Response to questionnaire Special rapporteur on the rights of persons with disabilities, Ms. Catalina Devandas Aguilar

**Netherlands Institute for Human Rights**

The Netherlands Institute for Human Rights is very grateful to Rutgers, the centre of expertise on sexual and reproductive health and rights, for the submission of the information on behalf of this questionnaire.[[1]](#footnote-1)

1. Please provide information in relation to any innovative initiatives that have been taken at the local, regional or national level to promote and ensure the exercise of sexual and reproductive health and rights of girls with disabilities, and identify lessons learned from these.

The Netherlands is a party to CRPD since July 2016. During the ratification process, a member of parliament submitted a motion in which the Government was urged to draft a plan aimed at breaking taboos on the issue of sex and persons with disabilities.[[2]](#footnote-2) The Government was called upon to consult with various organisations. It is necessary to pay attention to the fact that they more frequently meet with problems with sexuality and sexual health than the population in general. For example, they are more vulnerable to meet with unacceptable behaviour and more frequently have sexual health problems. This motion has not yet been implemented and some opportunities have nog been seized. For example, an investigation into sexual behaviour and perceptions of sexuality of young persons in special education could have been carried out as an addition to an investigation carried out among young people in the Netherlands. However, the ministry concerned was not willing to provide for the necessary funding.

Further training of health professional is required. More structural attention is needed for specific aspects of sexual and reproductive health of persons with a disability or an illness. This should include skills that are necessary to discuss sexuality in education.

There is some expertise with respect to treatment of victims of sexual violence, but this is not widely available and/or implemented.

Parents with a child that has a disability, or parents who have an intellectual disability themselves, need support in taking care of the sexual health of their children

Specific groups of people with disabilities are underserved, for example people with severe intellectual disability.

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**Recently developed interventions and research**

***Interventions and training***:

Girls’ Talk+

A systematically developed group counselling programme (8 sessions) for adolescent girls with mild intellectual disability, that aims to prevent sexual victimisation, unwanted pregnancies and sexually transmitted infections [STI’s]. Girls’ Talk+ is based on empirical evidence and existing theories, in accordance with the Intervention Mapping protocol. It is developed in collaboration with both trainers and girls from the target population. The programme focusses on five themes: knowledge, attitude, self-efficacy, self-esteem, and involving the social network, all in relation to sexual behaviour. A study with multi-method design was conducted to investigate effectiveness. Results showed that Girls’ Talk+ significantly improved the sexual knowledge, self-efficacy and attitude of the participants in the experimental condition, as measured by the perception of the trainers and the results from the participant questionnaires (at post-test and follow-up). No significant improvement of the experimental condition was found for self-esteem and involving the social network. Both trainers and participants were satisfied with the programme (results not yet published in international journal).

[www.rutgers.nl](http://www.rutgers.nl)

Je Lijf Je Lief!

Sex education programme with specific focus on wishes and boundaries, and peer group pressure (5 lessons) for students (aged 12-14, both boys and girls) in lower educational school levels. Students in these schools often have mild intellectual disability. Aim of the programme is aiding students in being assertive, sexually resilient and respectful in a way that is suitable for this target group (use of visual materials, active and interactive elements, simple language and repetition of themes). The programme is systematically developed by using the intervention mapping protocol, and is currently under investigation with regard to effectiveness and usability.

[www.movisie.nl](http://www.movisie.nl)

Sex education for Special Education Schools

In the Netherlands, children with disabilities (intellectual, physical or sensory) or psychological problems go to specific schools. For these schools, both primary and secondary education, a specific sex education curriculum was developed, based on existing sex education for children without disabilities. Aims:

Children:

* Get adequate knowledge and skills
* In a pleasant and safe school environment

Schools:

* Comprehensive approach, competent teachers and entrance to sex education

Care: tuning sex education in care and school

Parents:

* Tools for sex education
* Awareness of what schools offer

The curriculum can be downloaded from a website, which also provides tips and tools for teachers.

[www.rutgers.nl](http://www.rutgers.nl)

SecZ Talk

Is a board game for young people with a disease or physical disability which gives them a means to talk about sexuality, especially with regard to their physical challenges.

[www.rutgers.nl](http://www.rutgers.nl)

Sensoa Flag system

The Sensoa Flag System© is an evidence-based tool developed by Sensoa for identifying healthy and unacceptable sexual behaviour of children and youngsters aged 0 to 18. The Flag System enables professionals (care, social work, education and other fields) to make a clear distinction between healthy and unacceptable sexual behaviour and supports them in talking with children about sexuality.

With the help of this tool, professionals are able to effectively identify sexual behaviour. It guides its users to determine when certain sexual behaviour is permissible and when other sexual behaviour should be restricted or forbidden, following objective criteria. It also provides professionals with guidelines on how to respond pedagogically and helps them support young people to experience their sexuality in a sensible and healthy way.

The Flag system is very successful in Belgium and the Netherlands. Recently, a version for children and adolescents with intellectual disability was developed (Buiten de Lijnen). An English version of the Flag System will be implemented in Europe in the near future. [www.Flagsystem.org](http://www.Flagsystem.org) will be launched by the end of 2017.

http://www.sensoa.be/english/sensoa-flag-system

Lief, Lijf en leven (Love, Life and Body)

Sex education for people with mild intellectual disability

[www.lieflijfenleven.nl](http://www.lieflijfenleven.nl)

European project: Keep me Safe

The empowerment of young people with a learning disability (YPWLD) as a way to protect themselves against sexual abuse and violence was the overall aim of this project. Their protection requires from their cares and family members acknowledgement and respect of their sexuality alongside guidance on protection and appropriate behaviour. The project built on the work of a number of European sexual and reproductive health organisations which successfully developed evidence based approaches for working both directly with YPWLD and with their cares (families and staff in institutions). It aims at European wide initiative to share and standardise the good practice already developed and tested in a number of countries.

See: <https://ec.europa.eu/justice/grants/results/daphne-toolkit/en/content/keep-me-safe-empowering-young-people-learning-disabilities-ypwld>

On the website the aim and results of the project, including a pdf of the final report.

***Research***

* Van Berlo et al. (2011). “Beperkt weerbaar”. Representative study on the prevalence and characteristics of sexual violence against people with intellectual, physical or sensory disability
* “Gewoon gezellig met zo’n buik”. Qualitative study on unplanned teenage pregnancies among girls with intellectual disability

***Education***

Sex education is mandatory in Dutch schools, including schools for children with disabilities.

In some schools for higher vocational education in the Netherlands, students get information about sexual health and (prevention of) sexual violence regarding people with disabilities. More (structural) implementation is needed. Several handbooks are available, in which information is provided for students and professionals.

***Access to care***

In ambulant and residential care for people with disabilities, sexual health care is provided. Some institutions have specialized sexologists. Schools and institutions are obliged to have protocols in case of sexual violence incidents. The VGN (Dutch umbrella organization for the care of people with disabilities) provides an education and training manual for sexual health care. The NVVS (Dutch Academic Organization for Sexology) is active in enhancing attention and openness about sexuality of people with disease or disability. However, structural implementation, as mentioned above, is not yet the case.

1. English website: <https://www.rutgers.international/> [↑](#footnote-ref-1)
2. Kamerstukken II, 2015/16, 33990 nr. 51. [↑](#footnote-ref-2)