Articles 15 and 17: Illustrative indicators on freedom from torture and ill-treatment and protection of physical and mental integrity

Articles 15 and 17: Illustrative indicators on freedom from torture and ill-treatment and protection of physical and mental integrity			
Right of persons with disabilities to be free from torture or cruel, inhuman or degrading treatment or punishment and the right to physical and mental integrity			
Attribute/type of indicator	**Prevention of torture, ill-treatment and other violations of physical and mental integrity through non-disability specific practices**	**Prevention of torture, ill-treatment and other violations of physical and mental integrity through non-consensual treatments and other disability-specific practices**	**Prohibition of medical experimentation on persons with disabilities without their free and informed consent**
Structure	15/17.1: Ratification of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 15/17.2: Designation or establishment of one or several independent national preventive mechanisms (article 17 of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) 15/17.3: Legislation enacted to prohibit and criminalize torture; ill-treatment; non-consensual medical, scientific or social experimentation, interventions or treatment, including the non-consensual administration of drugs; and other violations of the physical and mental integrity of persons with disabilities[a] wherever they take place, with proportionate sanctions; and the provision of free legal aid; effective remedies, redress and reparation, including restitution, compensation, satisfaction and guarantees of non-repetition; and rehabilitation and support services to victims with disabilities (including supported decision-making if requested) within the community 15/17.4: Legislation that prohibits and protects children with disabilities from corporal punishment, and treatments and interventions such as behaviour modification, growth attenuation therapy, chemical or physical restraint, and other invasive and irreversible treatments, including in homes, schools, day-care centres and institutional care settings[b] 15/17.5: Legislation enacted that: • Recognizes the right to free and informed consent to medical treatment, and the right to refuse treatment, of every individual at all times, regardless of their legal capacity status and condition of liberty, including in situations of mental distress • Prohibits discrimination in the exercise of free and informed consent, including the denial of reasonable accommodation • Ensures that all health information and consent forms are fully accessible and culturally appropriate • Requires health-care providers to act in accordance with advance directives, powers of attorney and other forms of supported decision-making for health-care decisions[c] See also indicators 25.6 and 25.7 on the Convention on the Rights of Persons with Disabilities. 15/17.6: Legislation enacted that protects persons with disabilities[d] from, and prohibits, medical experimentation, including the use of experimental or insufficiently tested drugs and treatment methods without the free and informed consent of the person concerned[e] 15/17.7: Legal requirement to collect and disaggregate data on persons with disabilities deprived of liberty in the institutional settings where deprivation of liberty of persons with disabilities might occur, disaggregated by age, sex, disability and ground of detention		

	15/17.8: Adoption of a code of conduct for law enforcement officials, including rules of conduct for interrogation of arrested, detained and imprisoned persons, that explicitly includes guidance regarding persons with disabilities and their rights, including the obligation to provide procedural accommodations in access to justice and reasonable accommodation in detention 15/17.9: Adoption of regulations and protocols governing inspections of police cells, detention centres and prisons by independent authorities (such as national preventive mechanisms), which explicitly include places of deprivation of liberty of persons with disabilities[f] 15/17.10: Adoption of mandatory accessibility standards applicable to prisons and other centres of detention (see also indicator 14.9 on the Convention on the Rights of Persons with Disabilities) 15/17.11: Provision in legislation ensuring the obligation to provide reasonable accommodation to persons with disabilities deprived of their liberty (e.g. for prisoners with disabilities) (see also indicator 14.10 on the Convention on the Rights of Persons with Disabilities)	15/17.12: Adoption of a legal requirement to take into account the evolving capacities of children with disabilities and their right to preserve their identities in all decisions affecting them and with respect to medical and related interventions and treatments[g] (see also indicator 7.5 on the Convention on the Rights of Persons with Disabilities) 15/17.13: Adoption of protocols on respect for sexual and reproductive rights of persons with disabilities, notably women and girls with disabilities, including the right to retain their fertility, and the provision of related information and services	15/17.14: Adoption of protocols for the prevention of medical experimentation involving persons with disabilities without their free and informed consent
Process	15/17.15: Number and proportion of law enforcement officials (including police, military and custodial staff) trained on rules of conduct in proportional use of force, making arrests, detentions, interrogations or carrying out punishments with respect to the rights of persons with disabilities, including the provision of procedural and reasonable accommodations, and de-escalation of potential violence by or towards persons with actual or perceived impairment	15/17.16: Number and proportion of health practitioners[h] and staff of health, psychiatric, mental health, social care and residential services and institutions trained on the right of persons with disabilities to accept or refuse treatment on the basis of free and informed consent, and to use, and/or to be provided with, accommodations and supports for decision-making according to the will and preferences of the person concerned	
	15/17.17: Number of awareness-raising campaigns and activities to promote and inform persons with disabilities, their families and the general public on the rights of persons with disabilities to be free from torture and ill-treatment and to their physical and mental integrity, including awareness-raising on non-consensual medical interventions as prohibited practices; and proportion of population who gained access to those campaigns and activities, disaggregated by age, sex, disability and geographical location		

