the United Nations (UN SDGs), in line with the goal to “Ensure healthy lives and promote well-being for all at all ages” (SDG 3), access to information and services about sexual health and reproductive health, the prevention of sexually transmitted diseases and inclusion of plans and content about sexual and reproductive health into national strategies and programs have been brought to the fore. Similarly, the International Conference on Population and Development (ICPD) Action Program also stresses the importance of an improvement in information and counselling services and the adoption of a preventive and solution-oriented approach to enable individuals to lead safe and satisfactory sexual lives and to enable them to avail of their reproductive rights as they wish.**



that takes into account the the individual dimensions of disability as well as its social dimensions and emphasizes the effective participation and equal access to rights of people with disabilities. Although strengthening the rights-based approach in the field of disability studies and related social policy is an important step, women and girls with disabilities become invisible in cases where a gender perspective is not included. However, achieving gender equality by creating empowerment opportunities for girls and increasing the participation of men in the process, as well as ending all forms of discrimination and violence against girls and women, and reducing inequalities are among the goals highlighted in the UN SDG and ICPD Action Program. Similarly, the need for inclusion and for access for women and girls with disabilities as criteria for development and progress also finds its place in the Beijing Declaration.<sup>9</sup>

It will also be difficult for women and girls with disabilities, who do not have sufficient awareness and knowledge about sexual and reproductive health, to make sense of gender-based violence and to resort to relevant mechanisms of combating violence. Providing access to necessary services related to sexual health and identifying cases of gender-based violence and appropriate interventions can prevent and eliminate violations of rights. This serves to prevent neglect, abuse and violence that may pose a threat to the health and physical integrity of women and girls with disabilities. In this context, an assessment of the accessibility of sexual health services, which are among the basic rights for women and girls with disabilities as well as the assessment of gender-based violence that they are exposed to, within the context of the current conditions in Turkey constitutes the general framework of this part of the study.

**It will also be difficult for women and girls with disabilities, who do not have sufficient awareness and knowledge about sexual and reproductive health, to make sense of gender-based violence and to have recourse to relevant mechanisms of combating violence.**

Access to sexual and reproductive health services involves supporting individuals with disabilities in terms of healthy sexual development on an individual basis as well as the implementation of appropriate health interventions and training programs in pregnancy and other related processes; whereas gender-based violence includes all kinds of economic, psychological, sexual and physical rights violations, discriminatory attitudes and violence encountered because this group are women or girls with disabilities. As noted above, integration of sexual and reproductive health rights and gender-based violence-combating mechanisms into national strategy plans and legal regulations is important for the protection of the right to health and to ensure gender equality. For this reason, in the following section, the current legal conditions in Turkey in the areas of sexual and reproductive health and the struggle against gender-based violence will be discussed from the perspective of women and girls with disabilities.

**The inclusion of sexual and reproductive health rights and mechanisms to combat gender-based violence in national strategy plans and legal regulations is important to protect the right to health and to ensure gender equality.**



*Image 1 Description: A faint color image with a sepia tone. In the image, the hands of two different people appear in the left and right corners, and there are several pens, glasses and paper on the floor between their hands. While the hands on the left are in the closed position, the hands in the right corner are in an open position - an indication that the individual may be revealing something.*

## **CURRENT LEGAL CONDITIONS**

Legal texts covering rights in relation to sexual and reproductive health and gender-based violence are documents that require particular attention, as they are binding with respect to conditions of access to and infringement of rights. If due consideration is given to the conventions and laws covering women and girls with disabilities and the attendant issues in relation to dealing with violence against women, and the legal regulations covering violence and abuse as well as the convention and the law on the rights of individuals with disabilities, a suitable framework can be drafted. Apart from these regulations, there is no direct or indirect content about women and girls with disabilities in the existing legislation. For example, in the Law No. 2827 on Population Planning and its relevant regulations, the only provision concerning persons with disabilities is covered in the 5th Article, regarding abortion after the 10th week.<sup>10</sup> The Article states that “where it will cause severe disability for the child to be born and the generations to follow, abortion is possible with the obstetric and obstetrician and reasoned reports of a specialist from the related branch based on objective findings.” Although this statement does not refer directly to a pregnancy that is likely to bring a disabled child in to the world, it is believed that the word “will cause severe disability” refers to this situation. In the 6th Article of the same law, with respect to termination of pregnancy, it provides as follows: “The consent of the pregnant woman who is not free of consciousness due to her mental disability is not sought for uterine evacuation.” Briefly, since there are no regulations in the domestic law regarding the sexual health of women and girls with disabilities, other than the items related to the termination of pregnancy, regulations that will be included within the scope of gender-based violence will constitute the weight of this section.

Considering international conventions and national legal regulations, the convention that could be regarded as the most progressive convention for women and girls with disabilities is the United Nations Convention on the Rights of Persons with Disabilities (CRPD), with 163 signatory states and 181 ratifications, whose additional protocol was signed by 94 states and was integrated into domestic legal regulations by 64 states.<sup>11</sup> The convention, as a whole, stresses the importance of taking necessary precautions for the prevention of all kinds of discrimination based on disabilities, preventing discrimination against women and girls with disabilities, treating persons with disabilities based on their inherent dignity and ensuring that persons with disabilities have a voice in decision-making mechanisms in representation of themselves. Additionally, for the fulfillment of these rights, accessibility, equality of opportunities, gender equality, support for the development of children with disabilities and full and effective inclusion in society are also specified as core principles. Within the scope of the convention, women and children with disabilities are also covered separately in its provisions.

#### Article 6

##### **Women with disabilities**

- 1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.*
- 2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of their human rights and fundamental freedoms set out in the present Convention.*

#### Article 7

##### **Children with disabilities**

- 1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.*
- 2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.*
- 3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.*

Within the scope of the CRPD, the concept of “Universal design” means “the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” and the concept of “Reasonable accommodation” means “necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”; and with these concepts, a general frame-

work is drafted in relation to the qualifications of the services to be provided for women and girls with disabilities. Similarly, the articles on access to information also guarantee access by persons with disabilities to all kinds of information and services through reasonable accommodation.

#### Article 21

##### **Freedom of expression and opinion, and access to information**

- (a) Providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost;*
- (b) Accepting and facilitating the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means, modes and formats of communication of their choice by persons with disabilities in official interactions;*
- (c) Urging private entities that provide services to the general public, including through the Internet, to provide information and services in accessible and usable formats for persons with disabilities;*
- (d) Encouraging the mass media, including providers of information through the Internet, to make their services accessible to persons with disabilities;*
- (e) Recognizing and promoting the use of sign languages.*

In addition to Article 6 of the convention directly targeting women and girls with disabilities, Article 16 entitled “Freedom from Exploitation, Violence and Abuse”, addressed processes in relation to the enforcement of effective laws and policies as per government statutes, including the prevention of all forms of exploitation, abuse and violence, including domestic and external violence in relation to individuals with disabilities, and the physical, mental and psychological treatment of individuals. It also deals with exploitation, abuse and violent incidents, including the provision of preventive services, rehabilitation and social reintegration; and the provision of women and children-centered laws, and policies to ensure the detection, investigation and prosecution of cases of exploitation, violence and abuse against people with disabilities.

#### Article 16

##### **Freedom from exploitation, violence and abuse**

- 1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.*
- 2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive.*

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programs designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.

5. States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

Article 23, entitled “Respect for home and the family” refers to sexual and reproductive health and stipulates that State Parties take appropriate measures to effectively eliminate discrimination against persons with disabilities in matters of marriage, family, parenting and private relationships, taking into account that persons with disabilities are equal to other individuals. In this framework, State Parties should ensure the following:

- (a) *The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses,, is recognized;*
- (b) *The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided;*
- (c) *Persons with disabilities, including children, retain their fertility on an equal basis with others. In the same article, the high benefit of children with disabilities or children with parents with disabilities.*

Similarly, in Article 25 of CRPD on the right to health, it states that: “State Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.”

Two of the other conventions ratified by Turkey regarding the rights of women are the Convention on the Elimination of all Forms of Discrimination Against Women that came into effect on 19 January 1986 (CEDAW)<sup>12</sup> and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence that came into effect on 1 August 2014 (Istanbul Convention).<sup>13</sup> Although they do not contain any direct provisions

August 2014 (Istanbul Convention). Although they do not contain any direct provisions regarding women and girls with disabilities, these conventions that regard violence against women as a human rights violation and a form of discrimination, consider the possibility that some women are girls and at a higher risk of being exposed to violence, and recognize gender-based violence against women and girls with disabilities. In the Article 2 of CEDAW titled “Policy Measures”, every effort should be made to ensure that all forms of discrimination against women are banned and legal regulations are made in this context.

#### Article 2

##### Policy Measures

*States Parties condemn discrimination against women in all its forms, agree to pursue by all appropriate means and without delay a policy of eliminating discrimination against women and, to this end, undertake:*

- a) To embody the principle of the equality of men and women in their national constitutions or other appropriate legislation if not yet incorporated therein and to ensure, through law and other appropriate means, the practical realization of this principle;*
- b) To adopt appropriate legislative and other measures, including sanctions where appropriate, prohibiting all discrimination against women;*
- c) To establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination;*
- d) To refrain from engaging in any act or practice of discrimination against women and to ensure that public authorities and institutions shall act in conformity with this obligation;*

Similarly, Article 12 of CEDAW titled “Health” is concerned with ensuring access to health care services and with related rights in such matters as family planning, pregnancy, confinement and the post-natal period.

#### Article 12

##### Health

*States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*

*Notwithstanding the provisions of Paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.*

In the “Protection and Support” chapter of the Istanbul Convention, there are articles that contain the requirement that the information to be provided to women exposed to violence is in a language that they can understand and that the specific needs of vulnerable persons are properly addressed. These phrases point out that in cases of gender-based violence, for

are properly addressed. These phrases point out that in cases of gender-based violence, for women and girls with disabilities, both the information and the services should be accessible and address the specific needs.

## **Chapter IV – Protection and Support**

### **Article 18**

#### **General obligations**

*Parties shall take the necessary legislative or other measures to protect all victims from any further acts of violence.*

*Parties shall take the necessary legislative or other measures, in accordance with internal law, to ensure that there are appropriate mechanisms to provide for effective co-operation between all relevant state agencies, including the judiciary, public prosecutors, law enforcement agencies, local and regional authorities as well as non-governmental organizations and other relevant organizations and entities, in protecting and supporting victims and witnesses of all forms of violence covered by the scope of this Convention, including by referring to general and specialist support services as detailed in Articles 20 and 22 of this Convention.*

*Parties shall ensure that measures taken pursuant to this chapter shall:*

- be based on a gendered understanding of violence against women and domestic violence and shall focus on the human rights and safety of the victim,*
- be based on an integrated approach which takes into account the relationship between victims, perpetrators, children and their wider social environment,*
- aim at avoiding secondary victimization,*
- aim at the empowerment and economic independence of women victims of violence,*
  - allow, where appropriate, for a range of protection and support services to be located on the same premises,*
  - address the specific needs of vulnerable persons, including child victims, and be made available to them.*

### **Article 19**

#### **Information**

*Parties shall take the necessary legislative or other measures to ensure that victims receive adequate and timely information on available support services and legal measures in a language they understand.”*

Considering the domestic legislation of Turkey, the basic framework law is the Law on Persons with Disabilities (EHK) Number 5378, which effectively entered into force through its publication in the Official Gazette on 07.07.2005.<sup>14</sup> Direct and indirect discrimination is defined by Article 3 of the relevant law:



a) *Direct discrimination: Any different treatment based on disability-based discrimination that prevents, restricts or makes it difficult for people with disabilities to enjoy their rights and freedoms equally compared to those comparable,*

b) *Indirect discrimination: As a result of any apparently non-discriminatory actions, procedures and practices, in connection with the basis of disability-based discrimination, putting the disabled persons in a disadvantaged position that cannot be justified in terms of benefiting from the rights and freedoms,*

d) *Disability-based discrimination: Any discrimination, exclusion or restriction made on the basis of disability in order to fully or equally use human rights and fundamental freedoms in political, economic, social, cultural, civil or any other fields,*

f) *Accessibility: means that the buildings, open spaces, transportation and information services and information and communication technology are safe and independent accessible and usable by the disabled.*

An additional statute that also includes women and girls with disabilities in addition to the EHK is the Law on the Protection of the Family and the Prevention of Violence Against Women, which was based on the Istanbul Convention, but also referenced other national laws and international conventions and entered into force on 20 March 2012.<sup>15</sup> The purpose of the law is “to regulate the procedures and principles regarding the measures to be taken in order to protect and prevent violence against women, children, family members and those who are victims of unilateral persistent pursuit of violence”. In the regulation published in the Official Gazette on March 17, 2016 regarding Violence Prevention and Monitoring Centers (ŞÖNİM) envisaged to be enacted into law, there are phrases in relation to women with disabilities. According to this;

#### *Article 6 (3)*

*For people with disabilities and mobility impairments, accessibility arrangements shall be made in indoor and outdoor areas of buildings in accordance with TS 9111 standards and other standards.*

#### *Article 12 (2)*

*Among the victims of violence, those with severe mental problems or severe psychiatric illnesses, diagnosed with psychiatric disorders, people with physical and mental disabilities that cannot provide self-care, people over the age of sixty and those who need inpatient care are directed to organizations providing services under the Directorate General for Disabled and Elderly Services. The monitoring of the decisions taken within the scope of the Law regarding these individuals is carried out by ŞÖNİM.*

Similarly, among the Articles of the Regulation on the Opening and Operation of the Women's Guest Houses that came into force on January 5, 2013, projected to be established in accordance with Law No. 6284 on the Protection of the Family and the Prevention of Violence Against Women in reference to the accessibility of these guesthouses (Article 8/8),



women with children with disabilities and no life safety being placed in a rented house (Article 13/1-C), women diagnosed as mentally impaired or mentally challenged being placed to an appropriate social service center (Article 13/1-E), receiving support from relevant institutions and organizations for women with physical or mental disabilities (Article 13/1-H) and in a way to concern girls, the articles contain the following provisions: along with the women admitted to the guesthouses, girls under 18 can stay with their mothers (Article 13/-1B) and child victims of violence under 18 will be reported to the Directorate General of Child Services and the relevant support processes will be carried out accordingly (Article 13/1-A). The Convention also contains paragraphs regarding women with physical and mental disability and provides in its 13th Article that women and their children who are exposed to or under risk of exposure to violence will be admitted to guesthouses without any discrimination being made.

