Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

A rapid assessment in 11 Latin American countries
Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings. A rapid assessment in 11 Latin American countries.

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Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

Introduction
The Universal Declaration of Human Rights is based on full respect for people, human dignity and equality. These principles are cross-cutting across all human rights instruments that assert the need to eliminate all types of discrimination, with emphasis on historically discriminated populations.

Nonetheless, more than eight million 0-14-year-old children and adolescents with disabilities in Latin America (CEPAL, 2014) live in conditions shaped by disadvantage and lagging development and protection indicators (UNICEF, 2018). Besides the challenges children and adolescents with disabilities face in accessing education, early stimulation and opportunities for participation and inclusion in community life, they face other risk factors linked to their health and comprehensive development, such as exposure to violence and
discrimination (UNICEF, 2018). Numerous studies, investigations and reports show that the impact of violence on children and adolescents, especially those with disabilities, has serious consequences across various dimensions of their lives.

Therefore, greater efforts are needed to acknowledge children and adolescents with disabilities as rights holders and strengthen measures for their comprehensive protection. In particular, it is critical to consider that discrimination and violence risk factors are underlying components of naturalized cultural practices in children’s upbringing, which are sustained and reinforced in different environments and prevent people from recognizing the value of diversity and inclusion for all.

This document presents the results of a rapid assessment carried out to support the preparation of the Global Manifesto of the Special Envoy of the United Nations Secretary-General on Disability and Accessibility, on situations of violence, abuse, and bullying, including cyberbullying, faced by children and adolescents with disabilities in family, school and community settings.

We also expect that the results of this exercise will provide testimonial evidence to refine the design and planning of in-depth studies and research to close the critical gap between reliable data and information on the violation of the rights of children and adolescents with disabilities. This would enable formulating and implementing public policies to prevent and eradicate violence, abuse and bullying in the environments where children and adolescents’ lives take place.

This report is organized into four sections. The first section on the reference framework includes the international treaties and instruments related to the rights of children and adolescents with disabilities. The second section describes the report’s objectives and scope and describes general aspects of the rapid assessment carried out in 11 countries in the region. The third section presents the main results in the voices of the interviewees and analyzes the implications for the family, school, and community settings. The final section shares the recommendations resulting from the analysis.

We hope this exercise helps enrich the discussions and proposals to address the persistent challenges that prevent children and adolescents with disabilities from fully exercising their rights in Latin America and the Caribbean.
Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

Reference Framework
Below are some of the key concepts considered in this rapid assessment, as well as a brief review of the principles enshrined in international human rights treaties.

**Persons with Disabilities**

The concept of disability is dynamic and responds to multiple dimensions. For the Convention on the Rights of Persons with Disabilities (CRPD), this concept focuses on the interaction of people with disabilities with the environment.

Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UN, 2006).

This concept sheds light on the responsibility of States to ensure that people with disabilities participate on an equal basis in their family, school, and community settings, including the responsibility to eliminate barriers and provide access to services.

**Equality and non-discrimination**

The Universal Declaration of Human Rights proclaims that everyone is entitled to all rights and freedoms without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status (UN, 1948).

The International Convention on the Elimination of All Forms of Racial Discrimination states that, State Parties shall, when the circumstances so warrant, take, in the social, economic, cultural and other fields, special and concrete measures to ensure the adequate development and protection of certain racial groups or individuals belonging to them, for the purpose of guaranteeing them the full and equal enjoyment of human rights and fundamental freedoms (UN, 1965).

According to the Convention on the Elimination of All Forms of Discrimination against Women, in all spheres, and in particular in the political, social, economic, and cultural fields, States Parties shall take all appropriate measures, including legislation, to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men (UN, 1979).

The Convention on the Rights of the Child sets forth that States Parties shall take all appropriate measures to guarantee that the child [or adolescent] is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members (UN, 1989).

According to the Convention on the Rights of Persons with Disabilities, States Parties shall prohibit all discrimination on the basis of disability.
and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds (UN, 2006).

The United Nations Declaration on the Rights of Indigenous Peoples reaffirms that indigenous peoples are entitled, without discrimination, to all human rights recognized in international law, and indigenous peoples possess collective rights which are indispensable for their existence, well-being, and integral development as peoples (UN, 2007).

According to Save the Children, some children and adolescents are at risk of becoming victims of violence or are more exposed than others based on their gender, race, culture, ethnic origin, economic level or because they have some type of disability (Save the Children, 2012).

**Violence, abuse, and bullying**

**Violence:** The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (WHO, 2002).

According to the General Comment No. 13 of the Committee on the Rights of the Child (2011), violence is understood to mean all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse” as listed in article 19, paragraph 1, of the Convention. (UN, 1989).

**Abuse:** all forms of physical and emotional abuse, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health [or adolescent], survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 2002).

School harassment or Bullying: Refers to violence carried out by peers in school environments. School bullying, also called intimidation, is a form of psychological or physical violence that takes place in the school context and impacts children and adolescents’ physical and mental health. School bullying leaves an indelible mark on the lives of children and adolescents and is therefore urgent to prevent it (Save the Children, 2012). The majority of bullies at school are peers (OPS/OMS, 2020).

In general, violence in any of its forms is a violation of rights that leads to multiple negative consequences on children’s and adolescents’ present and future well-being and harms their physical and emotional health, cognitive development, self-esteem, and interpersonal relationships. In the long term, violence experienced during childhood is associated with depression, alcohol and drug abuse, obesity, and chronic health problems (UNICEF, 2016).