	15/17.18: Budget allocated to and spent on national preventive mechanisms or other independent authorities to undertake monitoring activities of places of detention where deprivation of liberty of persons with disabilities occurs and to strengthen their capacity to fulfil their mandate with respect to the rights of persons with disabilities 15/17.19: Number of consultation processes undertaken on the design, implementation and monitoring of laws, regulations, policies and programmes related to the prevention of torture, other ill-treatment and non-consensual interventions, including those related to persons with disabilities, and the implementation of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; and proportion of persons with disabilities participating in consultations, disaggregated by age, sex, disability and geographical location[i] 15/17.20: Proportion of complaints received alleging torture, ill-treatment, non-consensual treatment and other violations to the right to the physical and mental integrity of persons with disabilities that have been investigated and adjudicated; proportion of those found in favour of the complainant; and proportion of the latter that have been complied with by the Government and/or duty bearer (e.g. private school); each disaggregated by type of mechanism	
Outcome	15/17.21: Number of reported cases of torture and ill-treatment against persons with disabilities, including the denial of reasonable accommodation in detention, disaggregated by sex, age, disability and context of the violation[j] 15/17.22: Number and proportion of victims of torture or ill-treatment with disabilities who received compensation, rehabilitation and support per year 15/17.23: Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers during the past month, disaggregated by sex (Sustainable Development Goal indicator 16.2.1) and disability	15/17.24: Number and proportion of persons with disabilities subjected to forced medical experimentation who received compensation, rehabilitation and support per year

[a] Legislation should cover all forms of torture and ill-treatment, including normalized practices that violate the physical and mental integrity of persons with disabilities, including, but not limited to, all forms of coercive practices against adults and children with disabilities, including chemical or mechanical restraints, the use of net beds, isolation, seclusion, solitary confinement, forced administration of intrusive and irreversible treatments, such as female genital mutilation, forced sterilizations (including chemical and surgical castration), forced abortion, forced contraception, electroconvulsive therapy, non-consensual administration of drugs , psychosurgery, experimental mercury detoxification treatments, harsh behavioural modification regimes and packing for autistic children, conductive education for children with cerebral palsy, limb-lengthening for children with restricted growth and corrective surgeries on intersex persons with disabilities.

[b] For details on the concept of "institutions" in the context of this indicator related to children with disabilities, see Committee on the Rights of Persons with Disabilities, general comment No. 5 (2017), para. 16 (c) *in fine*. See also indicator 7.4 whose endnote contains a fuller list of the treatments and interventions whose effectiveness is uncertain or deemed controversial and against which children with disabilities should be protected.

[c] Health-care providers should directly address persons with disabilities in discussing their health care and in seeking their individual free and informed consent while respecting the involvement of their chosen supporters. Advance directives and powers of attorney are to be accepted as support measures as an exercise of their legal capacity. When, despite significant efforts, it proves not to be feasible to obtain a

person's will, protocols are to be in place to determine the best interpretation of the person's will and preferences based on evidence (including consideration of the previously manifested preferences, values, attitudes, narratives and actions, inclusive of verbal or non-verbal communication, of the person concerned (A/HRC/37/56, para. 31) and subject to being corrected by subsequent expressions of will or decision-making by the individual (whether or not it was obtained through support measures).

[d] With particular attention given to persons with psychosocial disabilities and persons with intellectual disabilities.

[e] This includes repealing provisions that allow legal guardians, courts or other substitute decision makers to consent to medical experimentation on behalf of persons with disabilities (in contradiction to article 12 of the Convention on the Rights of Persons with Disabilities) or for public review boards to allow such experimentation as being justified for the benefit of third parties.

[f] This includes psychiatric inpatient units or facilities, residential institutions for children and adults with disabilities (including small group homes), prayer camps, orphanages, migration detention centres and any other public or private institutional setting where deprivation of liberty of persons with disabilities might take place.

[g] This is particularly with respect to treatments and interventions whose effectiveness is uncertain or deemed controversial and which are invasive and/or irreversible – for example, the administration of psychotropic drugs, including neuroleptics; experimental mercury detoxification treatments; growth attenuation therapy; sterilization; behavioural modification regimes, such as the administration of electric shocks and packing of autistic children; conductive education for children with cerebral palsy; and limb-lengthening for children with restricted growth.

[h] Including traditional healers.

[i] This indicator requires verifying concrete activities undertaken by public authorities to involve persons with disabilities in decision-making processes related to issues that directly or indirectly affect them in line with article 4 (3) of the Convention on the Rights of Persons with Disabilities and general comment No. 7 (2018) of the Committee on the Rights of Persons with Disabilities, including consultation meetings, technical briefings, online consultation surveys, and calls for comments on draft legislation and policies, among other methods and mechanisms of participation. In this regard, States must:

- Ensure that consultation processes are transparent and accessible
- Ensure the provision of appropriate and accessible information
- Not withhold information or condition or prevent representatives of persons with disabilities from freely expressing their opinions
- Include both registered and unregistered organizations
- Ensure early and continuous involvement of persons with disabilities
- Cover related expenses of participants

[j] "Context of the violation" refers to the place and/or institutional context in which the violation was committed (e.g. prison, involuntary admission to a psychiatric institution, residential institutions and private hospitals).