Among other constitutional laws that cover women and girls, in Article 102 of Turkish Criminal Code (TCC) there are sanctions against the criminal offense of sexual assault, In Article 103 of the same Code there are sanctions against child abuse, likewise in Article 105 against sexual harassment, in Article 109 against deprivation of liberty, and in Article 141 against sexual intercourse with a minor. With regard to sexual crimes, the principle of the victim's statement is accepted for both women and children, and therefore for women and girls with disabilities. Article 122 of TCC on hate crimes was amended after the ratification of the CRPD and its additional protocol and after the revision of the Law on Persons with Disabilities, Paragraph B of this article stipulates that preventing an individual from accessing a particular service offered to the public is punishable by imprisonment. Again, Article 278 of the TCC stipulates as follows: "in case the victim is a child younger than 15 years old, an individual with physical or mental disability or a person who is unable to protect herself due to pregnancy, the penalty will be increased by half of the penalty imposed on the person who does not report an ongoing criminal offense to the authorities".

Considering the existing regulations in Turkey described above, regarding access to sexual and reproductive rights that may include women and girls with disabilities or regarding violence against this group, it is observed that there is no special sexual health access regulation regarding groups such as women and girls with disabilities against whom there may be multiple forms of discrimination and violations of rights. Even if we assume that legal regulations cover women and girls with disabilities, additional regulations are needed

**There is no specific legal regulation on the sexual health rights of women and girls with disabilities exposed to multiple forms of discrimination. The legal regulations in different categories are not gender-sensitive and do not guarantee the rights of persons with disabilities (in the same way as CRPD does).**

to protect and realize reproductive and sexual health rights for the group of women and girls with disabilities against whom multiple forms of discrimination may occur. In addition, in many legal arrangements that may be relevant, the intersection of disability and gender has not been stressed and mainstreamed.

## **SEXUAL AND REPRODUCTIVE HEALTH IN WOMEN AND GIRLS WITH DISABILITIES**

It is known that women with disabilities face economic and physical difficulties in accessing sexual and reproductive health services, health professionals are insensitive to the subject and do not have sufficient information, and health centers and related equipment are not accessible for women with disabilities.<sup>16</sup> It is imperative that the sexual and reproductive health services that should be offered to women and girls with disabilities are accessible and inclusive, so that the person with special needs can easily access them and does not experience victimization. Regarding access to services among the respective group in Turkey, it is observed that the Ministry of Health, the Ministry of National Education (MoNE) and the Ministry of Family Labor and Social Services do not have any reports, studies, brochures or statistical information for individuals with disabilities, and in particular for women and girls with disabilities. For example, even in 2018 with respect to Turkey's Demographic and Health Survey data, there is no wording in relation to or emphasis on persons with disabilities or women and girls with disabilities in any study or report that can be referred to.

The only phrase regarding access for women and girls with disabilities to sexual and reproductive health services is in the 2018-2023 Women's Empowerment Strategy Document. In this document<sup>17</sup>, it is stated that studies on women with disabilities should be carried out, and women with disabilities should be counted among the groups that will be the subject of research to determine the need for health services, including sexual health topics such as reproductive health, reproductive rights, genetic diseases, consanguineous marriages, and protection from sexually transmitted infections. It is stated that the research reports and information materials to be prepared on these subjects will be produced in accessible formats for women with disabilities, and will be distributed in primary centers for women, local administrations and related ministries and institutions for women. However, there is no information about planning and monitoring evaluation studies on conditions such as sexual health problems that women with disabilities may experience, sexual health education that they may need, accessibility to primary institutions where the materials to be distributed will be found, and the services they can receive. There are no national studies that provide information on the specific difficulties experienced by women and girls with disabilities in the field of disability and gender intersection, pregnancy rates, access to sexual and reproductive health services, and figures applicable to combating gender-based violence. For this reason, in this section of the study, practices and research that fall within the scope of sexual health education and sexual health services in Turkey that are inclusive of women and girls with disabilities will be evaluated.

In a Master's study carried out with the participation of 326 undergraduate midwives from the 2nd, 3rd and 4th grades of the Celal Bayar University's Manisa Health Faculty's Midwifery Department, important information about midwife candidates providing services to women with disabilities during their internships was obtained.<sup>18</sup> The students encounter with women with disabilities by 27.8% throughout their internships whereas it was determined that they serve most generally women with physical disabilities with a rate of 71%. While half of the participants stated that they can communicate with women with disabilities, a significant number of them have been found to face many difficulties with respect to communication and that both caregivers and counselors encounter difficulties. It has been stated that the rate of participants who attend courses about reproductive health and related problems of women with disabilities is limited to only 7%, and the sources of information on the subject are the Internet, near environment and acquaintances, courses and scientific books, respectively. Other important results of the study are that 91% of students are willing to attend courses about women with disabilities and reproductive health and 41% have concerns about the accessibility of medical devices. In another similar study, it was found that 91.5% of midwives and nurses did not participate in any training program for disabled people, 90.7% did not receive any training during their vocational education, and 79.8% did not provide any services for people with disabilities throughout their professional life. Even though a significant number of the participants advocated that women with disabilities should have children, they stated that they thought they would not have the requisite skills to manage their births and that their births should be undertaken by cesarean section.<sup>19</sup> Related research results reveal that midwives and nurses, a group from which women with disabilities can receive services, especially during pregnancy, cannot obtain reliable information on the subject, the subject is not included in the curriculum of the relevant field, that existing information does not come from reliable sources, and that field workers do not think they are competent to serve women with disabilities.

The number of studies where the experiences of women with disabilities can be heard directly is quite limited. In Ünal's (2018) study, it is asserted that participants who have physical disabilities have internalized the perspective of ableism that is widely accepted by society and therefore they may tend to regard disability as a dishonor and that their sexual desires have become invisible. However, as a result of leaving their families and becoming independent - a right guaranteed under UN CRPD, the feeling of dishonor was replaced with a feeling of pride at having overcome their disabilities. Thus, in countries like Turkey that do not support the independence of women with disabilities, access to reproductive health and sexual health services becomes harder.<sup>20</sup> In a similar qualitative study with visually impaired individuals, it was revealed that visually impaired young women do not receive sexual education and discuss sexuality only occasionally and with far less confidence than male participants.<sup>21</sup> In addition, it was revealed that a significant number of visually impaired women were informed about menstruation only by their families, and that excessively protective family attitudes prevented independence during adolescence. As such, they had concerns especially about sexual harassment and requested accessible sexual education. It was observed that the most reliable way for visually impaired women to access sexual information is through experience.

With regard to access to sexual and reproductive health services for women and girls with disabilities, many stakeholders, such as special education specialists, mental health professionals, families and schools, also play an important role. In this context, it was observed that oral and written presentations have been held at national special education congresses since 1991 to inform families about the sexual education of children with disabilities and to convey to them what they need to do. The important outcomes of these congresses were the insufficiency of academic studies on sexual health in the field of disabled people, the fact that families with children with disabilities did not have the necessary capacity to inform their children about sexuality, and the need to empower families and individuals with disabilities in this context. In the compilation study on the papers presented in the related congresses, it was seen that a significant portion of the presentations were made on problematic behaviors in families and in children with special needs.<sup>22</sup> It is envisaged that there may be difficulties with respect to sexual education and problematic or complicated sexual behavior in children and as a result of families' lack of knowledge and experience. For example, in a survey conducted with the parents of mentally challenged children and presented as a paper during the Trabzon Special Education Congress organized on 11 and 12 October, 2012, it was noted that the parents of girls with disabilities do not inform their daughters about puberty or sexual development, but only instructed them about using sanitary pads for periods and about being careful about personal hygiene and that their daughters also do not ask about the physical changes they are undergoing.

Held on 24 March 2009 in Ankara, by the Hacettepe University Women's Problems Research

**In light of the studies and research available, it is obvious that the situation is not ideal in terms of the accessibility of women and girls with disabilities to sexual and reproductive health services. The fact that women and girls with disabilities are unable to receive appropriate information and guidance about sexual health increases their risk of being exposed to sexual violence and prevents such violence from becoming visible.**

- **The fact that there is no data in relation to workers in relevant public institutions and authorities,**

- **the fact that the qualifications of professional groups such as midwives are inadequate – given that it is these individuals, whom persons with disabilities may interact with in the context of primary health care institutions about disabilities,**

- **the fact that in a comprehensive area such as special education, the subject of sexual education is**

and Implementation Center in cooperation with the Başkent University Woman-Child Health and Family Planning Research and Implementation Center, the Ankara Medical Chamber, the Confederation of Persons with Disabilities and the Turkish Nurses Association, the Symposium of Women with Disabilities and Health was a further conference covering these issues. In the session speeches, women with disabilities were discussed, disability in the context of femininity was discussed, and ideas about the visibility of women with disabilities were also addressed; issues such as sexuality, sexual health, reproductive rights, and pregnancy were also considered. In the workshops held after the symposium, topics such as women with disabilities and sexuality were included, and discussions were held on the visibility, sexuality and health services available to women with disabilities. This proved to be an important step in giving some degree of prominence to the subject, – a rare occurrence in the field.

**confined to children with mental challenges, and**

- **the fact that families that could in actuality offer information to girls with disabilities about sexuality lack the required knowledge increase the risk factors. On the other hand, in Turkey, in order to conduct an analysis of the general situation, there is a need for more extensive research. For the time being, our primary goal is the sharing of the research results for the purposes of raising awareness in the field.**

In terms of practices, available statistical information and studies on sexual and reproductive health services for women and girls in Turkey can generally be obtained through scientific research studies. Unfortunately, this can only illuminate a very small area. In light of studies and research available, it is obvious that the situation is not pleasant in terms of the accessibility of women and girls with disabilities to sexual and reproductive health services. The fact that women and girls with disabilities are unable to receive appropriate information and guidance about sexual health increases their risk of being exposed to sexual violence and prevents such violence from becoming visible. Additional problems include:

- The fact that there are no data on the workers of the relevant public institutions and authorities,
- that the qualifications of professional groups such as midwives are inadequate – given that it is these individuals, whom persons with disabilities may interact with in the context of primary health care institutions about disabilities,
- the fact that in a comprehensive area such as special education, the subject of sexual education is confined to children with mental challenges, and
- that families who could in fact offer information to girls with disabilities about sexuality lack the required knowledge and as a result risk factors are increased. On the other hand, in Turkey, in order to conduct an analysis of the general situation, there is a need for more extensive research. For the time being, our primary goal is to share the relevant research





*Image 2 Description: There are 3 people in the image which has a sepia tone. Of the three people in the image, only the face of the baby standing in front is visible. The woman, holding the baby in her arms with her right hand, is holding a book in her left hand. The baby's gaze is directed towards the book. The third person in the image stands next to the woman, it is seen that he has a watch on his wrist.*

## **GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES**

It is a recognized that in many national and international documents that people with disabilities are more at risk of exposure to violence. Due to gender inequality, for women and girls with disabilities, in addition to the latter's status as children; the risk of violence is multiplied. In particular, it is very likely that sexual violence, which is rarely discussed due to social norms and whose rate of incidence is not supported due to insufficient data, will impact women and girls with disabilities much more, and that the perpetrators will not be overly concerned about the risk of being detected. It is particularly important to develop sustainable policies to address these risks, by reporting gender-based violence against women and girls with disabilities, and by increasing their visibility and prevention activities. In this respect, in this chapter information will be provided as to what sexual violence means for women and girls with disabilities when they are exposed to such violence, the visibility of violence against women and girls with disabilities in Turkey and about the institutions that women and girls with disabilities can receive services from within the scope of relevant laws when they are exposed to violence.