Article 7 of the CRPD highlights that States Parties have the duty to protect the best interests of children and adolescents with disabilities. The Convention emphasizes the importance of taking a series of measures to
ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

Likewise, the Convention on the Rights of the Child (CRC), in article 2, reinforces this idea by establishing that States Parties shall promote and ensure all children’s rights, without any distinction, and take the appropriate measures to protect them from all forms of discrimination. Article 23 of the CRC mentions that States Parties shall recognize that children and adolescents with disabilities have the right to enjoy a full and decent life, in conditions that ensure dignity and their active participation in the community.

In its General Comment No. 9, the Committee on the Rights of the Child points out that children and adolescents with disabilities are much more likely to experience barriers to the full enjoyment of their rights, but not because of the disability itself, but rather a combination of social, cultural, attitudinal, and physical obstacles, evidencing the need for the necessary measures to remove those barriers. Moreover, the Committee emphasizes that children with disabilities are more vulnerable to suffering various forms of physical and psychological violence, mistreatment and sexual abuse in all settings, including families and schools.

Despite these normative advances, children and adolescents with disabilities are often denied the opportunity to participate meaningfully in activities that take place in their families, schools, and communities, and are exposed to mistreatment or deprived of important care for their personal growth and development (Groce, 2005).

There is a broad global consensus that children and adolescents with disabilities are disproportionately more exposed to violence and abuse, which seriously violates their rights and significantly affects their personal development.

Violence against children and adolescents with disabilities takes place in different settings: at home, in specialized institutions and schools. Adolescents with mental disabilities are among the most vulnerable populations, especially when they have less autonomy in their families or in the institutions where they receive care and their right to be informed and make decisions for themselves is not recognized (Save the children, 2011).

When talking about violence and abuse in family, educational or care settings, it should be considered that these are not isolated environments, but are part of social dynamics and cultural and political processes in different contexts. In this sense, they share the heavy levels of stigma, rejection and prejudice against disability that has persisted throughout history (UNFPA, UNICEF, IIDI, ANEP, 2012).

International evidence shows that abuse and violence are exacerbated when the victims depend physically or economically on their abusers, as is the case of the vast majority of children and adolescents with disabilities on the discrimination and violence in their family, school, and community settings.
disabilities (Pinheiro, 2006). But even worse, access to mechanisms for reporting these situations is conditioned by physical and social limitations, a lack of preparation of the professionals and institutions responsible for ensuring the rights of children and adolescents with disabilities, as well as a lack of social awareness to make these demands visible and address them (Pinheiro, 2006).

Neglect and negligent treatment—for example, failing to meet their physical or emotional needs, failing to protect them from harm, or failing to provide medical care when needed—are continuously evidenced (Pinheiro, 2006).

Gender inequalities also account for an important difference in exposure to various forms of violence, and also affect girls and adolescents with disabilities’ access to protection. Evidence shows that they are more discriminated against, have less access to education and health and, therefore, are less able to develop their autonomy, communication skills and self-esteem, which increases their vulnerability to risk factors related to violence, abuse and bullying (Enable, [n.d.]).

The report *Behind the numbers: Ending school violence and bullying* (UNESCO, 2019) concludes that children and female adolescents with disabilities are more vulnerable to violence and bullying due to stigma,
discrimination, isolation, negligent treatment and information and communication difficulties, which often prevent them from accessing mechanisms to report these situations. Based on international evidence, the report also notes that violence and bullying against students with disabilities in schools comes not only from other students, but also from teachers. It also mentions that girls and female adolescents with disabilities are more likely to report sexual violence by their male partners than girls and female adolescents without disabilities.

In its General Comment No. 4 on the right to quality inclusive education, the Committee on the Rights of Persons with Disabilities has pointed out that women and girls with disabilities are disproportionately affected by violence, abuse, and physical and humiliating punishment by education personnel, such as the use of restraint and seclusion methods. In light of this situation, this Committee reinforces and encourages schools and other educational centers to promote the participation of students, including students with disabilities, in formulating policies and accessible protection mechanisms to combat violence, mistreatment, bullying and cyberbullying, which is becoming increasingly important.

More than a year after the onset of the COVID-19 pandemic, different countries continue to face historical and emerging challenges related to the vulnerability and risks children and adolescents with disabilities face, calling for the need to take measures that consider the opinions and suggestions of this population group. For this reason, UNICEF’s Latin America and the Caribbean Regional Office, together with the Global Adviser on Disability at UNICEF headquarters and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility, set out to carry out a rapid assessment of children and adolescents with disabilities in the region. The objective was to collect first-hand information regarding their main concerns and possible solutions and use it as an input for the preparation of a global Manifesto advocating for environments free of discrimination and different forms of violence towards children and adolescents with disabilities.

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1 This Manifesto was presented at the 2021 United Nations Anti-Bullying Forum.
Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

General aspects of the rapid assessment
Objectives

- Collect the voices of children and adolescents with disabilities regarding abuse, violence and bullying in the family, school, and community settings.

- Identify suggestions from children and adolescents with disabilities on how to prevent and eradicate these violations and promote inclusive environments, to provide evidence for the formulation of public policies on this matter.

Participants

As part of this process, organizations, and adults with links to children and adolescents with disabilities were contacted in 11 countries to present the objectives and methodology of this rapid assessment and bring together a group of individuals representing the different countries.

Once the interviewees were identified —20 children and adolescents, 50 percent girls and 50 percent boys—, the organizations and the referring adults helped ensure the informed consents were signed and also helped convene the individual and group interviews using the Zoom platform.

