Reducing all forms of violence and ending abuse, exploitation, trafficking and all forms of violence against children (targets 16.1 and 16.2)

This section will focus on the first two targets of Goal 16: target 16.1, which calls for reducing all forms of violence and related death rates everywhere, and target 16.2, which calls for ending abuse, exploitation, trafficking and all forms of violence against and torture of children. For persons with disabilities, achieving these two targets is in line with article 16 of the Convention on the Rights of Persons with Disabilities (CRPD), which specifies that States Parties should 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. United Nations Security Council Resolution 2475 called upon Member States to protect persons with disabilities in situations of armed conflict, including to prevent violence and abuse.

Broad protections from violence against women and children, including against women and children with disabilities, have been established in various frameworks. The Convention on the Rights of the Child, adopted in 1989, has called for action to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. The Beijing Declaration and Platform for Action (1995) has highlighted the importance of the elimination of all forms of violence against women and girls. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (the Trafficking in Persons Protocol), adopted in 2000, called for prevention and protection of women and children from trafficking. The Rome Statute of the International Criminal Court, adopted in 1998, in article 7, paragraph 1(g), classifies rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization, or any other form of sexual violence of comparable gravity, committed as part of a widespread or systematic attack directed against any civilian population, as crimes against humanity.

Persons with disabilities of all ages are at an increased risk of violence due to stigma and discrimination, exclusion from education and employment, communication barriers and a lack of social support. This section will present recent data and trends on the prevalence of violence among persons with disabilities and children with disabilities, as well initiatives and actions taken worldwide to prevent this violence. On the basis of this evidence, it will conclude with recommendations for action to end violence, abuse, exploitation and trafficking against persons with disabilities.

Current situation and progress so far

Persons with disabilities of all ages and genders suffer higher rates of abuse, exploitation, trafficking and

violence. Data from three developing countries (Figure 195) indicates that, on average, 20 per cent of persons with disabilities are beaten and scolded because of their disabilities, often by a family member (13 per cent), from 16 per cent of persons with disabilities in Uganda and Zambia to 27 per cent in Nepal suffering this type of violence. In Nepal, more than three quarters of persons with disabilities who have been beaten or scolded indicated that the perpetrator was a family member; in Uganda and Zambia, about half of them indicated this.

Beaten/scolded by anyone

■ Beaten/scolded by a family member

16
16
21

Figure 195. Percentage of persons with disabilities who have ever been beaten or scolded because of their disability, in 3 countries, in 2018 or latest year available.

9

Zambia (WG)

7

Uganda (WG)

0

Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Source: UNDESA (on the basis of data from SINTEF⁹).

Nepal (WG)

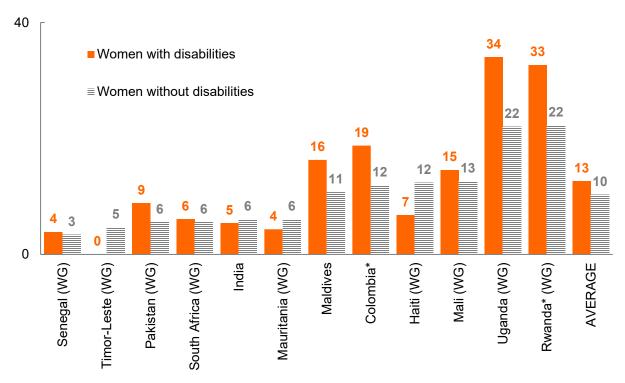
Data from 12 developing countries (Figure 196) indicate that, on average, 13 per cent of women with disabilities compared to 10 per cent of women without disabilities have experienced sexual violence at least once in their lifetime. In Rwanda and Uganda, more than 30 per cent of women with disabilities have suffered sexual violence, and in Colombia and the Maldives more than 15 per cent.

In Uganda, men with disabilities were almost three times more likely to have ever been victims of sexual violence than men without disabilities: 21 per cent of men with disabilities versus 8 per cent of men without disabilities (Figure 197). In Rwanda, 8 per cent of adult men with disabilities suffered sexual violence compared to 5 per cent of men without disabilities. By contrast, the percentage of women with disabilities aged 15 to 49 who experienced sexual violence in these two countries is much higher, at 33-34 per cent, indicating that sexual violence is much more common against women with disabilities than against men with disabilities. Sexual violence can occur at home, in institutions, schools, health centres and other public and private facilities. Perpetrators are frequently relatives, caregivers and professionals on whom the girl or woman with disabilities may depend, such as medical staff (see the chapter on targets 3.1, 3.7 and 5.6).