Violence against women and girls with disabilities in Turkey has not yet been reported by public institutions. The first major step in terms of civil society is a report of violence by the Disabled Women Association (ENG-KAD), which also includes applications to obtain information for the period 2013-2014.<sup>23</sup> There are also some relevant data in the monitoring study

in 2016, where the Association for Social Rights and Research (TOHAD) attempted to identify physical sexual violence and ill-treatment for the disabled.<sup>24</sup>

Gender-based violence constitutes physical, mental and sexually damaging actions that women suffer solely because of their gender that are visible as threats, coercion and restrictions of liberties and include pornography, prostitution, sterilization, forced abortion, domestic violence, social violence, traditional attitudes that reduce women's standing and status, stereotypes, forced marriage, dowry murder, acid attack, female circumcision, the low participation of women in education, work and political life, poverty, situations such as sexual harassment at work, war and sexual assault in civil conflicts.

For the prevention of gender-based violence, the rights of women and girls including the right to life, the right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment, the right to equal protection according to humanitarian norms in time of international or internal armed conflict, the right to liberty and security of the person, the right to equal protection under the law, the right to equality in the family, the right to the highest standard attainable of physical and mental health, the right to just and favorable conditions of work should be guaranteed. (CEDAW, General Recommendation No. 19).

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Sexual violence, which is based on gender-inequality and which is voiced less often, is described by Mor Çatı Women's Shelter Foundation as "the use of sexuality as a means of violence with the intention to control the sexuality of, to humiliate, insult and punish a person". When the target group is women with disabilities, using sexuality as a punishment / reward method, creating a discourse that degrades the female body and sexuality, forced virginity control, harassing women and girls with disabilities on the pretext of helping them, trying to obtain information about their sexual life while pretending to be supportive, using the bodies of disabled women and girls as a means of sexual satisfaction through the use of force, making them think that they cannot resist or tell others and other such behaviors constitute sexual abuse and violence.

As can be seen, many of the attitudes and behaviors that fall under the scope of gender-based violence are not things that can be quickly or easily understood, particularly in relation to a group such as women and girls with disabilities. For this reason, its identification, timely contact and necessary interventions will require a sensitive approach.

When a child, in particular, is exposed to violence, it should be considered that multiple forms of discrimination and multiple disadvantages may be experienced in the detection and intervention of this violence. According to the figures shared by Mor Çatı Women's Shelter Foundation based on research studies and institutional studies worldwide, one out of every 4 children is exposed to domestic sexual abuse. This shows that children are at a high risk of being victims of different types of violence, especially sexual violence, especially from individuals who are most obliged to take care of them.

As for children with disabilities, in some cases, because they spend more time with their caregivers and their relationship with their caregivers is one based on needs, this means it continues for a longer period of time, and because they have to spend most of their time within the family, it is estimated that the victimization that may occur may not be revealed for a considerable period, and in such cases, such abuse may reach a point where it may threaten the development of a child with disabilities. Indeed, this would mean that gender-based violence, such as domestic sexual violence, which may also be experienced by girls with disabilities, is never exposed. It is obvious that girls with disabilities that are exposed to gender and disability-based violence from an early age will be affected in terms of physical, psychological, sexual and social development; they may also have difficulties in expressing their fears about the violence they may face in the future.

**When the perpetrator of violence is the caregiver, a child with disabilities may not be able to leave this cycle, and even if the situation is revealed, the child may become vulnerable to the abuse of another caregiver.**

The perpetrators of violence may try to take further advantage of this situation and because such violence may not be revealed at all, the authorities and the public will form the impression that violence against women with disabilities never or seldom takes place. For example, sexual violence against women and girls with disabilities is often first understood through the emergence of a pregnancy and the lack of visibility in certain cases and with respect to other incidents of violence reinforces the possibility noted above. In addition to this, in order to prove sexual violence, concrete evidence should be provided in relation to any sexual assault and the fact that this is often not possible for women and girls with disabilities could result in the cancellation or recall of reports and complaints received by relevant authorities. In this respect, it will be important to systematically report those steps regarding the detection and visibility of gender-based violence and sexual violence.

There is no national level report or data on gender-based violence cases, or on related



applications for relief and application results for women and girls with disabilities. The work done by TOHAD in 2016, which compiled news of violence against the disabled in the media, can offer us a meaningful albeit limited perspective. In addition, the fact that the application to obtain information based on the Law Numbered 4982 could not be answered may also indicate the absence of national data. In the monitoring

study, statistics related to maltreatment, torture, physical and sexual abuse cases against individuals with disabilities were compiled from media screening.

**Sexual violence against women and girls with disabilities is a type of violence that mostly occurs with pregnancy, is not visible and the perpetrators are not afraid of punishment.**

According to the information obtained via media research, among 391 cases between 2012 and 2016, 187 were reported by women or girls (47.83%). In news about sexual harassment and rape, no emphasis was placed on gender, and nicknames were used, and it was noted that men with disabilities were exposed to physical violence, torture and inhuman treatment, and women with disabilities were exposed to sexual violence. From all of the incidents, in those where age groups were indicated, 141 incidents were of sexual abuse, in 43 of these incidents, victims were under 15, 26 were in the age group 16-18 years and some 69 assaults (48.9%) were against children with disabilities, and in these cases, exploitation and neglect were present in addition to sexual abuse. Cases of multiple forms of assault came to 194 including sub-groups of abuse, and in 55 of these cases, the victims were younger than 15 years of age, whereas 34 victims were in the age group 16-18, making up 89 cases (45.9%) of reported cases. Again, in assessments about gender, among 157 incidents that can be held to fall within the scope of crimes against sexual inviolability and among 187 incidents that victimized women, in 124 of the cases, women and girls with disabilities were victimized by the perpetrators with a ratio of 78.98%.

According to the information contained in the tables and graphics in TOHAD Report that includes distribution according to each disability group, with the rate of 68.28%, which was calculated also in consideration of multiple disability situations, 267 victims in these incidents were mentally challenged.

This indicates that the group with the highest risk are individuals who are mentally challenged.. The research found that 68.80% of physical sexual abuse, neglect and mistreatment cases detected were systematic, and also noted that 23.79% of the incidents were not reported to any authority.

One assessment of significance in TOHAD's monitoring report is that if an account of a person with a disability was reported in the news, especially if the person was a woman, they were described in the headlines as helpless, or unfortunate, and unable to protect themselves, and lacking requisite capacity whereas, the perpetrators were described as "disgusting grandpa",

“man of 70”, “disgrace” etc.; ignoring the fact that such violence has a social aspect.

These figures do not reflect the actual figures of violence against persons with disabilities in Turkey, but reflect the cases that were covered by the media, detected by TOHAD through browsing the news reports covered by the media between 2012 and 2016. It would be useful to keep in mind that all the findings expressed in this context are incidents that media members consider worthy of news and that they decide to give public visibility to. Extensive research is needed for more precise information on other incidents of violence and victims' demographic information.

The intensity of violence against women with disabilities in academic studies is another distressing aspect. It would be of benefit if the 2010 violence study, which included 94 visually impaired women between the ages of 30 and 39 years, who were registered with the Six Points Blind Association in Ankara, were shared, as it would serve to set an example for such studies. Only 11 women said they had been subject to violence.

46.8% of respondents reported that they were high school graduates and 26.6% were university and college graduates, while of the 11 people who stated that they had been subjected to any violence during their lifetime, 7 said they had been physically abused, 3 had been subjected to emotional violence and 3 to economic violence; no participants stated that they had been subjected to sexual violence. Current or ex-husbands were seen to be the most common perpetrators of violence at 42.1%, followed by fathers at 31.6%, brothers at 21.0% and mothers at 5.3%.

An interesting finding in the research results is the fact that the participants did not state that they had been subjected to sexual violence, that women with disabilities can hold themselves with certain concerns while voicing situations such as sexual violence, where the perpetrator is exposed, they may be afraid that they will be the target of various psychological violence, with various prejudices a significant difficulty. Again, being unable to describe such treatment as violence or abuse for a number of different reasons results in problems in

**According to the information contained in the tables and graphics in TOHAD Report that includes distribution according to each disability group, with the rate of 68.28%, which was calculated also in consideration of multiple disability situations, 267 victims in these incidents were mentally challenged. This indicates that the group with the highest risk is mentally challenged people. The research found that 68.80% of the physical sexual abuse, neglect and mistreatment cases detected were systematic, and also noted that 23.79% of the incidents were not reported to any authority.**

fully revealing the extent of the violence and in producing accurate results in relation to such violence.

In addition to research, workshops and assemblies also appear as areas where gender-based violence against girls and women with disabilities can be discussed. The “Symposium on the Problems and Solutions of Women with Disabilities” held in 2005, noted that women with disabilities constitute a more disadvantaged group in terms of gender-based violence as well as the problems they experience in terms of romantic relationships. In cases where they were subjected to violence, their inability to ask for help was part of the symposium’s agenda. Similar to the current situation, the symposium participants talked about the limitations of the work done from a gender perspective in the field of disability. In the workshop held in 2019, women's social status, marriage and working life were the main themes, but no data were found on any discussion about gender-based violence.<sup>26</sup>

In the Disabled Council held in 1999, 2005, 2007 and 2009 respectively, the themes were "Contemporary Society, Contemporary Life and Disabled People", "Local Governments and Disabled People", "Care Services" and "Employment". No information on whether gender-based violence was discussed in these assemblies during the OZIDA period was found.

Despite the lack of data, even if it is assumed that the issue of gender-based violence may have been addressed during these important symposiums and assemblies, the results have not been included in any strategic plan, program or action plan. This situation is problematic for those centers where girls and women with disabilities can apply for relief when suffering from gender-based violence; as the absence of data and research does not foster appropriate discussion and debate or facilitate the provision of appropriate, accessible and inclusive spaces.

## **RELEVANT APPLICATION MECHANISMS AND SERVICES FOR WOMEN AND GIRLS WITH DISABILITIES**

All mechanisms and institutions to which women and girls with disabilities can apply in cases related to reproductive and sexual health services and gender-based violence are as follows:

- *Turkish Ministry of Health and affiliated health institutions*
- *Ministry of Family, Labor and Social Services*
- *General Directorate of Public Health, Department of Women and Reproductive Health*
- *Local and International NGOs*
- *Municipalities*
- *Women's Counseling and Solidarity Centers*
- *ŞÖNİM (Violence Prevention and Monitoring Center)*
- *Women's Shelters*

- Bar Associations
- Women's NGOs
- Family Counseling Centers
- Community Centers
- ALO 183 Family, Women, Children and Disabled Social Service Hotline

*When the mechanisms and institutions dedicated to sexual and reproductive health are examined, it is seen that no special services are provided for women and girls with disabilities. There are also no protective measures or mechanisms to increase the accessibility of the relevant group to these services. Like every woman, women with disabilities have the right to apply to hospitals and counseling centers for information and counseling regarding sexual and reproductive health. However, even if there are legal regulations regarding the accessibility of these centers, it is not known whether the relevant medical devices are suitable for different disability groups or whether the information and counseling offered are suitable for different disability groups. In addition, no institutions other than civil societies have been found to offer accessible sex education for people with disabilities. It is known that the training of trainers has started in relation to the implementation of the sex education module developed with international project stakeholders within the scope of the "Development of Sexuality Education Model for Mentally Challenged Individuals" project of the Ministry of National Education – an important first step. However, there is no specialized service for any group other than this. Of course, in many cases, it is envisaged that women and girls with disabilities can also benefit from these services. However, there is no comprehensive mechanism for adapting and customizing these services to increase the level of inclusiveness of these programs.*

Taking into consideration gender-based violence, in Turkey, it is known that violence has become increasingly more visible. Similar to sexual and reproductive health services, in relation to the mechanisms and services related to gender-based violence, it has been observed that women and girls with disabilities can benefit from the same services as all other women and girls, but that there is no specialized support mechanism.

We know that some of the support mechanisms established and operating within the framework of laws and regulations for victims of violence are empowering for women in terms of enabling them to escape from the cycle of violence. For example; Women's Rights Bureaus of Bar Associations appoint lawyers to provide free legal support to women in their fight for privacy in cases of violence and in relation to divorce. The 183 phone line of the Ministry of Family, Labor and Social Services, enables women to report and ask for help. Additionally, women's counseling and solidarity centers under the umbrella of the municipalities or founded by various NGOs are some of the services that women can turn to for help in Turkey.

It is necessary that women and girls with disabilities are aware of the mechanisms available to them when they are exposed to gender-based violence and for these mechanisms to be accessible to women with disabilities. However, from police stations to prosecutors' offices, from

Violence Prevention and Monitoring Centers to women's shelters in Turkey, none of the institutions had conducted any studies in relation to accessibility for women with disabilities; and none of these institutions was able to provide any statistical data about applications by women and girls with disabilities. In Turkey, the only document on accessibility and support for women with disabilities and in relation to violence against women with disabilities is the report of 2012-2013 by the Association of Women with Disabilities, which is the first NGO and movement in Turkey directly focused on women with disabilities. In this report, the information applications to and the responses received from the Violence Prevention and Monitoring Centers, municipalities and the Ministry of Family and Social Policies and its institutions were shared. The fact that the answers conveyed from the institutions do not contain comprehensive information was shared in the report as an observation about the process. According to the responses to the information applications, it was observed that from 69 women with disabilities that applied to ŞÖNİMs, 48 had psycho-social, 7 had physical, 8 had mental and 3 had hearing disabilities. It was stated that there were no visually impaired women among the applicants. A total number of 7 ŞÖNİMs responded to the information applications and the core findings are given below.