Table 1: Age, sex and condition/disability of the interviewees

<table>
<thead>
<tr>
<th>Countries</th>
<th>Age, sex and condition/disability of interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>15-year-old girl with a hearing disability</td>
</tr>
<tr>
<td>Bolivia</td>
<td>• 10-year-old girl with a hearing disability</td>
</tr>
<tr>
<td></td>
<td>• 15-year-old boy with multiple disabilities (Autism Spectrum Disorder)</td>
</tr>
<tr>
<td>Colombia</td>
<td>• 14-year-old girl with a visual disability</td>
</tr>
<tr>
<td></td>
<td>• 15-year-old girl with a hearing disability</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old girl with an intellectual disability</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>• 10-year-old boy with an autism spectrum disorder</td>
</tr>
<tr>
<td></td>
<td>• 15-year-old boy with an autism spectrum disorder</td>
</tr>
<tr>
<td>Ecuador</td>
<td>16-year-old boy with a visual disability</td>
</tr>
<tr>
<td>Guatemala</td>
<td>14-year-old girl with a hearing disability</td>
</tr>
<tr>
<td>Mexico</td>
<td>17-year-old girl with a hearing disability</td>
</tr>
<tr>
<td>Panama</td>
<td>• 9-year-old boy with an autism spectrum disorder</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old girl with functional disability</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old girl with functional disability</td>
</tr>
<tr>
<td>Paraguay</td>
<td>• 15-year-old boy with a hearing disability</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old girl with a visual disability</td>
</tr>
<tr>
<td>Uruguay</td>
<td>15-year-old boy with a hearing disability</td>
</tr>
<tr>
<td>Venezuela</td>
<td>• 17-year-old girl with a hearing disability</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old girl with a hearing disability</td>
</tr>
<tr>
<td></td>
<td>• 17-year-old boy with a hearing disability</td>
</tr>
</tbody>
</table>
Scope

This rapid assessment was carried out in two months, between July and August 2021, and involved 11 countries where 20 children and adolescents with disabilities between 10 and 17 were interviewed. This process was developed mainly to collect the voices of children and adolescents with disabilities to use this information as input for the preparation of a global Manifesto by the Special Envoy of the Secretary-General on Disability and Accessibility. Furthermore, using the appropriate techniques and methodologies, the report will also be used to establish lines of work, studies and research.

Methodology

A matrix of questions was developed to carry out semi-structured interviews with basic questions to address the interviewees’ general perceptions, as well as specific questions to look closer into abuse, violence and bullying situations in each of the settings.

Sixty-minute-long group and individual interviews were conducted. Each interaction with the different children or adolescents included the following moments:

- Welcome and presentation of interview participants.
- The facilitator provides an introduction to explain the objectives of the interview and how it will be carried out, emphasizing that all interviewees are free to decide not to respond to any question.
- The interviews are carried out and all answers provided by interviewees are taken into account. The interviewees are invited to decide which questions they want to respond to and are free to choose not to answer any question.
- The facilitator closes the session and thanks the interviewees, acknowledging their valuable contributions and mentioning that the results of all the interviews will be used to write a summary document that will be shared with the interviewees.

Question matrix

The basic questions were formulated to start the conversation and gain a general perception of the interviewee’s situation.

1. How are you treated at home/school/community? Could you give us some examples?

2. Do you consider that your home/school/community or neighbourhood has everything you need to feel well, be respected, participate, have autonomy or independence, and for your rights to be respected? Why?

3. Do you know what abuse, violence, bullying and cyberbullying are? Could you give us an example?
4. Have you experienced any type of abuse, violence, bullying or cyberbullying? Where?

5. Do you know other people who have experienced situations of abuse, violence, bullying or cyberbullying? Could you tell us about those situations?

6. Why do you think abuse, violence, bullying and cyberbullying exist?

7. What could be done to change the situation, so that children and adolescents with disabilities are treated well at home, at school and in the community?

The following specific questions focusing on situations of abuse, violence and bullying were designed to be used in case the interviewee needed more precise information. However, it was not necessary to formulate them.

1. Are there any situations of abuse, violence and bullying that also occur between people of similar age? Could you give us some examples?

2. Are there situations of discrimination at home/school/community? Could you explain?

3. In the event that you need assistance from another person to carry out a task or activity, how does that person treat you?

4. In your home/school/community, are you treated according to your age, or are you treated like a younger child, or like a baby?

5. In your home/school/community, do they ask you what you want to do or do adults decide everything for you?

6. How are you treated at school? Do they let you participate in all activities or only in some? In which activities are you allowed to participate and in which not?

7. Did you ever feel mistreated at school? Could you tell us about it?

8. Did you at some point feel mistreated on social networks? Could you tell us about it?

9. Did you at some point feel mistreated in your community or neighborhood? Could you tell us about it?

10. What needs to happen to ensure children and adolescents with disabilities are treated well and enjoy more inclusive environments?
Ethics and protection measures

All interviewees’ families were contacted and received an invitation letter with all the information on the meeting for the interview, including the objective, process and logistical aspects to consider.

In the first meetings with the relevant organizations and adults, and with children and adolescents with disabilities and their families, the facilitators explained the reason why it was necessary and important for each participant’s parent or guardian to sign an informed consent, and also requested permission to record the interviews.

Due to the complexity of the situations addressed in the interviews, participating children and adolescents were invited to respond from their experiences, in the first person, and to share daily experiences of their reality and the situations they live in at home, at school and in their community or neighborhood.

Given the sensitive nature of the topics discussed, the facilitator paid close attention to any possible emotional reactions from the interviewees. However, there were no cases where the conversation topics had any repercussions on interviewees’ level of participation and involvement, who shared various situations without showing evidence of an uncontrollable emotional burden.