13

AVERAGE

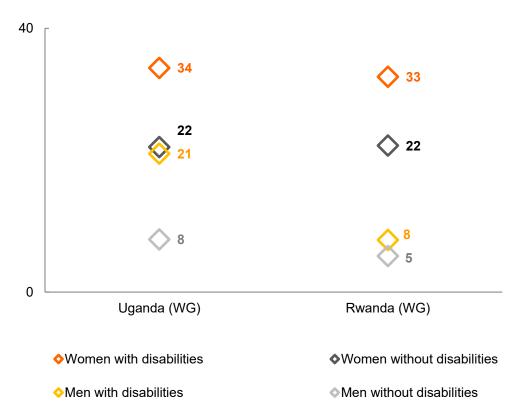




Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. An asterisk (*) indicates that the difference between women with and without disabilities is statistically significant at the level of 5 per cent. Data for women with disabilities from Mali, Senegal and Timor-Leste are based on 25 to 49 observations and should be interpreted with caution. Source: UNDESA (on the basis of data from DHS⁶).

Girls and women with disabilities are disproportionately affected by other forms of violence, including forced sterilizations and invasive and irreversible involuntary medical treatments, forced abortion, forced pregnancy, forced menstrual suppression, forced pregnancy prevention, criminalization of abortion, denial or delay of safe abortion and post-abortion care, forced continuation of pregnancy, abuse and mistreatment of women and girls seeking sexual and reproductive health information, goods and services, as well as female genital mutilation (see the chapter on targets 3.1, 3.7 and 5.6).

Figure 197. Percentage of persons aged 15 to 49 who have suffered sexual violence, at least once in their lifetime, by disability status and sex, in Rwanda and Uganda, in 2020 or latest year available.



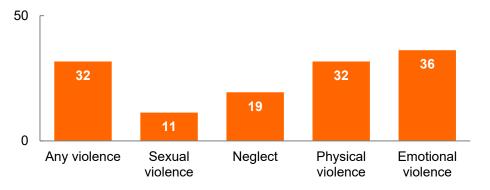
Note: (WG) identifies data collected using the Washington Group Short Set of Questions. Source: UNDESA (on the basis of data from DHS⁶).

Violence against children with disabilities can take various forms, including physical, sexual and emotional violence and neglect. It can be perpetrated by caregivers, authority figures (for example, teachers or other service providers), other adults, other children or by intimate partners during adolescence. Among 26 countries or areas worldwide, 32 per cent of children with disabilities aged 0 to 18 experienced violence, and children with disabilities are more than twice as likely to experience violence than children without disabilities. Emotional and physical violence are the most common forms of violence against children with disabilities, with 36 per cent of children with disabilities suffering emotional violence and 32 per cent of children with disabilities suffering physical violence (Figure 198). Moreover, 19 per cent of children with disabilities suffer neglect and 11 per cent of children with disabilities suffer sexual violence.

The most common perpetrator Is a peer through in-person bullying, with 37 per cent of children with disabilities experiencing this violence – children with disabilities are two times more likely to experience this type of violence than children without disabilities (Figure 199). Other perpetrators include adults

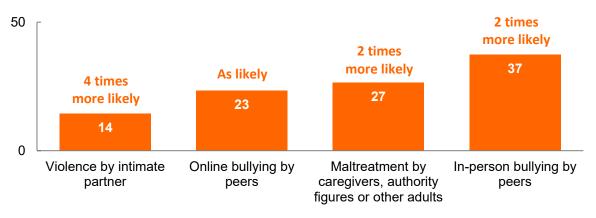
committing maltreatment, which affects 27 per cent of children with disabilities – children with disabilities are two times more likely to experience this type of violence than children without disabilities. Violence by their intimate partners during adolescence affects 14 per cent of children with disabilities and children with disabilities are four times more likely to experience this type of violence than children without disabilities. Online bullying by peers affects 23 per cent of children with disabilities and children with disabilities are as likely to experience this type of violence as children without disabilities.

Figure 198. Percentage of children with disabilities aged 0 to 18 who suffered violence, by type of violence, in 2020 or latest year available.



Source: Fang et al. (2022). 509

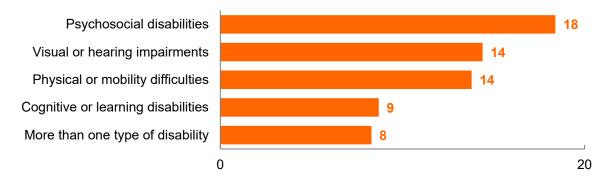
Figure 199. Percentage of children with disabilities aged 0 to 18 who suffered violence, by type of perpetrator, and comparison with children without disabilities, in 2020 or latest year available.



