



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

General comment No. 3 (2016) on women and girls with disabilities

1. The present general comment was prepared by the Committee on the Rights of Persons with Disabilities in accordance with rule 47 of its rules of procedure, which states that the Committee may prepare general comments based on the various articles and provisions of the Convention with a view to assisting States parties in fulfilling their reporting obligations, and with paragraphs 54-57 of its working methods.

2. There is strong evidence to show that women and girls with disabilities face barriers in most areas of life. These barriers create situations of multiple and intersecting forms of discrimination against women and girls with disabilities, in particular with regard to: equal access to education, economic opportunities, social interaction and justice; equal recognition before the law;¹ and the ability to participate in politics and to exercise control over their own lives across a range of contexts, for example with regard to health care, including sexual and reproductive health services, and to where and with whom they wish to live.

I. Introduction

3. International and national laws and policies on disability have historically neglected aspects related to women and girls with disabilities. In turn, laws and policies addressing women have traditionally ignored disability. This invisibility has perpetuated the situation of multiple and intersecting forms of discrimination against women and girls with disabilities.² Women with disabilities are often discriminated against on the grounds of gender and/or disability, and on other grounds as well.

4. In the present general comment, the following terms are used:

(a) “Women with disabilities” refers to all women, girls and adolescents with disabilities;

(b) “Sex” and “gender”, where “sex” refers to biological differences and “gender” refers to the characteristics that a society or culture views as masculine or feminine;

¹ World Health Organization (WHO) and World Bank, *World Report on Disability* (Geneva, 2011).

² See www.un.org/womenwatch/enable.



(c) “Multiple discrimination” refers to a situation in which a person experiences discrimination on two or more grounds, leading to discrimination that is compounded or aggravated.³ “Intersectional discrimination” refers to a situation where several grounds interact with each other at the same time in such a way as to be inseparable.⁴ Grounds for discrimination include age, disability, ethnic, indigenous, national or social origin, gender identity, political or other opinion, race, refugee, migrant or asylum seeker status, religion, sex and sexual orientation.

5. Women with disabilities are not a homogenous group. They include indigenous women; refugee, migrant, asylum-seeking and internally displaced women; women in detention (hospitals, residential institutions, juvenile or correctional facilities and prisons); women living in poverty; women from different ethnic, religious and racial backgrounds; women with multiple disabilities and high levels of support; women with albinism; and lesbian, bisexual and transgender women, as well as intersex persons. The diversity of women with disabilities also includes all types of impairments, in other words physical, psychosocial, intellectual or sensory conditions that may or may not come with functional limitations. Disability is understood as the social effect of the interaction between individual impairment and the social and material environment, as described in article 1 of the Convention on the Rights of Persons with Disabilities.

6. Gradual changes in law and policy have occurred since the 1980s and the recognition of women with disabilities has increased. Jurisprudence developed under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women have highlighted concerns that need to be addressed regarding women and girls with disabilities and recommendations to be implemented. At a policy level, various United Nations bodies have started addressing issues facing women with disabilities and a number of regional strategies addressing disability-inclusive development include them.

7. Article 6 of the Convention on the Rights of Persons with Disabilities is a response to the lack of recognition of the rights of women and girls with disabilities, who worked hard to have that article included in the treaty. Article 6 reinforces the non-discriminatory approach of the Convention, in particular in respect of women and girls, and requires that States parties go beyond refraining from taking discriminatory actions to adopting measures aimed at the development, advancement and empowerment of women and girls with disabilities and the promotion of measures to empower them by recognizing that they are distinct rights holders, providing channels to have their voice heard and to exercise agency, raising their self-confidence and increasing their power and authority to take decisions in all areas affecting their lives. Article 6 should guide States parties to comply with their Convention-related responsibilities to promote, protect and fulfil the human rights of women and girls with disabilities, from a human rights-based approach and a development perspective.

8. Gender equality is central to human rights. Equality is a fundamental human rights principle that is inherently relative and context-specific. Ensuring the human rights of women requires, first and foremost, a comprehensive understanding of the social structures and power relations that frame laws and policies, as well as of economic and social dynamics, family and community life, and cultural beliefs. Gender stereotypes can limit women’s capacity to develop their own abilities, pursue professional careers and make choices about their lives and life plans. Both hostile/negative and seemingly benign

³ See Committee on the Elimination of Discrimination against Women, general recommendation No. 25 (2004) on temporary special measures, para. 12.

⁴ *Ibid.*, general recommendation No. 28 (2010) on the core obligations of States parties under article 2 of the Convention on the Elimination of All Forms of Discrimination against Women, para. 18.

stereotypes can be harmful. Harmful gender stereotypes need to be recognized and addressed in order to promote gender equality. The Convention enshrines an obligation to combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life.