- Although most of the centers are in multi-storey buildings, most of them do not have elevators. This can prevent access for individuals, who are wheelchair users, use walkers, or crutches or who have some form of temporary disability. It was also stated that women with disabilities were interviewed on the ground floor in Ankara, where there is no elevator, and in Samsun, where the centre is located in a historical building. It was noted that there is an elevator only in the ŞÖNİM building in Gaziantep, but no information is available via a voice-announcer system in this elevator for women with visual impairments.
- It was noted that in most of the centers, physical arrangements such as ramps have put in place for wheelchair users at the entrance to the buildings or ramps are not required at the entrance (In the Trabzon ŞÖNİM, the office is located on the ground floor).
- Half of the centers stated that there were no toilets suitable for use by disabled people and almost all of the centers did not have specially equipped vehicles. Bursa ŞÖNİM did note that there were wheelchairs in the center.
- None of the centers did not have specially equipped vehicles. Bursa ŞÖNİM did note that there were wheelchairs in the center.
- None of the centers has a permanent sign language expert or staff member who knows sign language. Where a need arises, personnel who know sign language are requested from the provincial directorates.
- There is no induction loop system in any center to help hearing-impaired people, as background and environmental noise can make it difficult for people with disabilities to hear in closed and crowded environments.

- It was also noted that a sensitive floor application that helps visually impaired people to move independently in a space using a white cane is only available in half of the centers.
- With respect to web page accessibility, no center had a web page.

Considering the fact that all of these inquiries were made during the period 2013 to 2014 and that the responses from the first 14 ŞÖNİMs have yet to be determined, a study by the Ministry of Family, Labor and Social Services concerning the accessibility of today's ŞÖNİMs and Women's Shelters would be useful. Applications for information could be made pursuant to the Law Numbered 4982.

Regarding accessibility conditions and the status of applications by women with disabilities for support set out in the report by the Association of Women with Disabilities, it is evident that accessibility directly affects the ability of women with disabilities in obtaining access to relevant authorities when they are exposed to violence. With respect to an evaluation of the current conditions in Turkey in relation to the violence experienced by women with disabilities, it is important that appropriate statistical data and clearer and more up-to-date data about the accessibility of institutions and authorities be made available.

**In order to identify the number of cases in Turkey, it is important to be able to determine the correct statistical data in relation to violence against women with disabilities and to ascertain the net current data on institutions and organizations' availability for consultation in the aftermath of any violent incident.**

In publications by the Ministry of Family, Labor and Social Services, which encompasses family counselling centers, women's shelters and ŞÖNİMs, as well as the General Directorate for the Status of Women, which is the principal authority with respect to the subject of violence against women, no accessible documents were found about or containing references to gender-based violence and discrimination against women and girls with disabilities, the accessibility of sexual health services for women and girls with disabilities or violence against this group.

Nevertheless, transportation to these institutions, arrangements for accessibility such as ramps, elevators etc., availability of personnel with knowledge of sign-language, ensuring that women with disabilities are able to make an application for support and receive efficient counseling/support services is critical. It is also important that discrimination based on disabilities is not permitted in these institutions, and that statistical data about and the mapping of the scope of services provided for disability groups and the types of disabilities covered in these services, as well as information about who could not be reached and steps taken to reach these persons are provided. These measures should be taken for the protection of women and girls with disabilities from gender-based violence and in order to provide



accessible services for the same group. All of these measure should be undertaken in consideration of the information received so far from some of the ŞÖNİMs within the framework of the Information Inquiries Law.

Again, among the publications and statistics provided by the Ministry of Health, which is responsible for family health care centers, the 112 hotline and hospitals, which could be helpful in identifying gender-based violence cases, no documents were found to contain references to the sexual abuse of women and girls with disabilities, to sexual health services for this group or to studies initiated by healthcare personnel in relation to persons with disabilities in general and specifically towards women and girls with disabilities. In these institutions, women and girls with disabilities have noted that they have difficulties as the necessary equipment etc. in relation to sexual examinations are not available, and that they are afraid of being discriminated against by health care personnel. In addition, it is also known that reference to violence from caretakers or in the home environment is likely omitted and in this respect, the Ministry of Health institutions have a critical role in preventing and identifying gender-based violence and in initially facilitating the movement of women and girls with disabilities away from violent environments.



**Image 3 Description:** Two people are seen in a wooded area in a sepia-toned image. The person on the right is in a wheelchair, her long hair and only her mouth and nose are visible – she appears to be laughing. On the left side of the image, a young man with a sombrero crouches down in front of the woman in the wheelchair.

## II. WORKSHOP REPORT:

### ACCESS TO REPRODUCTIVE HEALTH CARE SERVICES BY WOMEN AND GIRLS WITH DISABILITIES AND COMBATING GENDER-BASED VIOLENCE

#### INTRODUCTION

As specified in the first chapter of this report, the studies carried out in relation to the identification and prevention of the problems in this area are quite limited. In consideration of this situation, for the purpose of determining the problems from a participatory perspective and in order to determine a roadmap, on 20 February 2020, the UNFPA and the Turkish Family Health and Planning Foundation held a Workshop entitled “Access to Reproductive Health Care Services by Women and Girls with Disabilities and the Struggle with Gender-Based Violence” with the participation of representatives from public organizations, civil society organizations and local governments. In this chapter of this study, a detailed summary of the Workshop will be provided.

#### **“Access to Reproductive Health Care Services by Women and Girls with Disabilities and Combating Gender-Based Violence”**

*United Nations Population Fund (UNFPA) – Turkish Family Health and Planning (TFP) Foundation  
20 February 2020, Istanbul*

**09:00 – 09:30**

**Registration**

**09:30 – 10:00**

**Opening and Welcom**

Gökhan Yıldırımka - UNFPA Reproductive Health Program

Tayyar Kuz – Ministry of Family, Labor and Social Services, General

Directorate of Services for Persons with Disabilities and

Senior Citizen

**10:00 – 10.30**

Meltem Ağduk

UNFPA Gender Program

“Global Research Results on Reproductive Health of Disabled Young

Individuals and Violence Against Disabled Youth and Women and

Introducing UNFPA's New Practice Guid



<b>10:30 – 11:00</b>	Bahar Turan Psychologist, ENG-KAD Specialist, Report/ Presentation
<b>11:00 – 11:30</b>	Q&A and Sharing of Experience
<b>11:30 – 11:45</b>	<b>Coffee Break</b>
<b>11:45 – 13:00</b>	Forum Discussion: The Difficulties Encountered by Women and Girls with Disabilities in Getting Access to Sexual Health and Reproductive Health Services and to the Mechanisms of Struggling with Gender-Based Violence
<b>13:00 – 14:00</b>	<b>Lunch Break</b>
<b>14:00 – 15:15</b>	Group Workshop: Rights-Based and Gender-Sensitive Reproductive Health Service for Girls and Women with Disabilities <ul style="list-style-type: none"> <li>• Centers, Units and/or Services that can be accessed by girls and women with disabilities that are exposed to gender-based violence &amp; steps for the future</li> <li>• Access by women and girls with disabilities to sexual health and reproductive health services &amp; steps for the future.</li> </ul>
<b>15:15 – 15:45</b>	<b>Coffee Break</b>
<b>15:45 – 16:30</b>	Sharing the Outputs of Group Workshop
<b>16:30 – 16:45</b>	<b>Assesment and Closure</b>



*Image 4 Description: In front of a plain and light cream colored background, two different people hold hands - the image is sepia-toned.*

## OPENING AND WELCOME

Gökhan Yıldırımka, UNFPA Reproductive Health Program Coordinator - UNFPA

“Today, we have come together with you to study the difficulties experienced by women and girls living with disabilities in the field of reproductive health, sexual health rights and gender-based violence and the steps that can be taken to overcome these difficulties. Today, we are together with people who are committed to this field from the public, civil society and academia. Today is a meaningful day, the United Nations Social Justice Day and this year's theme is to reduce inequalities in access to social justice. We are together on this day to shed light on awareness of meeting specialized needs, social inclusion, access to social justice and access to the rights of people living with disabilities in a world where nobody is left behind.

Turkey is one of the countries that ratified the Convention on the Rights of Persons with Disabilities in 2009 without any reservation, that integrated the rights of persons with disabilities into its national law, development and national strategy plans and that progresses through cooperation both in the public and on the civil society side. These are our achievements and they need an emphasis. In fact, there are many related articles in the 11th Development Plan, from employment for people living with disabilities to their social adaptation. Another proud event is the organization a full-day workshop on the Access to Health Rights by People with Disabilities in the last days of last year. A Council of People with Disabilities will be organized soon with the municipalities. So, when we look at it, we can see dynamism and willpower in the field. There are also efforts to ensure that people living with disabilities have access to services in the public sector.

One leg of these studies is to transfer the current situation and solutions to decision makers and to implement them in response to the needs. With this step, we added another ring to our work with the TFP Foundation for disabled youth. The trainings by the Ministry of National Education on this issue are currently in the approval stage by the Instruction and Education Board. In other words, when we look at it in general, we met you about this issue that is already on the agenda. You are all welcome. Now I want to give the floor to Tayyar Bey.”

Tayyar Kuz, Chief of Unit - General Directorate of Services for Persons with Disabilities and Senior Citizens

“Esteemed academics, NGOs and public representatives, you are all welcome. In 1997, the Prime Ministry Administration for Disabled People was established. At that time, I started to work as an assistant expert, and then continued to work for the ministry. In other words, a topic that spans the entire working life for us is disability. Disability was not such a popular topic when we first started working and it was not on the agenda. Generally speaking, it is a relatively new developing field in the world. A detailed social policy study cannot be found even in European countries until about 1990's, but the studies start afterwards. If we look at the present, the framework law that we added to the field in 2005 is the Law on the Disabled,

then the Convention on the Rights of People with Disabilities. Rights of people with disabilities are becoming more and more important both in the national and international arena today.

These rights are handled with the concepts of respect for individual differences, human rights, equality and equal opportunity. This means that traditional codes for disability also change and transform. At the core of our work as the Ministry is the Convention on the Rights of People with Disabilities. This convention is not a convention that people with disabilities expect and contain new rights. The Convention on the Rights of People with Disabilities is a roadmap that guides the countries willing to work in the field of the rights of the people with disabilities in a holistic way. It emphasizes rights-based work and targets an inclusive society, which indicates that organizations like us have a duty. This means that when the convention is signed, the institution is aware of this, realizes the obligations brought by the convention and conducts monitoring and evaluation studies. For example, the General Directorate for the Status of Women is the focal institution in terms of the convention on violence against women, the unit specialized on children is the focal institution for conventions on children and we are the focal institution in terms of the conventions about persons with disabilities and our directorate conducts its activities within the framework of CRPD. We are working to raise awareness in the field of institutions and civil society and to implement the Convention.

As you know, the work done in the local administrations and the public field should proceed in harmony. For this, we are currently working on a vision document. This document is prepared on the basis of a rights-based and inclusive approach. In order to reach an inclusive society, every institution has to do its part and mainstreaming. In other words, while preparing a legislation, people who may have different needs should be observed here. Practices and regulations need to consider this. Unless considered, some groups remain at a disadvantage.

While we are creating the Vision Document, we care about working on the basis of rights and human rights in order to ensure that all individuals with disabilities have access to their rights. We hope that we will announce this soon, and then we will complete the Action Plan on the Rights of People with Disabilities and publish it. Since I have been working on this for about 23 years, many issues are not new to me, but I sincerely want to say that the subject you are going to discuss today is not a subject that has been discussed, and it is not a topic or area consumed. It is a needed topic and people, parents and individuals with disabilities are waiting to be guided in this regard. Previously, we had a hard time finding academicians on this subject. I would like to thank those who organized this meeting. We will endeavor to announce the outputs. Thank you and I present my kind regards.”



**Image 5 Description:** A worksheet with graphics on a table with three different people's hands and pencils visible on the worksheet. In the image, it is understood that these three people are working on graphics even if their faces are not visible.

## PRESENTATIONS

Meltem Ağduk, UNFPA Gender Program

“Global Research Results on Reproductive Health of Disabled Young Individuals and Violence Against Disabled Youth and Women and Introducing UNFPA's New Practice Guide”

You are all welcome. I have been working as a Gender Program Coordinator at the United Nations Population Fund for 17 years. During a study we conducted last year, 70% of my portfolio started to focus on a work on the violence suffered by women and girls with disabilities and how to provide services. At some point I said to step into another subject, but I got into this new field of work.