Source: Fang et al. (2022). 509

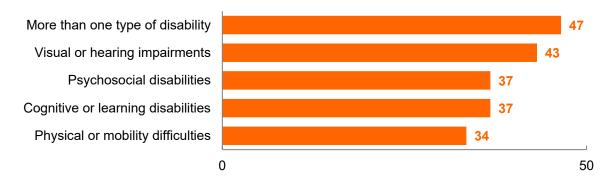
Children with psychosocial disabilities (18 per cent) and children with visual, hearing, physical and mobility impairments (14 per cent) have a higher prevalence of sexual violence than children with cognitive or learning disabilities (9 per cent) or children with more than one type of disability (8 per cent) – see Figure 200.

Figure 200. Percentage of children with disabilities aged 0 to 18 who suffered sexual violence, by type of disability, in 2020 or latest year available.



Source: Fang et al. (2022). 509

Figure 201. Percentage of children with disabilities aged 0 to 18 who suffered in-person or online peer bullying, by type of disability, in 2020 or latest year available.

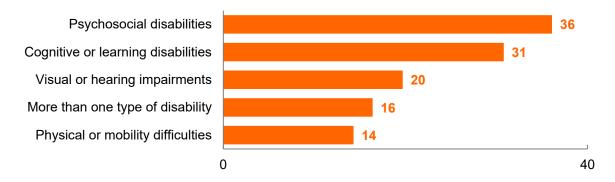


Source: Fang et al. (2022). 509

Children with more than one type of disability (47 per cent) and children with visual or hearing impairments (43 per cent) have a higher prevalence of peer bullying than children with psychosocial, cognitive or learning disabilities (37 per cent) or children with physical or mobility difficulties (34 per cent) – see Figure 201.

Children with psychosocial disabilities (36 per cent) and children with cognitive or learning disabilities (31 per cent) have a higher prevalence of maltreatment by adults than children with visual or hearing impairments (20 per cent), children with multiple disabilities (16 per cent) or children with physical or mobility difficulties (14 per cent) – see Figure 202.

Figure 202. Percentage of children with disabilities aged 0 to 18 who suffered maltreatment by adults, by type of disability, in 2020 or latest year available.

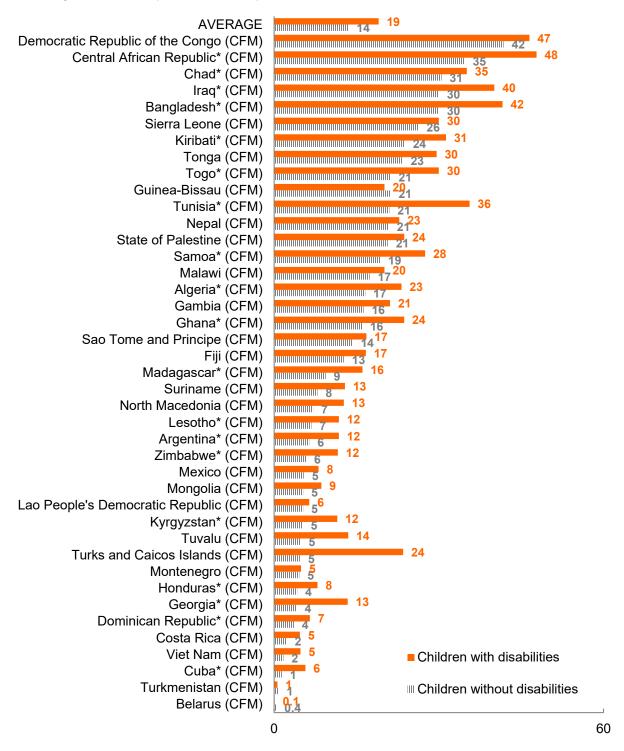


Source: Fang et al. (2022).509

Indicator 16.2.1 monitors the proportion of children who experience any physical punishment or psychological aggression by caregivers in the past month. Children with disabilities are more likely than children without disabilities to experience severe physical punishment by caregivers. Data from 41 countries or areas shows that severe physical punishment is more likely to be meted out by caregivers on children with disabilities in 38 of these countries (Figure 203). On average, 19 per cent of children with disabilities compared to 14 per cent of children without disabilities experience severe punishment by their caregivers. In some countries, the prevalence of severe punishment among children with disabilities is much higher and the disparities vis-à-vis children without disabilities are much wider. In Bangladesh, Central African Republic, Demographic Republic of the Congo and Iraq, more than 40 per cent of children with disabilities suffer severe punishment from their caregivers. In Cuba, Georgia and Turks and Caicos, children with disabilities are more than three times as likely to be victims of severe punishment by their caregivers than children without disabilities.