9. Article 6 is a binding non-discrimination and equality provision that unequivocally outlaws discrimination against women with disabilities and promotes equality of opportunity and equality of outcomes. Women and girls with disabilities are more likely to be discriminated against than men and boys with disabilities and women and girls without disabilities.

10. The Committee notes that the contributions made during its half-day of general discussion on women and girls with disabilities, held during its ninth session in April 2013, highlighted a range of topics and identified three main subjects of concern with respect to the protection of their human rights: violence, sexual and reproductive health and rights, and discrimination. Furthermore, in its concluding observations on women with disabilities, the Committee has expressed concern about: the prevalence of multiple discrimination and of intersectional discrimination against women with disabilities;⁵ the discrimination experienced by women and girls with disabilities on account of their gender, disability and other factors⁶ that are not sufficiently addressed in legislation and policies;⁷ the right to life;⁸ equal recognition before the law;⁹ the persistence of violence against women and girls with disabilities,¹⁰ including sexual violence¹¹ and abuse;¹² forced sterilization;¹³ female genital mutilation;¹⁴ sexual and economic exploitation;¹⁵ institutionalization;¹⁶ the lack of or insufficient participation of women with disabilities in decision-making processes¹⁷ in public and political life;¹⁸ the lack of inclusion of a gender perspective in disability policies;¹⁹ the lack of a disability-rights perspective in policies promoting gender equality;²⁰ and the lack of or insufficient number of specific measures to promote the education and employment of women with disabilities.²¹

II. Normative content

11. The present general comment reflects an interpretation of article 6 that is premised on the general principles outlined in article 3 of the Convention, namely: respect for the inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as

⁵ See, for example, CRPD/C/SLV/CO/1, para. 17, and CRPD/C/UKR/CO/1, para. 9.

⁶ See, for example, CRPD/C/AUT/CO/1, para. 17, and CRPD/C/ECU/CO/1, para. 16.

⁷ See, for example, CRPD/C/BRA/CO/1, para. 16, and CRPD/C/EU/CO/1, para. 20.

⁸ See, for example, CRPD/C/MEX/CO/1, para. 34, CRPD/C/AZE/CO/1, para. 18.

⁹ See, for example, CRPD/C/ARG/CO/1, para. 31.

¹⁰ See, for example, CRPD/C/BEL/CO/1, para. 30.

¹¹ See, for example, CRPD/C/AUS/CO/1, para. 16, and CRPD/C/CHN/CO/1 and Corr.1, paras. 57, 65 and 90.

¹² See, for example, CRPD/C/SLV/CO/1, para. 37, and CRPD/C/CZE/CO/1, para. 34.

¹³ See, for example, CRPD/C/MUS/CO/1, para. 29, and CRPD/C/NZL/CO/1, para. 37.

¹⁴ See, for example, CRPD/C/GAB/CO/1, para. 40, and CRPD/C/KEN/CO/1, para. 33.

¹⁵ See, for example, CRPD/C/DOM/CO/1, para. 32, and CRPD/C/PRY/CO/1, para. 17.

¹⁶ See, for example, CRPD/C/HRV/CO/1, para. 23, and CRPD/C/SVK/CO/1, para. 55.

¹⁷ See, for example, CRPD/C/QAT/CO/1, para. 13, and CRPD/C/ECU/CO/1, paras. 12 and 16.

¹⁸ See, for example, CRPD/C/CRI/CO/1, para. 13, and CRPD/C/ECU/CO/1, para. 16.

¹⁹ See, for example, CRPD/C/SWE/CO/1, para. 13, and CRPD/C/KOR/CO/1, para. 13.

²⁰ See, for example, CRPD/C/AZE/CO/1, para. 16, and CRPD/C/ESP/CO/1, para. 21.

²¹ See, for example, CRPD/C/DNK/CO/1, para. 18, and CRPD/C/NZL/CO/1, para. 16.

part of human diversity and humanity; equality of opportunity; accessibility; equality between men and women; and respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

12. Article 6 is a cross-cutting article related to all the other articles of the Convention. It should remind States parties to include the rights of women and girls with disabilities in all actions aimed at implementing the Convention. In particular, positive measures need to be taken in order to ensure that women with disabilities are protected against multiple discrimination and can enjoy human rights and fundamental freedoms on an equal basis with others.

Article 6 (1)

13. Article 6 (1) recognizes that women with disabilities are subject to multiple discrimination and requires that States parties take measures to ensure the full and equal enjoyment by women with disabilities of all human rights and fundamental freedoms. The Convention refers to multiple discrimination in article 5 (2), which not only requires States parties to prohibit any kind of discrimination based on disability, but also to protect against discrimination on other grounds.²² The Committee has included, in its jurisprudence, reference to measures to address multiple and intersectional discrimination.²³

14. “Discrimination on the basis of disability” is defined in article 2 of the Convention as any distinction, exclusion or restriction on the basis of disability that has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation. “Discrimination against women” is defined in article 1 of the Convention on the Elimination of All Forms of Discrimination against Women as any distinction, exclusion or restriction made on the basis of sex that has the effect or purpose of impairing or nullifying the recognition, or enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.

