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| **Questionnaire on the right to sexual and reproductive health rights of girls with disabilities**   * A number of government agencies in New Zealand are responsible for developing policy and delivering services that relate to the sexual and reproductive health rights of girls with disabilities. |
| 1. **Please provide any information and statistics (including surveys, censuses, administrative data, literature, legal and policy documents, reports, and studies) related to the exercise of sexual and reproductive health and rights of girls with disabilities, with particular focus in the following areas:** |
| Harmful stereotypes, norms, values, taboos, attitudes and behaviours related to the sexual and reproductive health and rights of girls with disability |
| **Ministry for Women**  The Ministry for Women holds limited information, specifically, on girls with disabilities. Most of the information available relates to adults and sexual violence. Intimate partner violence is a leading cause of preventable disability among women. (<http://women.govt.nz/sites/public_files/Final%20Current%20thinking%20on%20primary%20prevention.pdf>)Exploitation on the grounds of disability is a systemic factor influencing violence against women and girls. Between 50 and 90 percent of persons with disabilities experience sexual violence in their lifetimes (<http://women.govt.nz/sites/public_files/Lightning%20does%20strike%20twice_2012%20report.pdf>)  * Sexual revictimisation is likely to be over-represented among women with disabilities. (<http://women.govt.nz/sites/public_files/Lightning%20does%20strike%20twice_2012%20report.pdf>) * Of victims who report sexual violence to police, victims with disabilities are among those whose cases are least likely to proceed through the criminal justice system. (<http://women.govt.nz/sites/public_files/cedaw-2010.pdf>) However, of cases that proceed to prosecution, a conviction is more likely if the victim has an intellectual disability. (<http://women.govt.nz/sites/public_files/responding%20to%20sexual%20violence%20attrition-pdf.pdf>) * A 2009 Ministry for Women study showed that of sexual violation victims, a substantial minority had some type of disability – psychiatric (7 percent), intellectual (6 percent) or physical (1 percent). (<http://women.govt.nz/sites/public_files/responding%20to%20sexual%20violence%20attrition-pdf.pdf>) * There are accessibility issues for some victim support services, such as refuge accommodation. Safety within organisation/institutional settings is also a concern; the perpetrator of abuse may be a caregiver or family member. (<http://women.govt.nz/sites/public_files/responding%20to%20sexual%20violence%20literature-review%20on%20best%20practice-pdf.pdf>) * Many services for survivors of sexual violence are not confident in their ability to provide for victims with disabilities. In 2009, 47 percent of service providers rated their service provision to persons with disabilities as average or worse. (<http://women.govt.nz/sites/public_files/environmental-scan.pdf>) * While there is a clear link between disability and sexual violence, we don’t know how often disability precedes or is a consequence of sexual violence. (<http://women.govt.nz/sites/public_files/restoring-soul-pdf-1.pdf>) * In a 2007 study of sexuality education, very high needs students at a special school participated in some, but not all of their school’s programme. (<http://women.govt.nz/sites/public_files/The%20Teaching%20of%20Sexuality%20Education%20in%20Years%207%20to%2013.pdf>) * In the same study, about a fifth of schools surveyed used Individual Education Plans to adapt sexuality education programmes to students with special educational needs. |
| Sex education (in formal and non-formal settings) and access to sexual and reproductive health information; |
| **Ministry of Education**In consultation with their school community New Zealand state and state integrated schools are responsible for developing teaching and learning programmes that best meet the needs of their students, including those with disabilities, within the framework of [*The New Zealand Curriculum*](http://nzcurriculum.tki.org.nz/The-New-Zealand-Curriculum) (for English-medium teaching and learning in years 1-13) and the [*Te Marautanga o Aotearoa*](http://tmoa.tki.org.nz/Te-Marautanga-o-Aotearoa) (for Māori-medium teaching and learning in years 1-13).New Zealand state and state-integrated schools are required to provide a broad education that includes health and physical (HPE) education which is a compulsory subject from years 1-10 and is a formal subject at years 11-13. Sexuality education is one of the seven key areas of learning in the HPE learning area.Every decision relating to curriculum is expected to reflect the values of the individual and the school. Students are encouraged to value diversity and equity, through fairness and social justice, and to respect themselves and others, and human rights.All curricula should also be consistent with a set of principles, including ‘inclusion’ to ensure students’ identities, languages, abilities, and talents are recognised and affirmed and that their learning needs are addressed.Primary school children are likely to learn about friendships, different kinds of families, respect for each other and people who are different from them. In later primary years, children may also