Persons with disabilities are particularly vulnerable to human trafficking. Perpetrators use force, fraud, abduction, deception, abuse of a position of vulnerability and coercion to hold victims with disabilities in exploitation. Perpetrators include family members, friends and strangers. Children and adults with disabilities are also at risk for human trafficking in residential institutions and orphanages that allow traffickers, which may include staff, to operate in or around the premises with impunity.

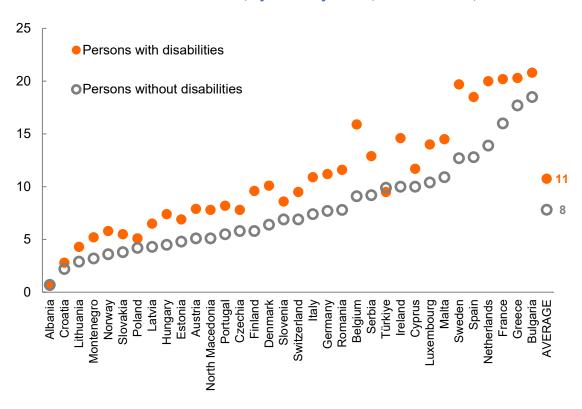
Figure 203. Percentage of children aged 2 to 14 years who experienced severe physical punishment by caregivers in the past month, by disability status, in 41 countries or areas, in 2021 or latest year available (indicator 16.2.1).



Note: An asterisk (*) indicates that the difference is statistically significant at the level of 5 per cent or less. Source: UNICEF (on the basis of data from MICS⁶).

Victims with disabilities have been trafficked for sexual exploitation, forced labour, forced begging, forced participation in armed conflict, organ removal and the theft of their disability benefits. ^{510,511,512} Recent research points to the existence of intra-national and cross-national networks of trafficking for forced begging and sexual exploitation of deaf persons in western Africa, particularly of deaf women and girls. ⁵¹³ Human trafficking of persons with disabilities has also been reported in Austria, Bulgaria, Burundi, China, Hungary, Iran, Iraq, Japan, Kenya, Madagascar, Mexico, Nicaragua, Pakistan, Republic of Korea, South Africa, United Republic of Tanzania and Viet Nam. ⁵¹⁴ In the United States, 12 per cent of girls with severe physical disabilities and 10 per cent of girls with cognitive disabilities have experienced trafficking for sexual exploitation; girls with severe physical disabilities are six times more likely to experience this type of trafficking than girls without disabilities and girls with cognitive disabilities are five times more likely to experience this trafficking than girls without disabilities. ⁵¹⁵

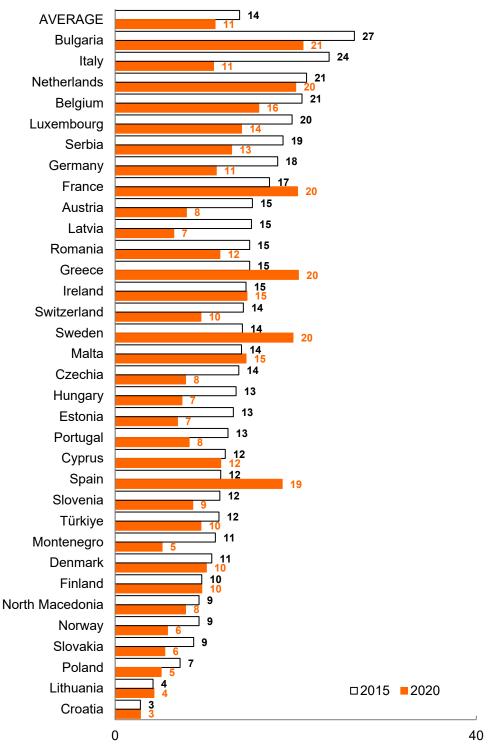
Figure 204. Percentage of persons who report that crime, violence and vandalism are common in their accommodation or area of residence, by disability status, in 34 countries, in 2020.



Note: Data from Poland refer to 2019.

Source: Eurostat.7

Figure 205. Trend in the percentage of persons with disabilities who report that crime, violence and vandalism are common in their accommodation or area of residence, in 33 countries, from 2015 to 2020.