15. In article 2 of the Convention on the Rights of Persons with Disabilities, “reasonable accommodation” is defined as necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms. Consequently, and in line with article 5 (2) of the Convention, States parties must guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds. In its recent jurisprudence, the Committee on the Elimination of Discrimination against Women has made reference to reasonable accommodation in connection to women with disabilities’ access to employment.²⁴ The duty to provide reasonable accommodation is an *ex nunc* duty, meaning that it is enforceable from the moment a person requests it in a given situation in order to enjoy his or her rights on an equal basis in a particular context. Failure to provide reasonable accommodation for women with disabilities may amount to discrimination

²² See Committee on the Elimination of Discrimination against Women, general recommendation No. 25, para. 12.

²³ See CRPD/C/MUS/CO/1, CRPD/C/BRA/CO/1, CRPD/C/CZE/CO/1, CRPD/C/DNK/CO/1, CRPD/C/AUS/CO/1, CRPD/C/SWE/CO/1 and CRPD/C/DEU/CO/1, among others.

²⁴ See, for example, CEDAW/C/HUN/CO/7-8 and Corr.1, para. 45.

under articles 5 and 6.²⁵ An example of reasonable accommodation could be an accessible facility in the workplace that would allow a woman with a disability to breastfeed.

16. The concept of intersectional discrimination recognizes that individuals do not experience discrimination as members of a homogenous group but, rather, as individuals with multidimensional layers of identities, statuses and life circumstances. It acknowledges the lived realities and experiences of heightened disadvantage of individuals caused by multiple and intersecting forms of discrimination, which requires targeted measures to be taken with respect to disaggregated data collection, consultation, policymaking, the enforceability of non-discrimination policies and the provision of effective remedies.

17. Discrimination against women and girls with disabilities can take many forms: (a) direct discrimination; (b) indirect discrimination; (c) discrimination by association; (d) denial of reasonable accommodation; and (e) structural, or systemic, discrimination. Irrespective of the form it takes, the impact of discrimination violates the rights of women with disabilities:

(a) Direct discrimination occurs when women with disabilities are treated less favourably than another person in a similar situation for a reason related to a prohibited ground. It also includes detrimental acts or omissions on the basis of prohibited grounds where there is no comparable similar situation.²⁶ For example, direct discrimination occurs when the testimonies of women with intellectual or psychosocial disabilities are dismissed in court proceedings because of legal capacity, thus denying those women justice and effective remedies as victims of violence;

(b) Indirect discrimination refers to laws, policies or practices that appear neutral when taken at face value but that nonetheless have a disproportionately negative impact²⁷ on women with disabilities. For example, health-care facilities may appear neutral but are discriminatory when they do not include accessible examination beds for gynaecological screenings;

(c) Discrimination by association is discrimination against persons on the basis of their association with a person with a disability. Often, women in a caregiver role experience discrimination by association. For example, the mother of a child with a disability may be discriminated against by a potential employer who fears that she may be a less engaged or available worker because of her child;

(d) Denial of reasonable accommodation is discrimination that occurs when necessary and appropriate modifications and adjustments (that do not impose a disproportionate or undue burden) are denied despite being needed to ensure that women with disabilities enjoy, on an equal basis with others, their human rights and fundamental freedoms.²⁸ For example, a woman with a disability may be denied reasonable accommodation if she cannot undergo a mammogram at a health centre owing to the physical inaccessibility of the built environment;

(e) Structural, or systemic, discrimination is reflected in hidden or overt patterns of discriminatory institutional behaviour, discriminatory cultural traditions and discriminatory social norms and/or rules. Harmful gender and disability stereotyping, which can lead to such discrimination, is inextricably linked to a lack of policies, regulations and services specifically for women with disabilities. For example, owing to stereotyping based on the intersection of gender and disability, women with disabilities may face barriers when

²⁵ Committee on the Rights of Persons with Disabilities, general comment No. 2 (2014) on accessibility.

²⁶ See Committee on Economic, Social and Cultural Rights, general comment No. 20 (2009) on non-discrimination in economic, social and cultural rights, para. 10.

²⁷ Ibid.

²⁸ See article 2 of the Convention on the Rights of Persons with Disabilities.

reporting violence, such as disbelief and dismissal by the police, prosecutors and courts. Likewise, harmful practices are strongly connected to and reinforce socially constructed gender roles and power relations that can reflect negative perceptions of, or discriminatory beliefs regarding, women with disabilities, such as the belief that men with HIV/AIDS can be cured by engaging in sexual intercourse with women with disabilities.²⁹ The lack of awareness, training and policies to prevent harmful stereotyping of women with disabilities by public officials, be they teachers, health service providers, police officers, prosecutors or judges, and by the public at large can often lead to the violation of rights.