Some of the interviewees’ family members were allowed to be present to provide support if necessary, but it was made clear that only children’s and adolescents’ responses would be taken into account. Although it was considered that family members’ presence could restrict interviewees’ freedom of expression, they were nonetheless allowed to be there to provide any necessary support.

In the first and second meetings, the interviews were conducted with groups of children and adolescents of different ages, genders, and nationalities. A group of adolescents with hearing disabilities participated in the third meeting. In this meeting, two individual interviews were conducted and there were no family members present to provide support.

Most of the people interviewed expressed their willingness to participate in other interviews and were grateful for the opportunity.

Analysis of the results

Participants offered spontaneous answers without much mediation from the facilitator, whose main role was to lead the process, formulate the questions and, in a few cases, paraphrase what the participants said. Undoubtedly, all participants’ motivation and interest to participate in this space encouraged them to share quite complex situations and testimonies that evidenced macro-level situations related to public policies and social inequality, as well as micro-level situations related to coexistence and the daily barriers that prevent the effective inclusion of children and adolescents with disabilities.
The testimonies and the methodological matrix were used to organize the analysis categories and summarize the themes linked to the objectives of the rapid assessment. Some emerging themes were also considered, given their relevance for the purposes of this exercise.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Themes</th>
<th>Emerging theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect the voices of children and adolescents with disabilities regarding abuse, violence and bullying in the family, school, and community settings.</td>
<td>Abuse, Violence, Bullying, Discrimination, Life experiences</td>
<td>Structural violence, Taking advantage of disability, Normalization, Distrust, Gender inequality</td>
</tr>
<tr>
<td>Identify suggestions from children and adolescents with disabilities on how to prevent and eradicate these violations and promote inclusive environments, to provide evidence for the formulation of public policies on this matter.</td>
<td>Suggestions, Life experiences</td>
<td>Visibility, Respect, Raising awareness of treating people with disabilities well, Working with organizations, Tools to create inclusive and violence-free environments</td>
</tr>
</tbody>
</table>

**Accessibility conditions in the rapid assessment**

The interviews were conducted using the Zoom platform. The facilitation team identified the type of accessibility required by each interviewee. In line with the above, there was a sign language interpreter and personal assistance was provided when necessary, including the participation of a family member or member of an organization to provide support. Also, sufficient time was provided for each interviewee to provide their responses, according to their needs.
The results of the assessment in the voices of children and adolescents
Unfortunately, abuse, violence, and bullying are present every day in unequal power relations where children and adolescents with disabilities live in permanent risk contexts.

A tutelary adult-centric perspective, ableism, and overprotection are attitudes that make children with disabilities feel the need to demonstrate their personal worth all the time.

Simultaneously, and as a response to a hostile environment, some people manage to build strategies to survive. Children and adolescents with disabilities respond based on their resources and tools; therefore, it is important to know and strengthen these strategies, actions and responses, because they hold everyday knowledge, linked to their hopes and commitments.

In the framework of this rapid assessment, it became clear that knowing one’s rights, participating and belonging to groups can act as protective factors that should be promoted and developed in all areas.
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Violence and abuse in the family environment

“Slowly, she (the mother) corrected the way she treated us, and she became more aware, but she was very harsh with her punishments and then she changed those corporal punishments for other punishments, now she takes away our cell phone, or she won’t let us go out, something more understandable. Yes, she used to hit us and punish us a lot, but she changed too, she changed slowly, she became softer. She also slapped me sometimes, and I think that is not a correct form of punishment; now she has changed.”

“My friend (with a disability) cried a lot at her house, because her mother, her father and her brothers beat her, she always suffered a lot.”

“I never played, I was always alone, I never had a childhood like the others.”

“We also suffer the abandonment and abuse of fathers. The moms are left alone.”

“I saw how she (the mother) hit my brother, I thought that she was also going to hit me for no reason, that made me feel frightened, I do not want to feel that same violence towards me in the future.”

“When I escaped to the street, they gave me this punishment: you must stay inside the house, you cannot go out. And this makes me feel down, that makes me a little sad, and they send me to sleep. They tell me it’s my fault. So, they tell me: you must learn. And I get bored inside the house. They even slapped me, hit my arms, my buttocks with the belt.”

“Machismo is common in some families, and fathers make more decisions than mothers, and sometimes they are also very overprotective with their deaf daughters, they won’t let them go out, and even more so now with the pandemic and all that pressure.”

“I always felt included in my nuclear family. Sometimes my parents are a little scared, but they let me try, I think my family is one of the most inclusive. I take care of the house and help my little sister at school (...) my extended family overprotects me.”
Families are the first scenarios of acceptance or rejection, and they exert a great influence on children as they develop their personalities. Families often become key actors in defending the rights of children and adolescents with disabilities.

However, in family settings, the great challenges are related to parenting patterns, characterized by authoritarianism, control and constant supervision, which sometimes restricts people's freedom. Children and adolescents’ difficulties in making decisions and giving opinions were also mentioned, which tend to perpetuate dependency and limit the development of autonomy. This point is also consistent with other studies (Save the Children, 2011; Meresman et al., 2013), which point to how low family expectations prepare a terrain where violence and discrimination are naturalized, leading to less attention and limited opportunities for children and adolescents with disabilities to develop and gain autonomy, compared to their peers without disabilities.

It is important to support families to strengthen their parenting and early inclusion skills, and provide them with tools to promote the autonomy of children and adolescents with disabilities. Otherwise, they will continue to experience a daily and exhausting struggle where they have to insist and prove they can make their own decisions.