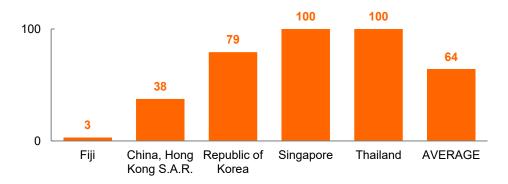
Note: Data from Poland refer to 2019.

Source: Eurostat.7

Indicator 16.1.4 monitors the proportion of the population that feel safe walking alone in the area where they live after dark. Persons with disabilities face barriers to securing housing (see the chapter on Goal 11) and may end up in less safe neighbourhoods as a result. In 34 countries, mostly in Europe, a higher percentage of persons with disabilities than persons without disabilities report that crime, violence and vandalism are common in their accommodation or area of residence (Figure 204). On average, 11 per cent of persons with disabilities versus 8 per cent of persons without disabilities report this. In two countries, Belgium and Sweden, the gap between the percentage of persons with and without disabilities experiencing this violent environment is 7 percentage points, the widest gap observed among these 34 countries. Since 2015, there has been progress: violence and vandalism in accommodation or area of residence has decreased from 14 per cent in 2015 to 11 per cent in 2021 (Figure 205). However, this progress was uneven across Europe, and in four countries – France, Greece, Spain and Sweden – the percentage of persons with disabilities experiencing living in such violent environments increased in 2020 to levels about 3 to 7 percentage points higher than in 2015.

Available evidence also suggests that persons with disabilities are at higher risk of suffering property crimes, such as burglaries, online banking frauds and payment card frauds. In the European Union, 15 per cent of persons with severe disabilities experienced burglary in 2019 or in the five preceding years, compared with 7 per cent of persons without severe disabilities; 14 per cent of persons with disabilities experienced online banking or payment card fraud, compared with 6 per cent of persons without disabilities. ⁵¹⁶ Persons with disabilities also experienced consumer fraud ⁵¹⁷ at a higher rate (36 per cent) than persons without disabilities (23 per cent). ⁵¹⁶

Figure 206. Percentage of emergency shelters that are accessible for persons with disabilities, in 5 countries or areas in Asia and the Pacific, in 2021 or latest year available.



Note: S.A.R. refers to Special Administrative Region.

Source: ESCAP.14

Countries have taken a number of initiatives to reduce abuse and violence against persons with disabilities and support victims with disabilities, such as enhancing access to justice by persons with

disabilities (see the section on SDG target 16.3) and putting in place mandatory mechanisms of reporting violence against persons with disabilities. For example, in Brazil, health services and authorities are obliged to report all cases of violence against persons with disabilities that reach them in the public health surveillance system. Countries have also invested in services that can assist victims with disabilities, including the provision of accessible emergency numbers, accessible shelters and services to support victims with disabilities. In 2023, 58 per cent of countries had an emergency number accessible to persons with disabilities. For example, Lithuania launched an emergency call mobile application enabling persons with hearing disabilities to connect with real-time video with on-call sign language interpreters and text communication. In 2023, 59 per cent of countries made shelters accessible and 82 per cent of these countries consulted with persons with disabilities in developing these accessible shelters. However, the percentage of shelters that are accessible can vary widely from country to country. In five countries or areas in Asia and the Pacific, this percentage varies from 3 per cent to 100 per cent (Figure 206).

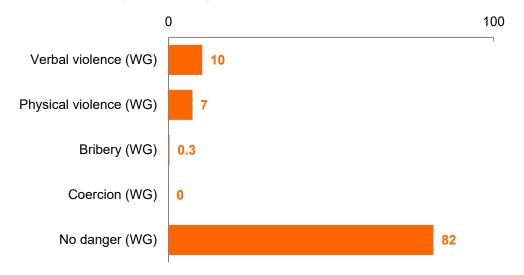
In 2023, among 27 countries, 74 per cent provided mental health and psychosocial support to persons with disabilities in situations of risk, including to victims of violence. Most of these countries (84 per cent) developed these services in consultation with persons with disabilities.⁵¹⁹ In Asia and the Pacific, at least 22 countries have programmes aimed at eliminating violence against women and girls with disabilities; 82 per cent of these countries also have programmes providing support for women and girls with disabilities who are survivors of violence and abuse.¹⁴

Persons with disabilities are still often left out of decision-making processes on measures to build and ensure sustainable peace, although very often they face the worst impact of armed conflict, including death. Although quantitative data on the number of conflict-related deaths of persons with disabilities (indicator 16.1.2) are not available, numerous reports exist of persons with disabilities being left behind during armed conflict, at times abandoned in institutions or facing death when barriers prevent them from evacuating. There are also reports of persons with disabilities being coerced by terrorist groups to participate in suicide attacks. Even when persons with disabilities manage to escape, they continue to be at a higher risk for violence. For example, in the protection of civilians site in Malakal (South Sudan), which harbours internally displaced persons, many persons with disabilities encounter violence and other dangers when accessing services: 10 per cent encounter verbal violence, 7 per cent encounter physical violence and 0.3 per cent encounter bribery (Figure 207). The episodes of physical and verbal violence include harassment from their neighbours as well as incidents of children pelting persons with disabilities with stones and insulting their disabilities.