18. Women with disabilities are subject to multiple discrimination not only in the public realm, but also in the private sphere, for example, within the family or in relation to private social service providers. International human rights law has long acknowledged State party responsibility for discrimination perpetrated by private, non-State actors.³⁰ States parties must adopt legal provisions and procedures that explicitly recognize multiple discrimination to ensure complaints made on the basis of more than one ground of discrimination are considered in determining both liability and remedies.

Article 6 (2)

19. Article 6 (2) addresses the development, advancement and empowerment of women. It assumes that the rights enshrined in the Convention can be guaranteed to women if States parties strive to achieve and promote these rights using the appropriate means and in all of the areas addressed by the Convention.

20. In line with the Convention, States parties must take “all appropriate measures” to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities. Measures can be of a legislative, educational, administrative, cultural, political, linguistic or other nature. Measures are appropriate if they respect the principles of the Convention, including the goal of guaranteeing to women with disabilities the exercise and enjoyment of the human rights and fundamental freedoms set out in the Convention. Measures may be temporary or long-lasting and should overcome de jure and de facto inequality. While temporary special measures such as quotas might be necessary to overcome structural, or systemic, multiple discrimination, long-lasting measures such as reforming laws and policies to ensure the equal participation of women with disabilities in all areas of life are essential prerequisites for achieving substantive equality for women with disabilities.

21. All measures must ensure the full development, advancement and empowerment of women with disabilities. Although development relates to economic growth and the eradication of poverty, it is not limited to those areas. While gender- and disability-sensitive development measures in the areas of education, employment, income-generation and combating violence, among others, may be appropriate to ensure the full economic empowerment of women with disabilities, additional measures are necessary with regard to health and participation in politics, culture and sports.

22. In order to advance and empower women with disabilities, measures must go beyond the goal of development and also aim at improving the situation of women with

²⁹ See A/HRC/20/5 and Corr.1, para. 24.

³⁰ See Human Rights Committee, general comments No. 18 (1989) on non-discrimination, para. 9, and No. 28 (2000) on the equality of rights between men and women, para. 31; Committee on Economic, Social and Cultural Rights, general comment No. 20, para. 11; Committee on the Elimination of Discrimination against Women, general recommendation No. 28, para. 9; and Committee on the Elimination of Racial Discrimination, general comment No. 25 (2000) on gender-related dimensions of racial discrimination, paras. 1 and 2.

disabilities throughout their lifespan. It is not enough to take women with disabilities into account when designing development measures; rather, women with disabilities must also be able to participate in and contribute to society.

23. In line with a human rights-based approach, ensuring the empowerment of women with disabilities means promoting their participation in public decision-making. Women and girls with disabilities have historically encountered many barriers to participation in public decision-making. Owing to power imbalances and multiple forms of discrimination, they have had fewer opportunities to establish or join organizations that can represent their needs as women and persons with disabilities. States parties should reach out directly to women and girls with disabilities and establish adequate measures to guarantee that their perspectives are fully taken into account and that they will not be subjected to any reprisals for expressing their points of view and concerns, especially in relation to sexual and reproductive health and rights, as well as gender-based violence, including sexual violence. Finally, States parties must promote the participation of representative organizations of women with disabilities, not just disability-specific consultative bodies and mechanisms.³¹

III. States parties' obligations

24. States parties to the Convention have an obligation to respect, protect and fulfil the rights of women with disabilities, both under article 6 and under all other substantive provisions, in order to guarantee them the enjoyment and exercise of all human rights and fundamental freedoms. These duties imply taking legal, political, administrative, educational and other measures.

25. The obligation to respect requires States parties to refrain from interfering with the enjoyment of the rights of women with disabilities. As such, existing laws, regulations, customs and practices that constitute discrimination against women with disabilities must be abolished. Laws that do not allow women with disabilities to marry or choose the number and spacing of their children on an equal basis with others are common examples of such discrimination. Furthermore, the duty to respect implies refraining from engaging in any act or practice that is inconsistent with article 6 and other substantive provisions and ensuring that public authorities and institutions act in conformity with them.³²

26. The obligation to protect means that States parties have to ensure that the rights of women with disabilities are not infringed upon by third parties. Thus, States parties must take all appropriate measures to eliminate discrimination on the basis of sex and/or impairment by any person, organization or private enterprise. It also includes the duty to exercise due diligence by preventing violence or violations of human rights, protecting victims and witnesses from violations, investigating, prosecuting and punishing those responsible, including private actors, and providing access to redress and reparations where human rights violations occur.³³ For example, States parties could promote the training of professionals in the justice sector to make sure that there are effective remedies for women with disabilities who have been subjected to violence.