The families of people with disabilities also suffer rejection and discrimination against their children on a daily basis. Since the States do not guarantee technical aids, supports, interpreters, personal assistance and accessibility, the effort and costs must be entirely absorbed by the families. Hence, it is important for professionals to support families in the framework of non-violent parenting guidelines.

These situations have already been identified in other reports (UNICEF, 2013; Meresman et al, 2016). The structural nature of discrimination against children and adolescents with disabilities continues to be present in almost all societies (UNICEF, 2019).

In many communities, education, health, empowerment, and rehabilitation services, as well as opportunities for recreation, sports, culture, etc., are not guaranteed, which means that families are responsible for promoting proposals, creating opportunities and removing barriers to enable their children with disabilities to be part of the community.
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Violence and bullying in the educational environment

“They didn’t want to play with me, they told me to go away, you’re weird, others were looking for me to play, but for them to play with me.”

“In elementary school, the directors bullied me more than my classmates. The principal told my mother that with my physical appearance, I couldn’t be in a regular school. Some teachers did not want me in their class, but others believed in me, I always had to show that I understood and could study like the rest.”

“One time, my classmates went out to play, I had no friends, absolutely no one, I was sitting on the chair writing, and then it turns out that three of my classmates approached me, they came up to the chair where I was sitting, they told me: come, come. I asked them: me? They had never spoken to me. Since I didn’t pay attention to them, they grabbed me, made me stand up and pinned me to the wall, put the scissors to my neck and said: speak, speak, mute, speak!”

“I didn’t want to go to school, they pulled my ears, my ears are small (...) I cried, nobody wanted to be with me.”

“I have suffered bullying, they made fun of me, I felt very bad, very sad, I hid because they bothered me. A classmate harassed me, I didn’t like it at all, they were bothering me all the time. I felt very sad, my mom didn’t like that. My friends kept me quiet so I wouldn’t say anything at home. At home, I never said anything. But one day, I told my mom what was happening to me, and my mom went and got mad at school because they didn’t do anything about it, I complained about what the kids did and they didn’t do anything, they just yelled at them, they didn’t tell them to stop, they didn’t do anything, neither the directors, nor the teachers, nothing.”

“The difference in height was noticeable, they made it clear that they had more authority and they immediately used it.”

“My mother and I went to the house of a friend of mine who is deaf, when we went in, I began to see what was happening. My friend was alone, sad. They left him alone, and in fact he told me that he sometimes lived in the garbage, that he sometimes slept there, where there was a lot of garbage. A place where, honestly, it was disgusting. His mother said that he should sleep there, that for her he was a puppy, that he was not a normal person.”
“I talked to the teacher: look, teacher, I want to play too, I know how to play, I play soccer games at home, I know how to jump rope, I want them to let me play.”

“I often see that friends and classmates drop out of school, because there are many barriers, or they live far away.”

“Life has not been easy for me, I have suffered bullying because there has been no inclusion in the educational field.”

“Just like before, I also faced closed doors, I had to start struggling to understand… and little by little I was able to adapt to the different homework, with the teachers. The teachers said, let’s see, you don’t know, it’s not right, try on your own, I wrote the sentences, and they gave me tests… and it was very different, because sign language grammar was different from Spanish grammar.”

“The teachers sometimes sent us homework or guides on WhatsApp, and we weren’t able to communicate with them so easily because we can’t write directly in Spanish. I think in-person learning is much better for deaf people; virtuality greatly affected my education.”

“The teacher did let me in her class, but she didn’t let me do much, even my sister would help me with my preschool crafts, and I got very frustrated because I want to do things, I like to make mistakes, learn, fall, hurt myself, but do things for myself. It frustrated me a lot and I cried a lot at that time because they didn’t let me do anything.”

“They wanted to reduce the content (academic) and wanted me to attend for less time.”

“Many classmates don’t share with me because I need more time for everything, leaving the classroom in my chair, shopping in the canteen, and many places in the school are inaccessible. They run up the stairs, run in the hall and I am left behind. The worst thing is that my classmates think that I can’t do things, or that I don’t feel like they feel. They don’t invite me to their houses because they say that my wheelchair doesn’t fit into their houses, and since I need an assistant, they don’t like that person to come into their houses.”
“I have seen in my school that some classmates abuse or touch other classmates (...). Hearing-abled people sometimes reach out and grope deaf people in their private parts, and it’s been very, very uncomfortable.”

“Previously, in the integrated school with hearing-abled people, where I participated, I saw that people were afraid, they didn’t know what to do, they saw something strange, they didn’t understand me, until, with my deaf classmate, we started a group to take care of each other. It wasn’t easy at first. There was a man I was afraid of because he took pictures of me, he wanted to take pictures of me naked, and we thought that was wrong, of course, deaf people are not stupid, we also know things. Once he asked me to do that and I told him that I was going to tell the teacher or report him, so he told me: no, no, no, just don’t do it. So they told me that I did have to tell, but I was afraid. Afterwards I lost my fear, and I went and told the teacher.”

“When my mom came for me, I told her that I no longer wanted to go to school, I no longer wanted to go because they bullied me. But my mom didn’t know, she didn’t know what kind of bullying it was, so my mom asked me: what happened to your neck? And what I answered was that I had scratched my neck and that’s why I was so red. I didn’t want my mom to suffer.”

“In the first year of secondary school, I had a classmate who only spoke to me to annoy me or to ask me for money at recess, something that I really did not like and when I refused, he insisted on physically assaulting me, he gave me a huge blow on my back. Then I quickly walked away from him, and I did not speak to him again.”