Yet, despite the disproportionate negative impacts of armed conflict on persons with disabilities, the perspectives and needs of persons with disabilities are often disregarded during conflict and not adequately considered in military operations⁵²⁰ nor in the post-conflict phase. For example, the rights of persons with disabilities were only mentioned in 118 out of 1,789 peace agreements from 1990 to 2019.⁵²¹

During the past five years, there has been a substantial increase in the volume of available data on violence against persons with disabilities and children with disabilities, particularly through national surveys and dedicated research studies. Compared to the data available for the United Nations *Disability and Development Report* 2018, internationally comparable data are now available for a larger number of countries and for a wider range of forms of violence. Yet, for many forms of violence, data remain available only for a small number of countries and there are no data available to allow for the assessment of trends over time. Moreover, there is limited research and data available on the trafficking of adults and children with disabilities, including a lack of data on the role of organized crime in the trafficking of persons with disabilities, though existing research indicates this is an urgent concern and a widespread global issue.

Figure 207. Percentage of internally displaced persons with disabilities fleeing an armed conflict who encountered violence, bribery and coercion when accessing services, in the Malakal protection of civilians site (South Sudan), in 2020.



Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Source: International Organization for Migration's Displacement Tracking Matrix (2021).⁵²²

Existing data sources are likely to underestimate the prevalence of violence among persons with disabilities and among children with disabilities. First, many victims may be unwilling to report violence for fear of stigma or retaliation. Second, surveys and research studies tend to only include children and adults with disabilities who are alive, thus excluding counts of severe violence that may have led to death. Administrative sources such as public health surveillance systems and police and court records have been used to estimate the prevalence of violence among persons with disabilities (for example, in Brazil⁵²³ and the United States⁵²⁴) – these approaches tend to produce lower estimates because they only capture instances of violence that reached health services, courts, the police or other national authorities,

but they may be able to capture cases of extreme violence not captured by official or academic surveys.

Impact of the COVID-19 pandemic

The COVID-19 pandemic exacerbated the already increased risk for violence and abuse against persons with disabilities. Persons with disabilities worldwide, including women and girls with disabilities, faced increased risk factors for violence and increased barriers to access help, support, police and justice. As persons with disabilities were confined at home and lost their usual systems of support, they were at higher risk of physical, sexual, emotional and psychological violence. Victims of violence may have been less likely to report the violence when they were locked down at home with their abusers. They may have relied on the perpetrator for care and assistance and feared retaliation and other negative consequences if the abuse was reported or if they sought help.

During the pandemic, police resources were often focused on enforcing COVID-19 restrictions and may have been re-allocated away from investigating violence, including gender-based violence. Justice mechanisms also moved more slowly in some contexts, leading to potential impunity for perpetrators. Many persons with disabilities lost financial resources and earnings during the pandemic, which made them more vulnerable and impacted their ability to fully exercise their right to be free from violence.

In the middle of the pandemic, violence in the home was reported at a higher rate in households with parents and caregivers or children with disabilities. Across the world, a higher proportion of parents and caregivers with disabilities (26 per cent) reported violence in the home than parents and caregivers without disabilities (19 per cent); female parents and caregivers with disabilities (31 per cent) were most likely to report violence in the home, compared to male parents and caregivers with disabilities (19 per cent); female parents and caregivers without disabilities (19 per cent) and male parents and caregivers without disabilities (17 per cent); and 43 per cent of children with disabilities reported violence at home, compared to 15 per cent of children without disabilities. ¹⁶

When looking for relief from violence in their homes, persons with disabilities more frequently reported barriers to accessing domestic violence services as these services became harder to access due to lockdown measures. More than one in ten parents and caregivers with disabilities (12 per cent) reported needing, but not being able to access, domestic violence services, compared to 4 per cent of parents and caregivers without disabilities. Female parents and caregivers with disabilities were more likely to report an unmet need to access domestic violence services (14 per cent), compared to male caregivers with disabilities (11 per cent). Per cent of parents and caregivers with disabilities (11 per cent).