Similar to Gökhan Bey and Tayyar Bey, we are too late to work on disability issues. Especially when we look at the normative framework, in the early 1970s, the United Nations started to prepare a framework document on this issue. These documents are very important and when they are, there is a transition to the next stage of service and response mechanisms. It started in the 1970s, but there are no conventions until 2006, and the Convention on the Rights of Persons with Disabilities is introduced this year. It is a very important convention, the United Nations has exactly 9 such conventions and one of them is related to the rights of the persons with disabilities. Right afterwards came the optional protocol on how to use the convention. In 2014, a special rapporteur body was established within the UN. This is a very critical development, as it is a process where rapporteurs compile cases of good practices and violations.

When we came to 2019, that is, only recently the UN, for the first time, institutionally evaluated itself. The UN's Disability Strategy was created. One of the first questions I asked was how many disabled employees we have. When I first went there was no worker, but in my third month, a young and spastic disabled woman started to work for a short term. This strategy shows that the UN restricts the disability issue with only physical accessibility in many organizations it has built. Currently, with the strategy document, the UN and its affiliates have also started to look at the issue from a broader perspective. In the past year, a lack of studies was noticed, particularly about the crisis, war or natural disasters that further affect the disabled. They created the guide to include disability in the UN's humanitarian aid situations. When we look at the EU side, we see that not much has been done until the 2000s. Since 2000s, there is more information about employment, that is, how and in which fields they can be employed. In addition, the EU Council Disability Strategy came out in 2016, which is valid until 2023. So, when you look at the EU and UN general frameworks, you see that this issue is very new.

So why did we, as the UN Population Fund, focus on such an issue? In fact, for a long time, we have been talking about the issue of reproductive health and violence against women, which is our own field of study, and how we should work more on this issue.

In addition, one of the main goals of sustainable development goals that will end in 2030 is “not to leave anyone behind”. This was essentially one of the points that we especially focused on. Until now, the UN Population Fund has had some studies on this subject, especially in regions that are affected more by disasters and conflicts, even if they are smaller in scale. In addition, we have been working for young people for many years and we wanted to combine all of them and focus on this issue. In fact, we have been willing to combine data collection, advocacy and communication campaigns with awareness of disability, increase the knowledge of gender-based violence and harmful traditions, and expand the rights of sexual and reproductive health and disability for nearly 40 years. Within this framework, we launched a campaign called “We Decide”, which means “We Make Our Decision”, and gender-based violence, reproductive health and sexual health were also important topics of this campaign. As a result of these studies, we also revealed important documents. One of these was the research on reproductive health and sexual health and the termination of gender-based violence among youth with disabilities in 2018. This research was carried out in four countries, Ecuador, Mozambique, Morocco and Spain. Obviously, what we saw in the results was not what we did not know. After this research, a guide on rights-based and gender-sensitive sexual health and reproductive health services and gender-based violence prevention mechanisms was prepared and translated into Turkish. It is a guide specifically developed for service providers and a guide on how to approach and provide service on these two key issues. In September, it was promoted and taught in trainings at a meeting of the Central Asia and the Balkans region, where we are located. Some of the participants currently present here were also in this training. Now our goal is to promote the use of this guide in Turkey.

It was very important for us to use the gender lens for both this guide and related studies. When we say disability, if we do not use the gender lens, there is a difference between the person that comes to us and the person that is in need. If we do not use the gender lens, our work is for the middle class, white, male group. However, we see that women and girls with disabilities are affected more, especially when violence comes to the fore. Thus, we can explain more about multiple and intersecting types of discrimination. If we do not use the gender lens, we cannot realize social inclusion. We can increase the impact of benefit by using the gender lens.

15% of the world's population lives with a certain disability at some point in their life. This situation rises up to 20% in developing countries. Approximately 20% of the female population consists of women and girls with disabilities. Women with disabilities are 10 times more likely to experience sexual violence. According to the 2014 study, 2 out of 5 women experience physical and sexual violence. 80% of 180 million disabled people living in the 10-24 age group globally live in developing and low-income countries. Young people with disabilities also encounter with a lot of prejudice, stigmatization, discriminatory laws and physical disabilities. They also face major obstacles in accessing sexual and reproductive health services. Young people with disabilities have 3 times more risk of violence. Unplanned pregnancies, sexually transmitted diseases including AIDS, harassment, sexual violence prevent young

people with disabilities from living a quality of life.

There are such serious prejudices and we had many friends from different disability groups at the guide presentation meeting held in the Republic of South Africa. An example impressed me very deeply. The participant was a visually impaired person and said that one of the things she has been exposed to the most is that people do not come and shake her hand. When I asked why, she said that, people thought that she could not wash her hand when she was menstruating because she did not see it. "They can't figure out how I change my pad because I don't see" she said. We can see from these examples how the prejudice, stigma and discrimination that I have just mentioned are experienced.

When we look at the guide, we offer the following suggestions. We must definitely work with a versatile perspective. We should think not only in terms of social work, medicine or judicial aspects, but also when considering violence, taking into account all other dimensions. We care about the multilateral approach to combating violence against women and multilateral intervention is very important in the issue of disability. Similarly, participation is very important. Proper information and service can be produced with the participation of people with disabilities, not those without disabilities. Apart from that, we have serious problems regarding data collection according to gender, age and disability. We know about the figures in Turkey, but it needs to be produced much more detail. Detailed studies on sexual and reproductive health programs for young people with disabilities are required. Due to the multiple nature of discrimination, multiple perspectives are required. We need to evaluate and monitor our programs. It is necessary to act in a way that maintains disability in both special programs for the disabled and other programs prepared. We are more likely to increase discrimination when we organize services and applications for disabled people only. For this reason, we need to take care of mainstreaming.

As of 2021, our 5-year new country plan will be implemented. As UN Population Fund, we plan to work more on this issue and allocate a significant part of our budget to disability. If a roadmap about what we to do in the coming years comes out from this meeting, it will be very good for us. Our area is particularly gender-based violence and reproductive health and sexual health. Therefore, it will be very important to focus on these areas in your suggestions. I thank you all.

Bahar Turan, Psychologist, ENG-KAD Specialist,

“Report Presentation”

“Hello, all of you are welcome. My name is Bahar. I'm a psychologist. I am doing a master's degree in trauma and disaster studies. I also work at the Ministry of Family, Labor and Social Services. I have worked in the Women's Guest House, Child Houses, Child Support Center, and now I am a family counselor in the Social Service Center. I try to contribute to the reporting process of this workshop. In this context, I would like to share some of the findings I encountered.

Firstly, the group we work with are women and girls with disabilities. So, we express it as an identity. A group that can experience multiple discrimination and be exposed to multiple violence. I guess you will understand why I said so in my speech. Considering the concept of “persons with disabilities” and the concept of “disability” in Turkey, generally, the research of the Directorate for Persons with Disabilities in 2002 is taken as basis. However, neither the Convention on the Rights of Persons with Disabilities was signed at that time, nor did we have a separate law on the individuals with disabilities. Therefore, the disability criteria at the time of the 2002 research and the criteria after the convention and legal arrangements are not one. However, we see that 2002 rates are still being taken up. Extensive research is not renewed, and we accept the rate of people with disabilities in Turkey as 12.29%. Although not as comprehensive, we see that this rate is 6.9% according to the 2011 TURKSTAT survey. Therefore, the figures in Turkey about the persons with disabilities and the situations that are included in the scope of disability can only be expressed in estimations.

As a reference, the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) is a convention created entirely with the efforts of individuals that are active in the field of the rights of persons with disabilities, in the field of handicapped rights as I prefer to coin the term, NGOs and the academic environment. Each convention, of course, is envisaged to be prepared with the professionals in its specific area; however, this convention, that is, the UN CRPD is different from other conventions in the way that it has been directly prepared by persons with disabilities, who are the actual respondents of the convention. For this reason, it is the most progressive convention that provides the rights in the best way possible and it is a rather open and comprehensive convention. Considering the description of disabilities in the convention, the handicaps of an individual transform into a disability when they get into interaction with the social regulations and therefore, they actually become disabilities merely after social regulations. Therefore, it is the society itself and its regulations that create disabilities within the framework of human rights model and social model. As a blind person, -which is my handicap situation- as all people are uniquely different from one another and as there is not one standard of seeing, I have a situation that falls in somewhere in this spectrum of seeing, and in short, handicap is a state of mine. And if you ask the point in which this turns into a disability, from the perspective of UN CRPD, if social regulations restrict my access to something, namely, the right to education, health, employment, sexuality and reproduction, it is in such cases that I become a person with disability.

How did this point of view occur? Persons with disabilities were initially regarded as individuals that need pity and help, with the perspective of aid-based model, and with advances in medicine, they began to be regarded as beings that require correction and therefore this medical model became popular. These are the questions that we are asked by any person from any professional group: Is there no cure? Why don't you investigate? Wouldn't you like to see the sky, the stars? These sentences are indicators of a mentality that points to the medical model. However, the human rights model, which defends that people are rightful individuals rather than corrupt assets that need to be corrected, eventually appears before us. This is the product of strong advocacy and activism. From this minute onwards, the state of disability



becomes a situation that arises due to social regulations for us. In Turkey, the impact of social regulations became effective in domestic law with the ratification of the Convention in 2009 and the 2014 amendment on the Law on Persons with Disabilities. Unfortunately, however, because of the fact that the original translation of the convention was not used, the definition of disability does not correspond to the definition in the domestic law.

On the other hand, we see that the definitions of direct and indirect discrimination, disability-based discrimination and accessibility have been enacted by the 2014 Law on Disabilities. With this hope, I hope that our situation regarding the definition of disability will be improved with practices and policies.

It will be useful to talk about accessibility here as it is a criterion for our assessments about sexual and reproductive health services and gender-based violence in our workshop. Accessibility is the provision of all open and closed areas, information technologies, all kinds of services in a reliable and accessible way for people with disabilities. If I can come here comfortably, I can use any computer when I want to make a presentation, instead of organizing a separate program for the subject I want to study, if the standard training module and the materials in it are designed and produced by considering my existence, this means that accessibility is provided. Direct discrimination is the definition of practices and attitudes directed towards an individual. Indirect discrimination, however, are practices like assigning a person with physical disability to take an exam on the 5th floor of a building without an elevator, as if saying to that person, "if you want equality, this is also an equal condition for you".

I especially wanted to share these important concepts because they provide important monitoring areas in terms of the subjects we will be discussing in today's workshop. Because, when the basic rights such as accessibility are not provided, in a sense, an environment to allow the emergence of violence is also prepared. We know that gender-based violence is a form of violence that is perpetrated directly because an individual is a woman or a girl. I know that you are familiar with the concepts I have mentioned, but I am not sure that you may have looked through this lens, that is, from the perspective of reproductive health and violence. Because, this is a field where we are trying to do something new and that we are trying to do. Education of people with disabilities, their access to different services are mentioned, but for some reason, their sexuality is never mentioned. When we conducted a research on the field studies on various forms of violence that women and girls with disabilities may face, it was observed that regarding the form and frequency of this violence, there are no statistical reports or documents on the sexual health practices of institutions applied by women such as family health centers and centers of municipalities. Again, in the document prepared by the Ministry of Family, Labor and Social Services about the ministry's targets for women for the period of 2018-2023, sharing of informative documents about sexual health in accessible formats was among the targets whereas the same document did not contain any specification for measuring and increasing the accessibility of the institutions and application centers that offer health care services and that the women and girls with



disabilities can obtain these documents from. In addition, there are no research studies or documents prepared by public institutions regarding the difficulties that women and girls with disabilities may encounter or about the services that can be provided to these individuals in accessing healthcare services. And looking into these studies, it is significant that it is suggested that people with disabilities are unable to control their impulses and therefore, their sexuality should be restricted, precautions should be taken against negative situations due to impulse drives and impulse drives may cause sexual abuse. However, sexuality, sexual life, sexual health and any sexual situation are within the scope of rights for women and girls with disabilities, as for any individual, because it is part of life. Therefore, it should be handled from the perspective of rights.

Throughout this report, we have not come across any institution with direct service provision authorization and policies that considers with a rights-based approach how an individual experiences their sexuality, how their sexual development takes place, what kind of problems they encounter during sexual development and how they cope with these, which services they wish to access in this context, how their families can be supported in this sense and what kind of intervention can be made when they need such services in schools or health care institutions. However, in the studies conducted with midwives and nurses in the academic field, it is stated that the profession group in question declared that they have not encountered any topics related to persons with disabilities in their working life, during university education, internship periods, courses or education. Therefore, it is emphasized that the participants of the studies stated that they needed the necessary equipment to serve women and girls with disabilities. Speaking about the researches about midwives, in the population planning law, there are such expressions that, under normal conditions, abortion is based on the consent of an individual and if the woman does not have a perception of the situation, the consent of the individual will not be sought or if the reproduction is likely to cause heavy disability in the following generations, the abortion can take place by receiving a report from an expert. Of course, the expert who will report about the evacuation of the uterus is not required to have any qualifications related to the rights of the persons with disabilities. Therefore, we do not know what perspective they have in this respect or whether there are violations of rights in this area.