27. The obligation to fulfil imposes an ongoing and dynamic duty to adopt and apply the measures needed to secure the development, advancement and empowerment of women with disabilities. States parties must adopt a twin-track approach by: (a) systematically mainstreaming the interests and rights of women and girls with disabilities in all national

³¹ See A/HRC/31/62, para. 70.

³² See art. 4 (1) (d) of the Convention on the Rights of Persons with Disabilities.

³³ See joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, footnote 6.

action plans, strategies³⁴ and policies concerning women, childhood and disability, as well as in sectoral plans concerning, for example, gender equality, health, violence, education, political participation, employment, access to justice and social protection; and (b) taking targeted and monitored action aimed specifically at women with disabilities. A twin-track approach is essential for reducing inequality in respect of participation and the enjoyment of rights.

IV. Relationship between article 6 and other articles of the Convention

28. The cross-cutting nature of article 6 inextricably links it to all other substantive provisions of the Convention. In addition to being related to those articles that include an explicit reference to sex and/or gender, article 6 is particularly interrelated with the provisions dealing with violence against women with disabilities (art. 16) and with sexual and reproductive health and rights, including respect for home and the family (arts. 23 and 25); and spheres of discrimination against women with disabilities in other relevant articles.

A. Freedom from exploitation, violence and abuse (art. 16)

29. Women with disabilities are at a heightened risk of violence, exploitation and abuse compared to other women.³⁵ Violence may be interpersonal or institutional and/or structural. Institutional and/or structural violence is any form of structural inequality or institutional discrimination that keeps a woman in a subordinate position, whether physically or ideologically, compared with other people in her family,³⁶ household or community.

30. Enjoyment by women with disabilities of the right to freedom from exploitation, violence and abuse can be hindered by harmful stereotypes that heighten the risk of experiencing violence. Harmful stereotypes that infantilize women with disabilities and call into question their ability to make judgments, perceptions of women with disabilities as being asexual or hypersexual and erroneous beliefs and myths heavily influenced by superstition that increase the risk of sexual violence against women with albinism³⁷ all stop women with disabilities from exercising their rights as set out in article 16.

31. Examples of violence, exploitation and/or abuse against women with disabilities that violate article 16 include the following: the acquisition of a disability as a consequence of violence, physical force; economic coercion; trafficking and deception; misinformation; abandonment; the absence of free and informed consent and legal compulsion; neglect, including the withholding or denial of access to medication; the removal or control of communication aids and the refusal to assist in communicating; the denial of personal mobility and accessibility by, for example, removing or destroying accessibility features such as ramps, assistive devices such as white canes or mobility devices such as wheelchairs; the refusal by caregivers to assist with daily activities such as bathing, menstrual and/or sanitation management, dressing and eating, which hinders enjoyment of the right to live independently and to freedom from degrading treatment; the withholding of food or water, or the threat of doing so; the infliction of fear by intimidation through bullying, verbal abuse and ridicule on the grounds of disability; the harming or threat of harming, removing or killing pets or assistance dogs or destroying objects; psychological

³⁴ See art. 4 (1) (c) of the Convention on the Rights of Persons with Disabilities.

³⁵ See A/67/227, para. 13.

³⁶ See CRPD/C/HRV/CO/1, para. 9.

³⁷ See A/HRC/24/57, para. 74.

manipulation; and the exercise of control, for example by restricting face-to-face or virtual access to family, friends or others.

32. Certain forms of violence, exploitation and abuse may be considered as cruel, inhuman or degrading treatment or punishment and as breaching a number of international human rights treaties. Among them are: forced, coerced and otherwise involuntary pregnancy or sterilization;³⁸ any medical procedure or intervention performed without free and informed consent, including procedures and interventions related to contraception and abortion; invasive and irreversible surgical practices such as psychosurgery, female genital mutilation and surgery or treatment performed on intersex children without their informed consent; the administration of electroshock treatment and the use of chemical, physical or mechanical restraints; and isolation or seclusion.

33. Sexual violence against women with disabilities includes rape.³⁹ Sexual abuse occurs in all scenarios, within State and non-State institutions and within the family or the community. Some women with disabilities, in particular deaf and deafblind women⁴⁰ and women with intellectual disabilities, may be at an even greater risk of violence and abuse because of their isolation, dependency or oppression.