“In elementary school, the teachers knew what was happening to me, they knew, but they ignored it, they ignored it, they knew I was being bullied. But what do you think? They didn’t believe in me because they said that, because I was deaf, I was probably lying, and how could they bully me if I couldn’t hear? That if they touched me it was so they could invite me. So, teachers’ awareness must be significantly increased.”

“Sometimes teachers accelerate their solutions to a conflict. For example, if someone is bothering someone else, they directly send him to detention.”
“In my current school, I don’t really have a bad time, I get along with my teachers, but not so much with my classmates. Although they tolerate me, I feel that some love me as I am, but others talk to me out of interest (...) they even contact me just to ask me for help with some things, or give them answers to some important tests, it has happened to me more than once.”

“The hearing-abled looked at us and said: what are you doing? even using a mocking tone. We felt extremely offended, and we also began to make fun of the hearing-abled, using this sign, what were they talking about with their mouths? We asked them, do you understand sign language? And no, they had to shut up. A week later, they began to ask how each thing was said and began to internalize the signs. In the end, they asked us to teach them sign language, and it made us feel really good because we had a feeling of empathy between the two groups, even after a while they apologized for those initial offenses and now we are highly integrated, once we started making fun of each other and we started fighting, but then we became friends.

“The worst thing I went through was feeling their pity, but they couldn’t frustrate me, my family, my therapists, and several teachers supported me and in the end, I was able to prevail. I ended up being chosen as my school’s flag bearer and decided to find an inclusive school for my high school.”

“I want to give great advice to schools, to children, and society as a whole: put an end to bullying and violence at school; we are going to move forward, we are going to fight for everyone to make sure all schools are inclusive, we live together in peace, and we live in a peaceful and free society, without any barriers, without any setbacks, and we all live happily ever after.”

“Sometimes they leave us out of English classes, and it is important that we learn too, and they have said no, even in person and online, they have said that English is not important for deaf people. I feel discriminated against.”
Children and adolescents with disabilities frequently experience a lack of accessibility to quality teaching-learning processes and few opportunities for participation.

Isolation can also be a form of violence (Meresman et al, 2016), since children and adolescents with disabilities must make great efforts to be able to participate, in line with the paradigm of integration, where the individual must adapt to the system.

The lack of interpreters, the lack of personal assistance resources, limited or lack of adapted materials, lack of teaching-learning strategies and methodologies with universal accessibility criteria are just a few examples that describe the first experiences of people with disabilities when entering the education field. In other words, violence is present the moment children enter school, where the rule is homogeneity, the able-bodied idea of “normality” and the standard student. These aspects were further exacerbated in the COVID-19 pandemic.

It is important to emphasize that accessibility is a right expressed in article 21 of the CRPD, which specifies that States Parties shall take all pertinent measures to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including by “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” (UN, 2006).

Schools are often unprepared to handle cases of bullying when they occur, and it is important for them to have protocols in place. Often, there are no channels to report cases of sexual violence against children and adolescents with disabilities. These situations are frequently solved based on quick responses that have not necessarily listened to the people involved to ensure they are part of designing the solutions.

This reinforces the idea that students with disabilities’ opinions often do not carry significant weight and, rather, their voices are minimized and what they feel and perceive is dismissed. For this reason, it is important to promote reporting mechanisms with a rights approach.

Although school bullying and peer violence were not always explicitly named in the interviews, children and adolescents’ testimonies included notorious references to experiences of ridicule, harassment, intimidation, and lack of recognition of differences that are part of their daily coexistence and practices, not only in the school environment, but throughout the community.
School bullying has an impact on a person's life, affecting their self-esteem and mental health; it has consequences on their self-confidence and affects their trust. It can also lead to poor school performance and even school dropout. This evidences the need to have protocols in place for families and communities. Hence, it is important to address these phenomena from a rights perspective, recognizing that children and adolescents are also exposed to violence in the institutions of their communities. It is also necessary to continue promoting rights in the educational field, providing tools to improve teaching-learning methodologies, and building violence-free environments.
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Perceived violence in community settings

“When there is a disability, they directly tell you: you can’t speak, or you’re not right in the head.”

“They don’t invite me to go dancing. They see me as a small girl, and they feel sorry for my situation.”

“I never go to some stores. I get nervous because they are not patient with me.”

“We tried to buy something, and they did not know how to serve us, some communicated using mimicry because they are not used to seeing independent deaf people shopping alone in shopping malls.”

“Before, when I was little, I was about 8 years old, I started going with my mom, accompanying her to the store. When I was 10 years old, more or less, she told me to go by myself; I was a little embarrassed, I didn’t know how to do it, but well, with patience, I forgot my fears and went.”

“When I get sick, I usually go with a family member, and there is a person who speaks for me, as if I am behind the person. A person accompanies me, and that person, whether it is my father or my mother, speaks for me, and I remain silent without saying anything, that person is the one who speaks and says: look, this is happening to the child, he is sick. I don’t even know what the doctor tells him, I don’t know what is happening to me and they are the ones who speak for me. But I feel, sometimes, that I also need to tell them about certain personal things, because they don’t know all my needs, it’s my body and they don’t know how I feel. Sometimes I have to depend a lot on my family, and they take that leading role representing me in different spaces, and I am no longer a child.”