Moreover, during the pandemic, 40 per cent of persons with disabilities felt more vulnerable and more at risk of crime, compared to pre-pandemic times.⁵²⁵ They perceived that higher unemployment had generated more crime in their areas of residence.

Summary of findings and the way forward

Persons with disabilities, particularly children, women and persons with psychosocial disabilities, are more likely than persons without disabilities to suffer violence, abuse, exploitation and human trafficking. Existing evidence indicates this is a severe global issue, affecting all regions in the world. Perpetrators of violence against persons with disabilities include family members, caregivers, guardians, friends, teachers, staff from health and other services as well as strangers.

In some countries, more than one in six persons with disabilities are beaten or scolded because of their disabilities; more than one in three women with disabilities suffer sexual violence; more than one in 12 men with disabilities suffer sexual violence; and more than one in two children suffer severe punishment from their caregivers. Global estimates point to one in every three children with disabilities suffering neglect, sexual, physical or emotional violence – they are twice as likely to encounter such violence than their peers without disabilities. The most common form of violence encountered by children with disabilities is in-person bullying by peers (37 per cent of children with disabilities are victims of this form of violence). Children with psychosocial disabilities suffer the highest prevalence of sexual violence (18 per cent of these children) and maltreatment by adults (36 per cent of these children). Children with multiple disabilities suffer the highest prevalence of in-person and online bullying (47 per cent of these children).

Barriers to the achievement of other Goals and targets – including in ending poverty and eliminating discrimination, and promoting education, employment and housing – cause barriers for persons with disabilities to exercise their right to be free from violence and to achieve targets 16.1 and 16.2. Barriers to housing, in particular, push persons with disabilities into unsafe accommodation and neighbourhoods where crime, violence and vandalism are common. In Europe, 11 per cent of persons with disabilities compared to 8 per cent of persons without disabilities live in such accommodation or neighbourhoods.

Limited data show the existence but impede an assessment of the extent of human trafficking of children and adults with disabilities. Recent reports and research indicate this is an urgent concern affecting countries in all regions of the world. The evidence points to existing intra-national and cross-national trafficking of children and adults with disabilities for forced begging, sexual exploitation, forced labour, organ removal, forced participation in armed conflict and theft of their disability benefits.

On all but one form of violence analysed in this chapter, persons with disabilities are more likely – for some forms of violence two to six times more likely – to suffer that violence than others: this includes emotional, physical and sexual violence, peer bullying, human trafficking, neglect and severe physical punishment by caregivers. The one exception is online bullying, for which children with disabilities are as likely to be targeted as children without disabilities.

Measures taken by countries to protect persons with disabilities from violence tend to focus on facilitating the reporting and legal prosecution of violence against persons with disabilities and on creating accessible services supporting victims of violence. In 2023, 58 per cent of countries had emergency

numbers accessible to persons with disabilities; 59 per cent had shelters accessible to persons with disabilities; and 74 per cent provided mental health and psychological support services to victims with disabilities.

The following recommendations offer guidance on how to end abuse, exploitation, trafficking and all forms of violence against persons with disabilities:

- 1. Raise awareness and provide training, on combating violence against persons with disabilities, among families and parent groups, the justice system, teachers and educational staff, service providers, policymakers and legislators. Public awareness and advocacy campaigns need to be targeted at changing mindsets and social norms directed at persons with disabilities, especially children with disabilities, and at promoting the elimination of discriminatory practices. Offer training to service providers so that they can identify cases of violence against persons with disabilities and provide adequate support to victims with disabilities. The capacity of service providers to support victims with disabilities should be strengthened to enhance the quality of services. Countries should provide training on disability and women's rights to all stakeholders involved in addressing violence, including those involved in early detection, protection and referral of victims of violence. This should include training of health officials, law enforcement, labour inspectors and judicial officials in the identification and respectful treatment of victims with disabilities. They should provide training for practitioners, including with the objective of combatting stereotypes and myths surrounding gender and disability that may affect access to justice, especially of women and girls with disabilities.
- 2. Offer trainings for persons with disabilities to enhance their knowledge of their rights and their skills to keep safe and to present themselves at police stations and in courts in the event of violence. All training and information should be provided in formats accessible to persons with disabilities. Persons with disabilities, including women with disabilities, and their representative organizations should be involved in the development and implementation of these trainings.
- 3. Establish mechanisms to report violence which are accessible for persons with disabilities and ensure that persons with disabilities have access to justice. Provide appropriate and sufficient support to report violence. Accessible formats, sign language interpreters, support services for victims with intellectual and psychosocial disabilities should be established. Make national emergency numbers accessible for all persons with disabilities. Ensure equal protection of the law and equality before the law for persons with disabilities, by ensuring non-discrimination on the basis of disability (see the chapter on target 16.3). Facilitate the participation of trafficked persons with disabilities in all legal proceedings through inclusive measures.
- 4. Make shelters and other services for victims of violence accessible to persons with disabilities. Shelters and victim support services should be fully accessible to persons with disabilities and provide appropriate attention and protection services, including supported decision-making when needed. Countries should also ensure full accessibility within the justice system. Countries should conduct an