learn about puberty, body development and image, human reproduction, and risks that can arise online and when using social media. At secondary school, young people are likely to learn about positive and supportive intimate relationships, contraception, managing their health and the influence that society has on how we view things like gender and sexuality.These programmes aim to help all students understand their sexual development and to make healthy choices for themselves and others.Sexuality education affirms the wellbeing of students themselves, human rights and safety in relationships. **Ministry of Health**   * Free sexual health information and resources are available through:   + Health Education funded by Health Promotion Agency and Ministry of Health (see <https://www.healthed.govt.nz/>)   + Ministry of Health website (see <http://www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health>). * The Paediatric Society has developed clinical guidelines for the management of menstrual bleeding and fertility in girls with intellectual disability (see <http://www.paediatrics.org.nz/files/DHB%20Scorecards/standardswellbeinglongdocmay02.pdf>). * Residential disability care providers are required to ‘ensure people have access to counselling, including sexuality education, gender identity counselling, relationship counselling and personal development as required’ (see Tier Two Community Residential Support Services at <http://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/contracts-and-service-specifications#t2commreswinagedcare>). |
| Access to child and youth friendly quality sexual and reproductive health services; |
| **Ministry of Education**Under the Contraception, Sterilisation and Abortion Act (1977), all young people, irrespective of age, have the legal right to access contraceptives and condoms from health professionals.Health professionals have a responsibility to ensure that the provision of contraception for children under 16 is in that child's best interests.Many schools in New Zealand provide school based health services nurses. In addition, many external organisations provide resources and services to support sexuality education in schools, including Family Planning New Zealand and Rape Prevention Education. **Ministry of Health**   * The Government’s policy is for children and youth with disabilities to be able to access the range of mainstream universal and targeted government, medical and social welfare services available to all children in New Zealand based on need and, for some targeted services. In situations where children require additional support because of their disability, specialist services are available (sourced from Health advice for United Convention on the Rights of the Child). * Guidance is available for the child and youth community on ethical and legal requirements of consent to ensure positive and safe practice (see <http://www.health.govt.nz/publication/consent-child-and-youth-health-information-practitioners>). * Access to sexual and reproductive services is promoted through:   + School Based Health Service   + HEEADSSS Wellness Checks in schools and primary care settings. HEEADSSS stands for Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide and Depression, Safety.   + Primary Mental Health services to all youth aged 12-18 years and their families   + Youth One Stop Shops (YOSS) drop in services. * Investment in sexual health and reproductive health services and promotion of healthy lifestyles is increasing through Life Skills (Family and Community Services (FACS) (source from MOH advice re UNCROC 104 adapted from response to Article 27 (adapted from UNCRPD briefing information, linking to Article 7). |
| Prevention, care and treatment of sexually transmitted infections; |
| **Ministry of Health** (see also response to Question 1B above)  * Access to sexually transmissible infection services is mainly through:   + Local sexual health clinics (see <http://www.justthefacts.co.nz/get-help/find-local-sexual-health-sti-clinic-new-zealand/>)   + Family planning clinics (see http://www.familyplanning.org.nz/advice/sexually-transmissible-infections)   + HIV/AIDs clinics (see <https://www.nzaf.org.nz/services-programmes/hiv-sti-testing/>)   + Specialist hospital level clinics. * Ministry of Health website has extensive information on sexually transmitted infections (see <http://www.health.govt.nz/search/results/sexual%20health>). |
| Violence against girls with disabilities impacting their enjoyment of sexual and reproductive health rights; |
| **Ministry of Health**The health sector supports a range of initiatives that contribute to reducing violence against children, including those with disabilities, through:Primary maternity and Well Child/Tamariki Ora services: contribute to reducing assaults on children through early assessment and intervention. These services have high and wide reach, as access rates are over 90% of their eligible populations (see <http://www.health.govt.nz/publication/well-child-tamariki-ora-quality-improvement-framework>).District Health Boards (DHBs) implement the Violence Intervention Programme (VIP) to reduce and prevent family violence and child maltreatment through early identification, assessment, and referral of victims presenting to health services. Under the VIP, all DHBs have systems and policies in place regarding the assessment, appropriate questioning and treatment of