“Today, I went to the health service to get a medical certificate. I wanted a medical certificate stating that I was clinically healthy. And I repeat it again! It was today. They treated me very well at first, they weighed me, measured me, took my personal data and so on, then they took me to the treating doctor. ...My mom accompanied me. Then the doctor, the one who received me, told me: let’s see, you sit here, you sit there... and he said: what are you coming for? So I told him, two people came, the reason is because I am deaf, and she is my interpreter. And he told me: why do you want the medical certificate? I told him: I want to go to work. And he told me: let’s see, let’s see, let’s see... If you are deaf and sick,
how do you want me to give you a health certificate that you are healthy? You are not healthy. So I told him: No. I’m healthy, I’m just deaf. He took me to another department, upstairs, I don’t know who it was, I think it was like the deputy director or the manager of an area, and then the doctor gives him my documents, and tells him: look, this girl wants a health certificate, and she wants me to make her healthy, but she is sick, and she does not accept that she is sick. Imagine, that is discrimination! That is also bullying, and today it happened. Today!”

“Many times, they want to normalize us.”

“When social projects, justice and the State all violate our rights and fail to provide the support we need, we also suffer bullying.”

“The tactile signals for blind people, it seems that they are not specifically placed to serve as a guide for us, they seem to be placed there for no reason, so to speak, as a decoration, only to comply, but not to help”.

“My mom has a disability, she can’t go to some places because she, well... because she is in a wheelchair, she can’t get in because the school doesn’t have a ramp.”

“We must defend ourselves: well, what happens? respect me, I’m not trash, please respect me. I am going to defend myself and get away from those people who want to harm us. If I’m in the bathroom and they want to take a picture of me, I tell them: respect me, I’m going to report you.”

“When they don’t know me, they ask what’s wrong with me. They do not address me, but rather those who assist me. They look at me weird and back away.”

“Going shopping, to the hairdresser, for a walk, that made them recognize me. A society that fails to recognize our power and everything we have to give and teach, also mistreats us, and makes us invisible. There are many barriers, not only architectural, but the worst, attitudinal. Barriers need to be removed. We live in a society to participate. Inclusion is participation.”
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“They always let me decide, but they have to fight a lot (my family) so that we have the treatment, the equipment and support.”

“Having a disability makes you have to deal with many things. I was always very aware of the disability I had because my mother prepared me when I was little: “the world will never adapt to you, either you adapt to the world or there is nothing.” So, my mom told me since I was little: “you don’t see and they see, you will always be able to do everything.” I believe that the greatest thing that my parents taught me —and that sometimes I use it too much— is that I feel that I am going to be able to do everything.”

“It is very sad how much I suffer, not having personal assistants makes it difficult for me to have the autonomy and independence that I would like.”

“Many times, they think that we can be mistreated because we are deaf.”

Limited contact with the community —the neighborhood, the city— leads to invisibility and this was mentioned in various testimonies. For example, experiences of confinement, lack of contact, sign language communication difficulties, all kinds of barriers, especially attitudinal ones, limit the interactions of children and adolescents with disabilities with their communities. Hence, besides being able to see persons with disabilities in the streets, in shops, and social and cultural spaces, as a way of helping build awareness, it is important to place their rights on each community’s public agenda and strengthen support networks to work in favour of their inclusion.

It is notorious that, in the community sphere, the first experiences of autonomy and independence that children refer to is going to buy something at the store, shop or supermarket, which reflects the lack of inclusive proposals for public space interactions.

Discrimination and violence in institutions are also repeatedly mentioned in community settings, especially in the health sector, which shows the need to strengthen services to provide quality care with a rights-based approach and an inclusion perspective.
Proposals from children and adolescents with disabilities

The proposals detailed below are a valuable contribution to eradicating abuse, violence, and bullying and aim to build relationships based on good treatment and inclusive cultures with a rights approach.

Visibility

• Disseminating the things that people with disabilities do.

• Raising awareness of the mistreatment experienced by people with disabilities.

• Raising awareness in schools and the educational community of the rights of children and adolescents with disabilities.

• Raising awareness of the importance of having sign language and other necessary adjustments and supports.

Accessibility for participation

• Understanding that accessibility is a right.

• Understanding and guaranteeing accessibility as a means of inclusion.

• Guaranteeing accessibility in public spaces.

States’ commitment to inclusion

• Complying with the imperative of the right to accessibility.

• Ensuring that public policies leave no one behind.

• Valuing and recognizing children and adolescents with disabilities who require support or technical assistance as part of society.

• Ensuring there is an agile system to access the disability certificate.

• Guaranteeing access to therapies and rehabilitation/habilitation opportunities in the public system.

• Training teachers on inclusive education.

• Promoting education transformation processes that include strategies to prevent and eliminate bullying and violence in any of its forms.

• Investing in strategies to improve families’, communities’, and the entire educational system’s understanding of diversity as a social value and not as a burden.

• Providing the support needed for effective educational inclusion.
• Hiring teachers with disabilities.

• Working with organizations of people with disabilities, strengthening their skills in the rights approach and teaching parenting guidelines for good treatment.

Far from closing the debate, this section intends to promote reflection and action regarding good treatment and inclusive environments, based on contextualized responses that include listening and participation as the main tools. This makes it necessary to promote awareness, complying with article 8 of the Convention on the Rights of Persons with Disabilities:

**States Parties undertake to adopt immediate, effective, and appropriate measures:**

• (a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

• (b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

• (c) To promote awareness of the capabilities and contributions of persons with disabilities.

As evidenced by this rapid assessment, much remains to be done in terms of rights, autonomy, communication, good treatment and accessibility, so awareness is critical to breaking down attitudinal barriers and promoting better coexistence.

Many structural factors affect the living conditions of children and adolescents with disabilities, such as socioeconomic inequality, poverty, dependency, limited or no access to health services and linguistic mediation, among others, that prevent them from developing fully and achieving their potential.