34. Women with disabilities may be targeted for economic exploitation because of their impairment, which can in turn expose them to further violence. For example, women with physical or visible impairments can be trafficked for the purpose of forced begging because it is believed that they may elicit a higher degree of public sympathy.⁴¹

35. The often preferential care and treatment of boys means that violence against girls with disabilities is more prevalent than it is against boys with disabilities or girls in general. Violence against girls with disabilities includes gender-specific neglect, humiliation, concealment, abandonment and abuse, including sexual abuse and sexual exploitation, which increases during puberty. Children with disabilities are also disproportionately likely not to be registered at birth,⁴² which exposes them to exploitation and violence. Girls with disabilities are particularly at risk of violence from family members and caregivers.⁴³

36. Girls with disabilities are particularly at risk of harmful practices, which are justified by invoking sociocultural and religious customs and values. For example, girls with disabilities are more likely to die as a result of “mercy killings” than boys with disabilities because their families are unwilling or lack the support to raise a girl with an impairment.⁴⁴ Other examples of harmful practices include infanticide,⁴⁵ accusations of “spirit possession” and restrictions in feeding and nutrition. In addition, the marriage of girls with disabilities, especially girls with intellectual disabilities, is justified under the pretext of providing future security, care and financing. In turn, child marriage contributes to higher rates of dropping out of school and to early and frequent childbirth. Girls with disabilities experience social isolation, segregation and exploitation inside the family, including by being excluded from family activities, prevented from leaving home, forced to perform unpaid housework and being forbidden from attending school.

37. Women with disabilities are subjected to the same harmful practices committed against women without disabilities such as forced marriage, female genital mutilation,

³⁸ See CRPD/C/MEX/CO/1, para.37.

³⁹ See A/67/227, para. 35.

⁴⁰ See CRPD/C/BRA/CO/1, para. 14.

⁴¹ See A/HRC/20/5 and Corr.1, para. 25.

⁴² See, for example, CRC/C/TGO/CO/3-4, para. 8 and 39.

⁴³ *The State of the World's Children 2013: Children with Disabilities* (United Nations publication, Sales No. E.13.XX.1).

⁴⁴ See A/HRC/20/5 and Corr.1, para. 24.

⁴⁵ *Ibid.*

crimes committed in the name of so-called honour, dowry-related violence, widowhood-related practices and accusations of witchcraft.⁴⁶ The consequences of these harmful practices go far beyond social exclusion. They reinforce harmful gender stereotypes, perpetuate inequalities and contribute to discrimination against women and girls. They can result in physical and psychological violence and economic exploitation. Harmful practices based on patriarchal interpretations of culture cannot be evoked to justify violence against women and girls with disabilities. In addition, women and girls with disabilities are particularly at risk of “virgin testing”⁴⁷ and, regarding HIV/AIDS-related misbeliefs, “virgin rapes”.⁴⁸

B. Sexual and reproductive health and rights, including respect for the home and the family (arts. 23 and 25)

38. Wrongful stereotyping related to disability and gender is a form of discrimination that has a particularly serious impact on the enjoyment of sexual and reproductive health and rights, and the right to found a family. Harmful stereotypes of women with disabilities include the belief that they are asexual, incapable, irrational, lacking control and/or hypersexual. Like all women, women with disabilities have the right to choose the number and spacing of their children, as well as the right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.⁴⁹

39. Women with disabilities face multiple barriers to the enjoyment of sexual and reproductive health and rights, equal recognition before the law and access to justice. In addition to facing barriers resulting from multiple discrimination on the grounds of gender and disability, some women with disabilities, such as refugees, migrants and asylum seekers, face additional barriers because they are denied access to health care. Women with disabilities may also face harmful eugenic stereotypes that assume that they will give birth to children with disabilities and thus lead women with disabilities being discouraged or prevented from realizing their motherhood.⁵⁰

40. Women with disabilities may also be denied access to information and communication, including comprehensive sexuality education, based on harmful stereotypes that assume that they are asexual and do not therefore require such information on an equal basis with others. Information may also not be available in accessible formats. Sexual and reproductive health information includes information about all aspects of sexual and reproductive health, including maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer.⁵¹

⁴⁶ See joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child (2014) on harmful practices, para. 7.

⁴⁷ *Ibid.*, para. 9.

⁴⁸ See A/HRC/20/5 and Corr.1., para. 24.

⁴⁹ Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

⁵⁰ See A/67/227, para. 36.

⁵¹ See Committee on Economic, Social and Cultural Rights, general comment No. 22 (2016) on the right to sexual and reproductive health, para. 18.

41. Lack of access to sexual and reproductive health information for women with disabilities, especially women with intellectual disabilities and deaf and deafblind women, can increase their risk of being subjected to sexual violence.⁵²

42. Health-care facilities and equipment, including mammogram machines and gynaecological examination beds, are often physically inaccessible for women with disabilities.⁵³ Safe transport for women with disabilities to attend health-care facilities or screening programmes may be unavailable, unaffordable or inaccessible.