It is possible to access various informative brochures of Mor Çatı Foundation online regarding gender-based violence. About the scope of violence that women and girls with disabilities are exposed to, the first report in Turkey about violence against women with disabilities prepared for the period of 2013-2014 by the Association of Women with Disabilities as well as the other publications of the Association can be mentioned here.

The domestic legislation in Turkey concerning gender-based violence includes the European Council Convention, that is, Istanbul Convention, İstanbul, CEDAW and the Law no 6284 as well as the regulations on violence prevention and monitoring centers and Women's Shelters. In the context of women and girls with disabilities, in Turkey, ŞÖNİMs and Women's Shelters are legally required to be accessible whereas the buildings are required to be built or

selected according to the criteria of Turkish Standards Institute. Therefore, the availability of accessibility and personnel with knowledge of sign language, professionals equipped to provide adequate services for women with psychosocial disabilities, elevators in multi-storey buildings, ramps where the entrances are high, audio floor system in elevators for women with seeing disability, guide lines for blind women to access services, the required physical adaptations and provision of Braille or electronic documents are included in these regulations. In this context, there is no data held by the relevant institutions regarding the accessibility of ŞÖNİMs and Women's Shelters, or how many of them are in which disability groups, and what types of gender-based violence they are exposed to. Likewise, during the monitoring studies of two different NGOs that reported violence against individuals and women with disabilities in Turkey, in the phase of their information applications pursuant to law numbered 4982, the related institutions either directed them to receive this information from the General Directorate of Services for Persons with Disabilities and Senior Citizens or expressed that this request for information is not within the scope of the mentioned law.

This means that, there are no statistical studies to publicly reveal the violence experienced by women and girls with disabilities and also the required importance is not being given to the studies by the activist NGOs in the field. The absence of the data needed prevents both the advocacy of civil society, the academy's carrying out supportive scientific studies, and the government from producing effective policies. At this point, I would like to express my excitement after the information that the General Directorate of Services for People with Disabilities and Senior Citizens is preparing an action plan about disability. I hope it will include something about women and girls with disabilities too. Because this is a very rarely studied subject. Of course, I know there are many issues that need to be studied in the field of disability. It is especially difficult to change the disability perception of society, the disability perception of institutions in many areas such as health, employment, accessibility, education and participation in working life. Nevertheless, the access to sexual and reproductive health services by women and girls with disabilities and the efforts of the institutions that are responsible in this area prevents something very critical. If women and girls with disabilities can learn what they are entitled to in terms of their sexuality, in what situations, and what mechanisms they will receive support from, and if this information is available to them in an accessible way, this would be a very effective way to prevent gender-based violence. Because, unlike other individuals who have experienced violence, places where people with disabilities experience violence are mostly environments where people who care for them live. We have difficulty in determining the types of violence, abuse, neglect, etc. because the perpetrators are among caregivers or relatives of individuals. Because the perpetrators know that the individuals with disabilities will remain silent. Because there is no easily accessible mechanism to express themselves. In cases where the caregiver is directly the perpetrator of violence, the point where the disabled person can be guided in the end can still be the caregiver's side, and this contradiction may cause the victims of violence to have to remain silent in some cases. If violence is practiced over sexuality, for example, it often cannot be revealed before a pregnancy occurs. I had the opportunity to work in both a women's guesthouse and a child support center. I had the opportunity to make some observations during these

processes. Especially if the person exposed to sexual abuse has a mental disability report, she is already 5-6 months pregnant when she comes to the institution. Family members, mostly their mothers, expressed that they did not know who the perpetrator was, and somehow reflected the anger in them with the accusations that we detained their children. Because, regardless of the perpetrator, a child who has been subjected to sexual violence while having the opportunity to continue his life as she is, even some of whom has the right, means a person with a disability and "a lost virginity". Based on this observation and the statements of the personnel in the field that they do not meet women and girls with disabilities, we can say that going directly to the living areas for women and girls to access sexual and reproductive health services can be a change. In this way, the right to sexual health of the target group is ensured, possible violence is prevented, and if there is an abuse situation, necessary interventions are made with guidance without harming the integrity of the individual anymore. Also, providing the ways to reach the institutions that will operate the necessary mechanisms and their informative documents can make them more accessible. In this way, we can access data that can collect the statistical information we need. The next step will be the production of sustainable policies.

As a supportive element in the report, we can observe that studies in the academy have increased in this area. Again, with the post-CRPD policy documents, we realize that the concept of "accessibility" is very much in the legislation and this constitutes a mainstay for future studies. In addition, it is worth noting that the issue of sexuality occasionally takes place in congresses held in the field of special education. In short, with cooperation and activation of required mechanisms, as the individuals that claim our rights, we have reached the point where comprehensive studies can be conducted about the needs of individuals with disabilities in general and specifically the women and girls with disabilities in the area of sexuality, about the ways they receive or wish to receive services and about potential rights violations and forms of violence and consequently, sustainable policies can be put into practice in both of these areas. I underline that persons with disabilities are individuals with rights, and therefore the ways in which they wish to experience their sexuality, how and with whom they will experience it, how many children they want to have or whether they want to have children are their own personal business as these are also covered in UN CRPD's article 23. So, our main problem is on how these processes can be experienced in the healthiest way and how the information about the services can be offered in an accessible manner. In order to study this problem, we need to discuss how and in what ways we can improve our capacity. Hopefully this may be one of the issues that keeps your mind busy the most. Today it is time to sit down and discuss what we can do to strengthen ourselves in this area.

Thank you."



*Image 6 Description: White, orange and cream question marks, cloud-like boxes, and speech bubbles are seen on a light cream-colored background. In the lower section of the image, silhouettes of boys and girls in orange shades are shown - 3 on the right and 3 on the left.*

## **FORUM DISCUSSION OUTPUTS: THE DIFFICULTIES ENCOUNTERED BY WOMEN AND GIRLS WITH DISABILITIES IN OBTAINING ACCESS TO SEXUAL HEALTH AND REPRODUCTIVE HEALTH SERVICES AND IN OBTAINING SUPPORT WHEN EXPOSED TO VIOLENCE**

Within the scope of the Forum Discussion, participants specified the difficulties encountered by women and girls with disabilities in getting access both to sexual health and reproductive health services and to support when dealing with violence. These difficulties were grouped under four categories - personal, institutional, familial and social-communal difficulties. The fact that most of the difficulties are not under a singular category, but that they are in the intersection of multiple categories highlights the multi-dimensional nature of the problems encountered and demonstrates that intervention programs should be designed with a multi-dimensional approach.

### **a. Difficulties at Personal Level**

Women and girls with disabilities have difficulties in accessing appropriate and reliable information regarding sexual and reproductive health. This results in a lack of knowledge and awareness about sexual and reproductive health at an individual level.

Given the different disability groups, a lot of information about sexual and reproductive health is not sensitive to the different types of disability and is not available in a format accessible to the relevant disability group.

In addition to information about sexual and reproductive health, there is a lack of information about the relevant rights of individuals. In addition to this deficiency in information, women and girls are hesitant in demanding their rights. Lack of information and awareness about the legal aspects of sexual and reproductive health and gender-based violence is another factor that makes access to services difficult.

In cases where disability intersects with economic difficulties, the issue of access to information and claiming requisite rights becomes more difficult. Access to private sexual and reproductive health services that are not provided by the public is also difficult for economic reasons.

Both the lack of information on sexual and reproductive health and the lack of a disability perspective in mechanisms for combating gender-based violence leave women and girls with disabilities open to individual, emotional and sexual harm.

Access to tools and materials that facilitate and enrich sexual experiences for different disability groups is very limited.

Many women with disabilities have various fears and concerns about sexuality, and in particular with regard to their first sexual experience. Concerns about sexually transmitted diseases can also accompany these difficulties. There are no mechanisms that can address related fears and concerns and support women's empowerment.

There are difficulties in accessing rehabilitation consultancy services specific to the person and disability type.

In the acquired disability situations, the attitudes of women with disabilities towards sexuality become negative and the need for additional support mechanisms increases.

Loss of sexual feeling and sensation due to loss of ability is among the difficulties experienced at a personal level.

Rights violations occur because individuals' sexual desires and wishes are ignored and in some cases sexuality is suppressed via various means.

Disability, gender, and intersecting identities make some groups more vulnerable. For example, groups such as LGBTI children, refugee or asylum-seeking women experience individual difficulties and remain in a more disadvantaged position.

#### **b. Difficulties at Family and/or Caregiver Level**

Leaving families and / or caregivers alone to provide appropriate support to girls with disabilities and a lack of support mechanisms are among the major difficulties experienced. Even if

family training is organized on the subject from time to time, it is difficult to create a safe space where families can participate and safely leave their children at the same time.

Families and caregivers fail to offer age and disability sensitive sexual information for their children and especially girls with disabilities and have difficulties in accessing relevant information. Preparation of reproductive and sexual health training for families and caregivers with content for typical developing children also makes this process difficult. Failure to support families with the provision of systematic and safe information after the emergence of the disability in question or after birth is a major challenge.

The lack of accessible, secure and comprehensive information and counseling services and the lack of genetic counseling and information are among the major challenges faced by families and caregivers with children with disabilities.

Due to the lack of protective and preventive studies at the institutional level, families can be overprotective especially with respect to girls with disabilities and tend to put various restrictions on their children that prevent them from discovering their sexuality. This situation often results in limited information being offered to children and the suppression of children.

The fact that parents are not supported in the teaching of knowledge and skills to women with disabilities regarding sexual health, reproductive health and abuse, makes girls with disabilities more disadvantaged.

### **c. Difficulties at the Level of Institutions and Policies**

In higher education programs, including programs where service provision groups are educated (e.g. teachers, nurses, and social workers), information, courses and practices concerning different disability groups are not included in the curricula and course content, in addition to those concerning individuals of typical development. Failure to mainstream the subject in the training of the service recipients and service providers also reduces sensitivity.

The fact that the service guides and in-service training programs targeting the service providers after higher education are prepared merely in consideration of typically developed individuals and that such content is not inclusive for persons with disabilities is another major challenge.

The fact that the subject is not well-known by institutions (i.e. schools, and institutions providing counseling etc.), that sensitivity is not at the desired level and that institutions are not suitable for serving individuals with disabilities in terms of accessibility and inclusiveness makes it difficult for women and girls with disabilities to obtain access to the relevant services.

Institutions ignore the sexual and reproductive health needs of girls and women with disabilities and do not demonstrate the will to act in relation to this need.

Lack of institutional structures and practices that will strengthen the independence of girls and women with disabilities is an important problem. The fact that institutional protection mechanisms continue to adhere to nursing home models instead of practices that can increase autonomy, such as group-living homes, and the lack of mechanisms to support rights-based demands add to the difficulties experienced.

The lack of comprehensive school social work practices and the absence of a multidisciplinary approach in schools prevent the dissemination of preventive and protective studies for many girls with disabilities. In special education schools and schools where children with disabilities are included in the mainstream programming, the lack of adequate knowledge and equipment on the part of administrative staff prevents the implementation of appropriate interventions.

Lack of coordination among local governments, municipalities, ministries, universities, religious affairs and NGOs also makes it difficult for them to fully and equally benefit from reproductive and sexual health services, as well as gender-based violence-fighting mechanisms. Even if there are specific regulations regarding inter-agency guidance, the lack of written guidance makes coordination and guidance difficult. Many institutions do not have specifications and plans for girls and women with disabilities in their strategic plans.

The process of obtaining a disability report and related bureaucratic processes result in delays to any benefits that may accrue from these services.

The fact that health insurance does not cover private sexual and reproductive health information and counseling means that no benefit can be secured from these services in relation to specialized sexual and reproductive health needs.

Expert and experienced peer support is not widespread in preventive and protective work in institutional mechanisms. The fact that the experiences and opinions of girls and women with disabilities are not covered by institutional structures and that the relevant groups are not included in the decision-making mechanisms prevent their inclusion.

Lack of training and education at healthcare authorities and institutions about the potential impacts of disability on sexual and reproductive health and about adapting to living with disabilities in cases of acquired disabilities results in the isolation of women with disabilities.

In addition to ignoring the importance of the issue from an institutional perspective, there are difficulties in training specialist staff, who can work to a multidisciplinary approach.

There is also a lack of information among service providers about negative attitudes regarding the issue and the sanctions that may arise as a result of inappropriate and discriminatory practices.



In particular, mechanisms and institutions to combat gender-based violence (e.g. women's shelters) are not physically accessible and prevent women with disabilities from being included in these services. In addition, the fact that such institutions adopt a protection approach rather than one of empowerment results in a lack of support for the empowerment of women with disabilities and the facilitation of some form of independent life.

The fact that institutions make separate spaces and separate arrangements for different disability groups instead of creating inclusive spaces reinforces discrimination from time to time. Lack of information and supervision about whether institutions such as care centers and rehabilitation centers are accredited also makes it difficult to derive maximum benefit from these services.

The fact that service providers do not advocate for the provision of more accessible and inclusive services for girls and women with disabilities and that healthcare professionals in particular do not respect the sexuality of disabled women and their right to have children makes it difficult to provide and receive rights-based services. Lack of standard practices and the lack of appropriate behavioral models in the service centers increase the hesitation of women with disabilities in applying for services.