evaluation of the accessibility for persons with disabilities of the current justice system, emergency numbers, shelters, other services and information aimed at victims of violence to ensure they fully meet the needs of victims with disabilities. Current barriers should be removed gradually in a systematic and continuously monitored manner, with the aim of achieving full accessibility. Persons with disabilities, including women with disabilities, and their representative organizations should be involved in the monitoring and implementation of accessibility features.

- 5. Address the conditions that make persons with disabilities more vulnerable to violence.
- Accelerate progress on ending poverty among persons with disabilities, increasing their education levels and employment, eliminating barriers to housing and to independent living and ending stigma and all discriminatory practices. Fully ensure the rights of persons with disabilities are realized, in particular their rights to equality and non-discrimination, education, work and employment, equal recognition before the law and legal capacity, liberty and security, living independently and being included in the community, and an adequate standard of living, to avoid placing them at higher risks of violence, abuse, exploitation and trafficking.
- 6. Design and implement targeted policies and programmes to address the high levels of violence against persons with disabilities, especially against women and girls with disabilities. The observed high prevalence of violence against persons with disabilities - much higher than among persons without disabilities - and the particular barriers that persons with disabilities face, including stigma and discrimination and their higher risk of poverty, require targeted actions specifically designed to eliminate violence against persons with disabilities. Broad general programmes directed at the overall population are unlikely to succeed in eliminating violence against persons with disabilities. Policies and programmes should take into account the specific needs of persons with disabilities and include a gender perspective. Targeted actions to eliminate violence against women and girls with disabilities may also be needed - they face higher levels of violence than men and boys with disabilities. Ending violence will also require adequate interventions to combat violence by any type of perpetrator, including family members, caregivers, relatives, friends, service providers and strangers. Persons with disabilities often depend on family members, caregivers and service providers and may not be able to report this type of violence. Actions should be developed to speedily identify such cases of violence and address them. Persons with disabilities, including women with disabilities, and their representative organizations should be involved in the development, implementation and monitoring of prevention and response measures, policies and programmes to combat violence against persons with disabilities.
- 7. Promote multi-country collaboration and partnerships with relevant stakeholders, including representative organizations of persons with disabilities, to end intra-national and cross-national human trafficking of children and adults with disabilities. Combat intra-national and cross-national networks of trafficking of children and adults with disabilities as well as isolated cases of trafficking. Address the conditions that make persons with disabilities vulnerable to trafficking, especially poverty.

which may lead families and caregivers to give or sell children and adults with disabilities to human traffickers. Provide support to documented and undocumented victims of trafficking who were moved away from their countries of citizenship or residency. Establish cross-border collaborations to avoid impunity of traffickers crossing borders.

8. Improve the availability and quality of data and research on violence against persons with disabilities, especially against children with disabilities as well as against women and girls with disabilities. Up-to-date evidence is essential to understand the extent of violence, its causes and to design effective policies to end violence. Violence against persons with disabilities and children with disabilities varies by type of disability and by gender: data should be disaggregated by these characteristics as well as by age. More data and research are needed to understand regional variations of violence against persons with disabilities (urban and rural as well as in different continents and subcontinents), violence by income level of the victim with disabilities, extent of human trafficking and trends of all forms of violence over time. A more comprehensive assessment of the prevalence of violence among persons with disabilities may be obtained by developing methods to combine data from various sources to obtain a more comprehensive picture of the incidence of violence among persons with disabilities; currently, there is a lack of methods to combine data produced by official or academic population surveys with data from administrative records such as public health surveillance systems and police and court records. There is also a need for research on the effectiveness of existing interventions to further inform policy and practice. All research and data should be made available in formats accessible to persons with disabilities, including in easy-to-understand formats. Persons with disabilities, including women with disabilities, and their representative organizations should be involved in the development of data and research.