43. Attitudinal barriers raised by health-care staff and related personnel may result in women with disabilities being refused access to health-care practitioners and/or services, especially women with psychosocial or intellectual impairments, deaf and deafblind women and women who are still institutionalized.⁵⁴

44. In practice, the choices of women with disabilities, especially women with psychosocial or intellectual disabilities, are often ignored and their decisions are often substituted by those of third parties, including legal representatives, service providers, guardians and family members, in violation of their rights under article 12 of the Convention.⁵⁵ All women with disabilities must be able to exercise their legal capacity by taking their own decisions, with support when desired, with regard to medical and/or therapeutic treatment, including by taking their own decisions on retaining their fertility and reproductive autonomy, exercising their right to choose the number and spacing of children, consenting and accepting a statement of fatherhood and exercising their right to establish relationships. Restricting or removing legal capacity can facilitate forced interventions, such as sterilization, abortion, contraception, female genital mutilation, surgery or treatment performed on intersex children without their informed consent and forced detention in institutions.⁵⁶

45. Forced contraception and sterilization can also result in sexual violence without the consequence of pregnancy, especially for women with psychosocial or intellectual disabilities, women in psychiatric or other institutions and women in custody. Therefore, it is particularly important to reaffirm that the legal capacity of women with disabilities should be recognized on an equal basis with that of others⁵⁷ and that women with disabilities have the right to found a family and be provided with appropriate assistance to raise their children.

46. Harmful gender and/or disability stereotypes based on such concepts as incapacity and inability can result in mothers with disabilities facing legal discrimination, which is why these women are significantly overrepresented in child protection proceedings and disproportionately lose contact and custody of their children, who are subject to adoption proceedings and/or to being placed in an institution. In addition, a husband can be granted separation or divorce on the basis of his wife's psychosocial disability.

⁵² See, for example, CRPD/C/MEX/CO/1, para. 50 (b).

⁵³ See Committee on the Rights of Persons with Disabilities, general comment No. 2 (2014) on accessibility, para. 40, and, for example, CRPD/C/DOM/CO/1, para. 46.

⁵⁴ See A/HRC/20/5 and Corr.1, para. 37.

⁵⁵ Office of the United Nations High Commissioner for Human Rights, United Nations Entity for Gender Equality and the Empowerment of Women, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, UNICEF and WHO, "Eliminating forced, coercive and otherwise involuntary sterilization: an interagency statement" (WHO, 2014).

⁵⁶ See Committee on the Rights of Persons with Disabilities, general comment No. 1 (2014) on equal recognition before the law, para. 35.

⁵⁷ *Ibid.*, para. 31. See also art. 12 of the Convention on the Rights of Persons with Disabilities and art. 15 of the Convention on the Elimination of All Forms of Discrimination against Women.

C. Discrimination against women with disabilities in other articles of the Convention

Awareness-raising (art. 8)

47. Women with disabilities are exposed to compounded stereotypes that can be particularly harmful. Gender and disability stereotypes affecting women with disabilities include: being burdensome to others (i.e., they must be cared for, are a cause of hardship, an affliction and a responsibility, or require protection); being vulnerable (i.e., they are considered defenceless, dependent, reliant or unsafe); being victims (i.e., they are considered to be suffering, passive or helpless) or inferior (i.e., they are considered unable, inadequate, weak or worthless); having a sexual abnormality (e.g., they are stereotyped as asexual, inactive, overactive, incapable or sexually perverse); or being mystical or sinister (stereotyped as cursed, possessed by spirits, practitioners of witchcraft, harmful or bring either good or bad luck). Gender and/or disability stereotyping is the practice of ascribing to a specific individual a stereotypical belief; it is wrongful when it results in a violation or in violations of human rights and fundamental freedoms. An example of this is the failure of the justice system to hold the perpetrator of sexual violence against a woman with disability accountable based on stereotypical views about the women's sexuality or her credibility as a witness.

Accessibility (art. 9)

48. The lack of consideration given to gender and/or disability aspects in policies relating to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas, prevents women with disabilities from living independently and participating fully in all areas of life on an equal basis with others. This is especially relevant in terms of women with disabilities' access to safe houses, support services and procedures that provide effective and meaningful protection from violence, abuse and exploitation or in terms of providing health care, in particular reproductive health care.⁵⁸

Situations of risk and humanitarian emergencies (art. 11)

49. In situations of armed conflict, occupation of territories, natural disasters and humanitarian emergencies, women with disabilities are at an increased risk of sexual violence and are less likely to have access to recovery and rehabilitation services or access to justice.⁵⁹ Women refugees, migrants and asylum seekers with disabilities may also face an increased risk of violence because they are denied the right to access health and justice systems because of their citizenship status.

50. Women with disabilities in situations of risk and humanitarian emergencies are at an increased risk of sexual violence, as outlined in the previous section. In addition, the lack of sanitation facilities increases discrimination against women with disabilities, who face a number of barriers to accessing humanitarian aid. Although women and children are prioritized in the distribution of humanitarian relief, women with disabilities cannot always obtain information on relief projects, as that information is often not available in accessible formats. When women with disabilities do receive information, they may not be able to

⁵⁸ See See Committee on the Rights of Persons with Disabilities, general comment No. 2 (2014) on accessibility.