In many cases, discrimination and violence are rooted in cultural patterns and lead to bullying, mistreatment, gender violence, adult-centrism, normalization, and ableism, all of which violate children and adolescents with disabilities’ rights to development, survival, protection and participation.
Therefore, it is a priority for the State to guarantee the required technical assistance, support, and infrastructure for inclusion, besides undertaking concrete actions to prevent and eliminate all forms of violence against children and adolescents with disabilities.

There is a lot of work to do at various levels to ensure that coexistence is based on the exercise of human rights and respect for diversity as key elements for building inclusive communities.

Dependency situations that impact the functionality of persons with restrictions deserve further study. Adolescents with disabilities express that these circumstances of dependency are a daily and frequent form of violence and mistreatment, stigmatization, and barriers to effective participation in various contexts. This is directly connected to families’ difficulties related to children and adolescents with disabilities’ progressive autonomy, which leads to the “chronification of dependency” (Meresman et al, 2016): “families’ overprotective and limiting behaviours often result in very low self-esteem, a poor sense of personal identity, which later translates into weak and easily manipulated personalities.”

These highlights are based on the testimonies of children and adolescents with disabilities in this rapid evaluation:

- It is essential to promote more opportunities for participation and consultation so that public policies are more effective.

- It is critical to advocate for public investment, both in the generation of evidence to improve policies, and in the multisectoral coordination of services targeting this population.

- It is necessary to promote coexistence and encourage good treatment in families, educational institutions and communities.
Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

Recommendations

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It is imperative that the voices of rights holders are heard and their participation in decisions that affect their lives is encouraged. To this end, it is critical to promote the participation of persons with disabilities in the various spheres of life.

Progressive autonomy

Strengthen the capacities of families so that in their respectful parenting guidelines, they encourage their children’s progressive autonomy, in an effort to contribute to the comprehensive development of children and adolescents with disabilities.

Data and information systems

Strengthen research and evidence generation on bullying, mistreatment and violence against children and adolescents with disabilities in order to build an advocacy agenda and take effective action to prevent and eliminate these phenomena.

Health, education and protection

The different testimonies referring to the lack of access to health, the low quality of education, the multiple barriers and the violation of rights, point out the urgent need to increase visibility and awareness and improve access and quality of state services and community services for children and adolescents with disabilities, breaking down barriers and making profound changes.

In particular, it is a priority to ensure access to comprehensive health, after verifying the far-reaching effects of bullying, mistreatment and violence on the mental health of children and adolescents with disabilities. Likewise, in the school context, it is essential to promote intersectoral interventions to ensure inclusive practices and eliminate situations of discrimination and peer violence. For this, it is critical that educational institutions have materials, manuals, guides, and protocols for action, and also carry out campaigns and prevention programs.

Gender

Intentionally incorporate the gender perspective, since the rapid assessment showed that girls and female adolescents with disabilities often experience discrimination both due to their disability and their gender.
Participation

Ensure that communities’ and institutions’ participation and consultation spaces offer the opportunity to listen to the voices of children and adolescents with disabilities. This would enable learning about their feelings and proposals and help make this group visible and build a culture of coexistence, based on respect for diversity.

Inclusive meetings

Inclusion and diversity should not be a source of anxieties or fears (Meresman, 2016). Nonetheless, and as an effect of the exclusion and segregation of persons with disabilities, some people feel that they are not prepared for the meeting, or that many modifications will be necessary to make it possible (UNICEF, 2020). This is why it is important to:

- **De-pathologize.** Disability is not a disease or a health deficit. The diagnosis often causes irreparable damage to the person’s environment, while stigmatizing and discriminating against them. Although people with disabilities may have some condition of vulnerability or certain specific health care needs, they can also live healthy and full lives.

- **Dedramatize.** Disabilities are not a drama but a challenging experience, often leading to new learning and strengths. For this reason, it is important to avoid attitudes of compassion or pity, especially when working with families, and to offer hopeful support. On the other hand, in 2011, the World Health Organization established that a person with any possible functional limitations can be compensated through the required supports or “reasonable adjustments.”

- **Remove the labels.** It’s about seeing the person, not the disability! In a classifying and qualifying world, diagnoses can lead to stigma and negatively determine a person’s expectations and development possibilities. The most effective way to interact with someone with a disability is to focus on their strengths and abilities.
Increase visibility, raise awareness and deconstruct stereotypes

Together with children and adolescents with disabilities and organizations of and for persons with disabilities, States need to undertake campaigns and programs in family, school and community settings to raise awareness of the rights of this population. This must be done through strategies and actions aimed at preventing and eliminating all forms of discrimination and violence present in everyday life, and stimulating behavior changes to build a coexistence culture.

These campaigns and programs must address family support, teacher training, and the promotion and strengthening of support networks for families and the community, through systematic and specific actions for children and adolescents with disabilities.

Evidence and investment

To formulate or adjust public policies for children and adolescents with disabilities in the family, school and community spheres, States must invest in new lines of research that provide evidence on the situation and quality of life of this population, in relationship to phenomena of discrimination and violence; disasters, crises and conflicts; and impacts of institutionalization and segregated care models, considering the life course — early childhood, childhood, adolescence — and the dual-track approach.

Disabilities in early childhood

States must ensure that comprehensive care programs for early childhood explicitly include children with disabilities in multisectoral interventions that include supporting and strengthening families in parenting skills, health care, nutrition, protection and early learning or preschool education, in compliance with the provisions of the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the observations and recommendations reiterated by the respective Committees and different countries’ human rights reports, among others.
Voices of adolescents with disabilities on the discrimination and violence in their family, school, and community settings

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