suspected abused and neglected children. DHBs also have systems in place to support the delivery of national child and partner protection training packages (see <http://www.health.govt.nz/our-work/preventative-health-wellness/family-violence>).The National Child Protection Alert System alerts DHB health professionals to child protection concerns when children present to a hospital. The Ministry of Health is responsible for facilitating the accreditation process, ensuring the security of data once it has been entered in the system and for monitoring DHB standards of compliance.DHBs have a Memorandum of Understanding with New Zealand Police and Ministry for Vulnerable Children Oranga Tamariki, recognising child abuse prevention and neglect, ensuring health and safety outcomes for children and young people are met within each party’s legislative and funding responsibilities. |
| Harmful practices, such as forced sterilization and child, early and forced marriage. |
| **Ministry of Justice**The Marriage Act 1955 (section 17) and Civil Union Act 2004 (section 7) prohibit marriages and civil unions for all people under the age of 16. Under those Acts (sections 18-20 and 19-20, respectively) anyone aged 16 or 17 must have the consent of their parents or, in lieu of parental concent, the consent of the Family Court. There are around 50-80 marriages involving 16 and 17 year olds each year.Under the Crimes Act 1961 there are offences for dealing in slaves (section 98), with a specific provision for giving a woman in marriage for gain or reward without consent, and abduction for marriages or sexual connection (section 208). The Family and Whānau Violence Legislation Bill, currently before Parliament, will introduce a new offence of coerced marriage or civil union to cover the act of attempting to force someone to enter a marriage. The new offence will apply when the intended ceremony does not take place, the marriage is not legally binding and the offence takes place outside of New Zealand. **Ministry of Health**   * In New Zealand, sterilisation without consent is allowed only in certain circumstances, that is, medical necessity when it is considered necessary and unavoidable on clinical grounds (e.g. uterine tumour). Sterilisation may also occur as an unintended consequence of an essential therapeutic procedure (e.g. hysterectomy).   + For persons 18 years and over, sterilisation may be required where an individual is not capable of giving or communicating informed consent (e.g. severe intellectual incapacity) to a sterilisation procedure they may need as a medical necessity, as above. Therefore, sterilisation may occur without the fully informed consent of the patient, if the procedure is considered to be in the best interests of the patient.   + For persons under 18 years of age who have a living parent or legal guardian, the Court does not have jurisdiction. It would, therefore, be the parent or legal guardian’s judgement of what is in the best interests of the person with a disability that will determine whether or not a sterilisation is authorised. * There are data limitations on the current extent of involuntary sterilisations in New Zealand. |

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| 1. **Please provide information in relation to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities, and identify lessons learned from these.** |
| **Ministry of Education**   * To support schools to deliver sexuality education, the Ministry of Education in 2015 revised *Sexuality Education: A guide for principals, boards of trustees, and teachers* <http://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines>. * The Guide aims to support school leaders and teachers to deliver effective, quality sexuality education programmes, leading to positive and holistic development and health for all students in New Zealand. * The revision of the Guide takes account of changing social climates, recent youth health research, and broader understandings about sexuality and sexuality education. * In the latter half of 2015, the Ministry of Education provided a series of short workshops, nationwide, to help schools implement the Guide. For teachers who were unable to attend webinars were also available. * This year the Education Review Office will be reviewing sexuality education in New Zealand schools and the implementation of the Sexuality Guide will form part of this. * Many secondary schools provide forums outside regular lesson times for students and teachers, where issues that are important to them such as consent, coercion and safety in intimate relationships can be debated and discussed. * Young people’s education for life-long learning is most effective when it involves both the school and the wider community, parents and family.   **Ministry of Health** (see also response to Question 1B)   * Ministry of Health is lead government agency for Action 7b of *Disability Action Plan 2014-2018*. This action involves working with Disabled People’s Organisations and others to explore the framework that protects the bodily integrity of children and adults with disabilities against non-therapeutic medical procedures, including the issue of consent. This action will focus initially on options to protect persons with disabilities against non-therapeutic sterilisation without the fully informed consent of the individual. |

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