Employment is a process that supports the empowerment of women with disabilities in many respects. In the case of unemployment, women with disabilities become weak and unable to act independently and therefore cannot make claims for reproductive and sexual health rights.

Many NGOs currently working in the field of disability who are direct respondents do not have a gender perspective and do not address reproductive and sexual health information and rights.

Protective mechanisms for gender-based violence are not sufficient and are not capable of adapting to the needs of girls and women with disabilities. The fact that many health institutions and organizations, especially the primary healthcare services, do not carry out field work and do not provide information and assessments on the subject, allied to the lack of accurate, reliable and standard information as well as monitoring studies, for example, in relation vaccination procedures, and the lack of reproductive and sexual health units, is a significant challenge.

Detailed development, monitoring and evaluation reports are not kept in the education and guidance centers for girls with disabilities.

Failure to include groups such as migrants, asylum-seekers, refugees, LGBTIs among the girls and women with disabilities, and the lack of additional measures and mechanisms in monitoring, evaluation and combating violence lead to the negation of these groups facing multiple discrimination.

The fact that the issue is not adequately researched by public bodies, universities and NGOs makes it difficult to address the problems that present.

#### **d. Difficulties at Social Level**

In social terms, the negation of the sexuality, as well as the sexual and reproductive health rights of persons with disabilities, and in particular those of women and girls with disabilities, result in the subject being neglected, and in problems in relation to the creation of service practices according to needs and in the use of existing services. The widespread belief that sexuality is a sin and is unacceptable and the non-acceptance of gender perspectives in society serve to compound these problems.

Many sections of society also do not have the requisite knowledge and insights in relation to multiple disadvantages and multiple forms of discrimination. This situation results in further discrimination against girls with disabilities, refugee women with disabilities and the LGBTI adults and children with disabilities. Similarly, women's empowerment is not a perspective that is regarded as socially acceptable.

When it comes to girls and women with disabilities, many sections of society are less sensitive to respect for personal space and privacy. This situation also prepares the ground for gender-based violence and abuse.

The widespread acceptance of ableism, on both the social and institutional level reinforces prejudices and facilitates the ignoring of rights-based demands.

The negative social perspective on comprehensive sexuality education makes it difficult to implement related practices.

### **GROUP DISCUSSION OUTPUTS**

During the second part of the workshop in the afternoon, in order to suggest solutions for the difficulties specified by the participants within a shared discussion environment and in order to facilitate discussion about existing services, four different round table-group workshops were held, and solutions were suggested for each of the topics. It should be kept in mind that the participants came from different institutions, presented their statements individually, and that not every institution was represented in the groups - discussions therefore may have had limitations with respect to existing services and possible solutions.

#### **a. Centers, Units and/or Services Offered for Girls and Women Exposed to Gender-Based Violence**

The first group discussed the related services, the inclusiveness of these services and areas of

need for capacity- building for girls and women exposed to gender-based violence. Existing centers, including those under the umbrella of the Ministry of National Education as well as private centers, rehabilitation centers and care centers were discussed, and it was determined that the following institutions receive applications from girls and women with disabilities exposed to gender-based violence;

- Municipalities
- ŞÖNİMs (Violence Prevention and Monitoring Centers)
- Women's Solidarity Centers
- Units for Combating Violence against Women
- Hotline 183
- Hotline 112
- Hotline 155
- Bar Associations (the Bar can send lawyers to their homes within the scope of the Law No. 6284).
- Consultancy desks of municipalities
- Police stations

In assessments in relation to ŞÖNİMs, it was noted by the participants that the total number of these centers is 17. Women with disabilities can also apply to these centers in related cases of violence. Personnel who can use sign language in addition to interpreting services are also available for the hearing impaired at these centers. In addition to these services, it was stated that there were maintenance staff and expert staff, who can make initial evaluations in ŞÖNİMs. Even if the appointment of a lawyer is possible and psychological counseling services are available, it was stated that forensic reports are not very detailed, and their scope could be increased. It was also noted that the relevant centers also act in coordination with disabled services employees.

The solutions suggested by this group were as follows:

- Although all institutions may not have expert staff in this field, nonetheless, each institution should know how to direct applicants to specialized institutions and organizations. ŞÖNİM, Women's Consultancy Centers and Violence against Women Units should have expertise in this regard.
- An experienced person should be present in the relevant centers with guidance on disability, gender and gender violence. In-service protocols should be comprehensively implemented.
- The places where the relevant services are provided should be equipped for the access of physically disabled women and girls. Services that increase inclusiveness such as the provision of sign-language interpreters and Braille should be provided.

- Support mechanisms for families should be developed and expanded, especially in schools and family counseling centers.
- Data should be recorded and securely maintained during applications at relevant centers.
- The media, private rehabilitation centers, in-patient rehabilitation centers, care centers, Hope houses and administrative district police station employees should be provided with appropriate in-service training.
- The Dr Sadi Konuk Center for Violence, Diagnosis and Rehabilitation for Women, which provides important services for women exposed to violence in Istanbul, should also be included in these activities.

#### **b. Access to Sexual and Reproductive Health Services by Women and Girls with Disabilities**

The second group discussed sexual and reproductive health services for girls and women with disabilities and the solutions that can be presented within the scope of the difficulties that present. Relevant institutions include the Ministry of Health and affiliated health institutions, the General Directorate of Public Health, the Department of Women and Reproductive Health, Local and International NGOs, municipalities and Women's Counseling Centers. As a result of this group discussion, the following suggestions were made in order to increase access to sexual and reproductive health services:

- Service providers should be equipped through in-service training to deal with disability and working with people with disabilities.
- In school curricula, sex education should be inclusive of persons with disabilities and disability groups.
- Expert staff on the subject should be trained and employed in relevant units.
- Since it is not possible to give the issue undue prominence because sexuality is seen as a taboo subject, efforts should be made to enlist the cooperation of authorities such as the Religious Affairs Ministry and the Ministry of National Education
- Relevant studies in the field of disability should be compiled and shared. In addition, data and information should be updated by conducting a situation analysis in the field.
- Information packages about different disability situations should be created and shared with all service providers.
- Gynecological examination environments should be made suitable for the persons with disabilities.

### **c. Steps towards the Future with respect to Access to Sexual and Reproductive Health Services by Women and Girls with Disabilities**

The third group conducted a discussion on planning and empowerment activities in relation to increasing access to sexual and reproductive health services by women and girls with disabilities as well as the required research, data and monitoring-assessment activities. The solutions offered in relation to planning, implementation and empowerment were as follows;

- For groups where there was a low level of awareness and knowledge about sexuality, sexual and reproductive health, the demand for information should be addressed and required programs organized. These education programs should include training modules targeting caregivers and/or families.
- An ecosystem of sexuality education should be created in special education schools. Qualified personnel, who can provide reliable information on sexual health and sexuality should be trained and employed in all schools.
- Coordination should be provided among the Ministry of National Education, the Ministry of Health and the Ministry of Family, Labor and Social Services.
- In-service training should be planned for different occupational groups (doctors, nurses, psychologists, teachers, police, lawyers, etc.).
- Empowerment and awareness-oriented activities should be conducted for families. These activities could include public service announcements and awareness-raising activities in crowded metro stations and on social media. Societal awareness as well as that of families should be addressed.
- Sexual and reproductive health information and counseling lines should be opened for people with disabilities. Guidelines should be prepared, which include how improved levels of support can be offered to people who staff these the lines and how they can provide necessary support to different disability groups. It would also be beneficial if the cooperation of local government was elicited in order to source qualified personnel and provide appropriate guidance.
- Training should be organized within universities and NGOs.
- Peer groups should be created for individuals and families with disabilities, and peer leaders should be trained. Girls with disabilities, women with disabilities and their respective families are experts in the subject by virtue of their experience and this experience should be put to use.

- Peer groups should be created for individuals and families with disabilities, and peer leaders should be trained. Girls with disabilities, women with disabilities and their respective families are experts in the subject by virtue of their experience and this experience should be put to use.
- Gender equality should be included in the MoNE curriculum
- Patient councils should also be available for the administrative and decision-making staff of health institutions, and the participation of girls and women with disabilities should be ensured.
- In order to prevent sexuality from becoming a taboo subject, joint studies should be conducted with the Religious Affairs Directorate.

**The suggestions of the group in relation to research, statistical data and monitoring-assessment activities were as follows:**

- In order to improve levels of service in accordance with the principles of privacy and confidentiality, it is necessary to create disability maps for each disability group for each province and to establish a mechanism for systematically updating these data. Mobile teams, whose function would be the provision of services in peripheral areas and the assessment of data should be appointed. Cooperation and communication with mukhtars and related local administrations in these regions should be strengthened in order to reach out to groups in need.
- Statistical information should be enriched by making use of the National Disabled Data System.
- Statistics on special education should be reevaluated and their outcomes should be checked.
- Cooperation with NGOs and universities should be enlisted in the conduction of research and in relation to the statistical data creation.

**d. Steps towards the Future in Combating Gender-based Violence against Women and Girls with Disabilities**

The fourth group discussed and developed solutions for planning and empowerment studies, as well as research and monitoring-assessment studies within the scope of combating gender-based violence against girls and women with disabilities. Solution suggestions for planning, implementation and empowerment are presented below;

- Campaigns should be organized to make more effective use of existing legislation and practices and to spread information about relevant practices to the general public. A list of all existing legal regulations must be prepared before the relevant campaigns are organized.
- Additional planning steps should be added to action plans on disability, taking into account the needs of girls and women with disabilities. Again, in the action plans for women, targets for meeting the needs of women and girls with disabilities should be planned. Shorter-term and emergency action plans that are easier to monitor should be prepared, for example, a two-year emergency disability action plan.
- Services on the subject should be made more inclusive and increased. In order to raise social awareness, more rights-based, advocacy-based communication and information activities should be carried out. Similarly, information sharing should be planned on laws and sanctions that may be useful in combating violence.
- Legal regulations should be amended to include stipulations with a significant deterrent potential in order to reduce gender-based violence.
- Implementation and legal arrangements should be prepared from a gender-sensitive perspective and practitioners should be encouraged to demonstrate the same sensitivity in practice.
- Support should be given to the strengthening of service recipients by learning about their rights in cooperation with public and civil societies through the acquisition of accessible and reliable information, and by facilitating their participation in implementation and decision-making processes.
- All professionals, judges, prosecutors, lawyers, police, physicians and mental health professionals involved in the implementation of legal processes and protection services should be provided with training on gender and violence against women. In order to increase the quality of related services, the participation of non-governmental organizations working in the domains of disability, and children and women with disabilities should participate in the determination of content.
- Given that childcare and upbringing activities for children with disabilities are generally provided by women, women are more affected physically, mentally and economically. For this reason, fathers should be given education on childcare and in relation to the upbringing of children with disabilities.
- Instead of instant or short-term solutions, sustainable solutions that can create long-term change should be created.
- Discriminatory and sexist media language for girls and women with disabilities should be addressed.



- In order to initiate personal assistant and sexual assistant practices, models from abroad should be examined and together with support and input from experts, activities for adapted implementations should be initiated in Turkey.
- Rights-based practices and mechanisms should be established and strengthened instead of aid-based practices.

The suggestions of the group in relation to research, statistical data and monitoring-assessment activities were as follows;

- Data production and mapping: existing data should be revised with a disability and gender perspective.
- Problems need to be addressed in a comprehensive manner, primarily through studies involving civil society, and especially women and girls with disabilities as active participants.
- The perspectives of people and experts providing public services should be appraised, and efforts should be made to alter these if the perspective is negative or non-inclusive.
- Services are generally inspected by looking at physical conditions. However, it is necessary to make this supervision multifaceted, to understand how the person receiving the service is affected and to supervise the social and psychological status of the person receiving the service with the participation of civil societies.
- Necessary sanctions should be applied in the case of individuals and experts who do not do their job appropriately, based on the results of monitoring, auditing and evaluation studies.
- Examinations of applications such as homecare allowance remain inadequate. Such investigations should be made not only in financial terms, but also in terms of social, gender-based, physical and psychological needs.
- A mapping study should be conducted, according to needs resulting from a lack of up-to-date data including information such as disability type, marriage rates, pregnancy, and service needs.
- Implementation of relevant legislation should be ensured, and new legislation should be enacted when needed. Both relevant legislation and social structures should include a rights-based and gender-based perspective. At this point, the role of the media in the necessary transformation should be emphasized and awareness activities that integrate both perspectives should be carried out.
- All protective and preventive services and the units that offer relevant services (ŞÖNİMs, women's shelters etc.) should be revised so as to provide a disability perspective and services should be adapted accordingly.

### III. CONCLUSION

The right to health is a social right guaranteed by both national legal regulations and international conventions. In order to strengthen social development and foster improvement, it is essential that individuals lead healthy and fulfilled lives, and that they protect their physical and mental health. They should not be exposed or subject to violence and discrimination, and possible inequalities should be reduced across all domains. The development of reproductive and sexual health information and counseling services, the protection of relevant rights and the establishment of mechanisms that all individuals can access fully and equally are also important indicators of the right to health. Reviews of the literature and practices conducted within the scope of this report reveal that certain groups face more difficulties and specific problems in accessing reproductive and sexual health rights and services and in combating gender-based violence. People with disabilities, especially girls and women with disabilities, are one of these critically important groups.

According to WHO 2011 data, 15% of the world's population consists of persons with disabilities. Similarly, it is known that 12.29% of Turkey's population consists of persons with disabilities and it is reported that the rate of women with disabilities is higher than that of men. Both in Turkey and in other countries, it is observed that the problems of individuals with disabilities in education, rehabilitation and the areas of employment are frequently discussed and that there are intensive efforts to find solutions to these problems. However, the issues of reproductive and sexual health and gender-based violence in the field of disability have not received the same attention and thus have not enjoyed wide coverage in the field of social policy. With a right-based approach becoming dominant in the field of disability, reproductive and sexual health and gender-based violence have also started to be addressed more frequently. Despite being quite limited, existing research demonstrates that women and girls with disabilities are at higher risk of being exposed to gender-based violence compared to women and girls without disabilities and men with disabilities and that they encounter greater difficulties in securing access to mechanisms to combat these issues. It is evident that information and counseling processes about reproductive and sexual health are also not accessible and inclusive for persons with disabilities and especially for women and girls with disabilities.

The fact that girls and women with disabilities have difficulties in accessing reproductive and sexual health services and that they are neglected in the fight against gender-based violence makes this group even more disadvantaged. Currently, girls and women with disabilities often face multiple forms of discrimination because of their identity both as disabled individuals and as girls and women. A limited number of studies conducted in Turkey has shown that accessible sexual and reproductive health programs are not sufficient for different disability

groups, sexual education specific to parents with girls with disabilities is limited, the social perception of the sexuality of individuals with disabilities is not inclusive, levels of awareness and the experience of employees of institutions, where women and girls with disabilities can receive services, is limited, and the risk of exposure to violence is higher for women with disabilities.

Difficulties in accessing related services also constitute grounds for rights violations in terms of reproductive and sexual health and gender-based violence and constitute an obstacle in the delivery of effective violence-combating policies.

The first condition for the inclusion and accessibility of reproductive and sexual health services and the visibility of women and girls with disabilities in the fight against gender-based violence is the existence and implementation of relevant legal regulations.

**Difficulties in accessing related services also constitute grounds for reproductive and sexual health and gender-based violence violations and constitute an obstacle in the delivery of effective violence-combating policies.**

Turkey is a state party of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). In addition, in light of the inclusion of the Law on Persons with Disabilities, the Law to Protect Family and Prevent Violence against Women and the Turkish Criminal Code in national legislation, discrimination against persons with disabilities has been recognized and sanctions determined against gender-based violence. Although numerous international conventions protecting the rights of persons with disabilities and gender equality are contained in the national legislation, no additional mentions or special regulations were made in relation to women and girls with disabilities. Although the legal framework appears to be relatively powerful, there are deficiencies in the protection of the rights of women and girls with disabilities.

With regard to the subject of reproductive and sexual health services and the struggle against gender-based violence, it is known that women and girls with disabilities can apply for support to public authorities or NGOs including the Ministry of Health and affiliated health institutions, the Ministry of Family and Social Policies, the General Directorate of Public Health, the Department of Women and Reproductive Health, Local and International NGOs, municipalities, Women's Counseling and Solidarity Centers, ŞÖNİM, Women's Shelters, Bar Associations, Women's NGOs, Family Counseling Centers and community centers. However, both the results of the information-gathering exercise and the results of the workshop organized within the scope of this report point to the fact that a significant number of the relevant centers are not accessible to different disability groups, that there are no data collection

systems that jointly address disability and gender, that existing programs do not include adaptations for the needs of women and girls with disabilities and that there is a lack of structures that intertwine empowerment and disability perspectives in combating violence against women. Reviews of the related literature, existing legislation and practices as well as forum discussions and group discussions in the workshop organized by the UNFPA and the TFP Foundation have set out the following core conclusions:

1. In the majority of research activities and studies, perspectives that integrate gender and disability are not employed.
2. Studies in the field of reproductive health and sexual health that integrate disability and gender perspective are almost nonexistent. In the current legal regulations, national reports and strategy plans, articles that look to strengthen the access of women and girls with disabilities to related services, and that set out sanctions in cases of violations of rights do not meet current needs.
3. Studies in relation to gender-based violence and the many mechanisms that can be used in relevant situations are not accessible and sensitive to the needs of girls and women with disabilities.
4. Service providers, who can realize adaptations for the needs of women and girls with disabilities in the field of reproductive and sexual health as well as gender-based violence, and who are aware of the rights of individuals with disabilities, are quite limited.
5. Information and counseling services and programs to empower girls with disabilities, their parents and women with disabilities are not available.
6. The relevant ministries and public institutions lack systematic and national statistical data and do not undertake specific activities in relation to the subject.

The results show that integrated intervention and action plans, including a gender perspective, should be developed to increase the access of women and girls with disabilities to relevant services.



**Image 7 Description:** In this simple sepia-toned image, there is a page depicting a bar chart and on it, the tip of a ballpoint pen and a small part of the hand holding the pen are visible.

## IV.SUGGESTIONS

In consideration of the relevant study report and the outputs of the workshop, the following suggestions are offered in order to provide gender sensitive and rights-based sexual and reproductive health services for girls and women with disabilities and to strengthen anti-gender-based violence mechanisms for the relevant groups;

### a. Capacity Building

- Courses on disability, disability types, the effect of disability type on sexuality and reproductive health, adaptation of services to the needs of individuals with disabilities and reasonable adaptations on the basis of difficulties encountered with a rights-based and gender-sensitive perspective should be integrated into higher education and vocational education programs, where groups providing services for girls and women with disabilities are trained.
- o The Higher Education Council should review department programs such as those of medicine, nursing, law, psychology, psychological counseling and guidance, social work, special education and architecture on the basis of disability and gender perspectives. Courses such as “Inclusive Services for Different Disability Groups”, “Accessibility”, “Attitudes towards Disabled People”, “Disability and Sexuality” and “Support Services for Families with Disabled Children” should be added to these programs; the content of these programs should increase the possibilities of acquiring knowledge and experience of girls and women with disabilities.
- o The General Directorate of Vocational and Technical Education should revisit high school programs in particular those on child development and education as well as those in relation to patient services and services for the elderly on the basis of disability and gender perspectives. A significant number of groups that offer child development and disability care services graduate from relevant vocational programs. Studies should be conducted into whether courses such as “Sexual Development in Disabled Children and Informing Families”, “Disability and Sexuality” and “Attitudes towards People with Disabilities” should be integrated into relevant curricula. Increased levels of engagement with girls and women with disabilities in the context of these programs should be increased and opportunities to gain further experience should be supported.

- Groups providing services to girls and women with disabilities should receive regular in-service training and should be supported through various programs and supervision studies to overcome the difficulties they face while providing a more inclusive service.
  - o Under the leadership of the Ministry of Family, Labor and Social Services and the General Directorate of Services for Persons with Disabilities and Senior Citizens, in cooperation with Women's NGOs, such as Mor Çatı, the Women's Shelter Foundation, the Women's Solidarity Foundation and other associations operating in the field of disability; training for trainers should be provided to educators and healthcare professionals serving girls and women with disabilities within the Ministry of Health and the Ministry of Education.
  - o Following this training, solutions in relation to the difficulties experienced by educators and healthcare professionals in providing services to women and girls with disabilities should be identified through regular case meetings and supervision studies. The outcomes of case meetings and supervision studies should be reported and made available to other service providers.
- Personnel in all relevant organizations, particularly ŞÖNİMs and Women's Shelters, who can deliver assistance in cases of gender-based violence, should be supported and strengthened with training programs on disability.
  - o The General Directorate for the Status of Women should prepare training course content and carry out training programs in cooperation with relevant NGOs and public institutions.
- A needs analysis should be undertaken in order to enable girls and women with disabilities to learn about their rights and to obtain access to reproductive health and sexual health services; inclusive and accessible programs should be prepared accordingly, and the related group should be strengthened. To this end, cooperation facilitated with NGOs working in the field of disability and different disability groups should be included in the process.
- Experts and staff in schools and private education institutions should be informed about both sexual and reproductive health and disability and supported with systematic programs with a gender-sensitive perspective to support students with disabilities and their families or caregivers.
- Families of girls with disabilities and/or their caregivers should be included and strengthened in education programs by relevant public institutions, NGOs and private institutions to provide them with information about sexuality and related skills for their children.
- NGOs working with different disadvantaged groups should be trained in how to adapt their services for women and girls with disabilities and how they can support them in the most effective and inclusive manner, if they apply for support. For example, NGOs working in the

field of humanitarian aid should be informed about how best to support girls and women with disabilities in their application and service processes, and they should receive training in methods of combating multiple forms of discrimination.

- In legal terms, groups that can support girls and women with disabilities (judges, prosecutors, lawyers, police, etc.) should receive disability and gender education. For example, employees of the Police Department should be informed about the specific measures that can be taken while receiving statements from women and girls, who have been subjected to gender-based violence, in order to protect and support those concerned.

## **b. Inclusion**

- Physical accessibility should be provided in places such as schools, hospitals, and counseling centers where services are provided for girls and women with disabilities. The standards specified in the Accessibility Monitoring and Supervision Regulation should also be applied, and sanctions specified with respect to implementation problems should be applied. To facilitate a unified approach, the Ministry of National Education, the Ministry of Health and the Ministry of Family, Labor and Social Services should look to coordinate all aspects of their work in this area.
- Sexual and reproductive health education programs that already exist should be made accessible to different disability groups, and access to girls and women with disabilities should be provided, with education activities carried out by visiting households when necessary. Sexual and Reproductive Health Service Standards should be reviewed by the Ministry of Health. Plans should be implemented to cover girls and women with disabilities in these standards and to adapt service standards according to needs when necessary.
- Existing legal regulations and legislation should be reviewed in terms of the inclusion of girls and women with disabilities and additional articles and special protocols should be prepared in cases where these are not inclusive.
- Sexual and reproductive health education programs for families and caregivers should be enriched to include a more rights-based perspective and to include girls with disabilities. Topics such as sexual development in children with disabilities, solutions for sexual problems in children with disabilities, the role and rights of the family and caregivers in the sexual education of children with disabilities should be included in the programs' contents.
- The participation of girls and women with disabilities should be facilitated at all stages of the planning and realization of relevant legal regulations, programs and projects, and efforts should be made to ensure that they are involved in decision-making processes. NGO representatives operating both in the field of disability and sexual and reproductive health should also be involved in decision-making processes.



### c. Research Activities

- By focusing on the experiences of girls and women with disabilities, supporting participatory research with grants and conducting such research, the problems of the relevant groups should be understood, and solutions proposed.
- In order to understand the gender-based violence to which girls and women with disabilities are exposed, a database should be created in collaboration with NGOs, by the relevant public institutions and organizations.
- The existing information available in the National Disability Database should be revised on the basis of gender and reproductive and sexual health, and action should be taken to obtain new data to better address the issue.
- The scope of the “Turkey Disability Research” that was prepared in 2002 should be expanded in conjunction with the leadership of the Turkish Statistical Institute and the General Directorate of Services for Persons with Disabilities and Senior Citizens. In addition to sexual and reproductive health, gender-based violence should be included in its scope; and the research remade at a national level, to facilitate the acquisition of up-to-date data.
- Similarly, the “Problems and Expectations of Disabled People” study conducted in 2010 should be repeated in order to take into account the problems of reproductive and sexual health, service expectations and the solution suggestions of individuals with disabilities, especially those of women and girls. Information on the problems experienced by individuals, expectations and solutions from public and non-governmental organizations should be obtained in combating gender-based violence.
- The "Problems and Solutions of Women with Disabilities" symposium organized in 2005, which included issues such as reproductive health and gender-based violence, should be repeated every year with the participation of relevant public institutions, university departments and NGOs. Solution suggestions emerging within the scope of the symposium should be included in the Disability Action Plan and a systematic follow-up should be conducted.
- Within the scope of the Assembly of Persons with Disabilities, separate sub-themes about women and girls with disabilities should be discussed with the participation of the relevant groups and efforts should be made to ensure the implementation of the resolutions made during the Assembly.
- The universities’ Women's Problems Application and Research Centers should conduct research on reproductive and sexual health and the related rights of girls and women with disabilities and should work to strengthen gender-based violence-combating mechanisms.
- The related departments of universities, by engaging women with disabilities and cooperat-

ing with the public and NGO sectors, should participate in program development and research processes and carry out activities for the improvement of access to services.

- By following relevant research, and by studying symposium and conference activities carried out in the international arena, examples of good practices in the field should be assimilated and studies carried out into how relevant good examples can be adapted for use within practices in out country.



*Image 8 Description: There is a large hand and a small magnifying glass resting in the palm of the pictured hand in this simple sepia-toned image.*

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