⁵⁹ Statement of the Committee on the Rights of Persons with Disabilities on disability inclusion for the World Humanitarian Summit, available from the Committee's web page (www.ohchr.org/EN/HRBodies/CRPD/Pages/CRPDIndex.aspx).

physically access distribution points. Even when they do, they may not be able to communicate with staff. Likewise, if women with disabilities are subjected to violence, exploitation or abuse, information and communication helplines and hotlines may not be accessible. Refugee camps often lack child protection mechanisms for children with disabilities. In addition, accessible sanitation facilities to ensure hygienic menstrual management are often unavailable, which can in turn increase women with disabilities' exposure to violence. Single women with disabilities face barriers to accessible evacuation as a result of an emergency or disaster situation, in particular if they are accompanied by their children at the time of evacuation. This disproportionately affects internally displaced women with disabilities who are without an adult family member, friends or caregivers. Displaced girls with disabilities face additional barriers in accessing formal and non-formal education, especially in crisis settings.

Equal recognition before the law (art. 12)

51. Women with disabilities, more often than men with disabilities and more often than women without disabilities, are denied the right to legal capacity. Their rights to maintain control over their reproductive health, including on the basis of free and informed consent,⁶⁰ to found a family, to choose where and with whom to live, to physical and mental integrity, to own and inherit property, to control their own financial affairs and to have equal access to bank loans, mortgages and other forms of financial credit⁶¹ are often violated through patriarchal systems of substituted decision-making.

Access to justice (art. 13)

52. Women with disabilities face barriers to accessing justice, including with regard to exploitation, violence and abuse, owing to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed.⁶² Negative attitudes in the implementation of procedures may intimidate victims or discourage them from pursuing justice. Complicated or degrading reporting procedures, the referral of victims to social services rather than the provision of legal remedies, dismissive attitudes by the police or other law enforcement agencies are examples of such attitudes. This could lead to impunity and to the invisibility of the issue, which in turn could result in violence lasting for extended periods of time.⁶³ Women with disabilities may also fear reporting violence, exploitation or abuse because they are concerned that they may lose the support required from caregivers.⁶⁴

Liberty and security of person and freedom from torture or cruel, inhuman or degrading treatment or punishment (arts. 14 and 15)

53. Violations relating to deprivation of liberty disproportionately affect women with intellectual or psychosocial disabilities and those in institutional settings. Those deprived of their liberty in places such as psychiatric institutions, on the basis of actual or perceived impairment, are subject to higher levels of violence, as well as to cruel, inhuman or degrading treatment or punishment⁶⁵ and are segregated and exposed to the risk of sexual

⁶⁰ Committee on the Rights of Persons with Disabilities, general comment No. 1 (2014) on equal recognition before the law.

⁶¹ *World Survey on the Role of Women in Development 2014: Gender Equality and Sustainable Development* (United Nations publication, Sales No. E.14.IV.6).

⁶² See A/HRC/20/5 and Corr.1, para. 41, and A/67/227, para. 42.

⁶³ See A/HRC/20/5 and Corr.1, para. 19.

⁶⁴ *Ibid.*, para. 16.

⁶⁵ *Ibid.*, para. 39.

violence and trafficking within care and special education institutions.⁶⁶ Violence against women with disabilities in institutions includes: involuntary undressing by male staff against the will of the woman concerned; forced administration of psychiatric medication; and overmedication, which can reduce the ability to describe and/or remember sexual violence. Perpetrators may act with impunity because they perceive little risk of discovery or punishment given that access to judicial remedies is severely restricted, and women with disabilities subjected to such violence are unlikely to be able to access helplines or other forms of support to report such violations.

Freedom from torture or cruel, inhuman or degrading treatment or punishment and protecting the integrity of the person (arts. 15 and 17)

54. Women with disabilities are more likely to be subjected to forced interventions than are women in general and men with disabilities. Such forced interventions are wrongfully justified by theories of incapacity and therapeutic necessity, are legitimized under national laws and may enjoy wide public support for being in the alleged best interest of the person concerned.⁶⁷ Forced interventions violate a number of rights enshrined in the Convention, namely: the right to equal recognition before the law; the right to freedom from exploitation, violence and abuse; the right to found a family; the right to the integrity of the person; the right to sexual and reproductive health; and the right to freedom from torture or cruel, inhuman or degrading treatment or punishment.⁶⁸

Living independently and being included in the community (art. 19)

55. The right of women with disabilities to choose their place of residence may be adversely affected by cultural norms and patriarchal family values that limit autonomy and oblige them to live in a particular living arrangement. Thus, multiple discrimination can prevent the full and equal enjoyment of the right to live independently and to be included in the community. Age and impairment, separately or jointly, can increase the risk of institutionalization of older persons with disabilities.⁶⁹ In addition, it has been widely documented that institutionalization may expose persons with disabilities to violence and abuse, with women with disabilities being particularly exposed.⁷⁰

Education (art. 24)

56. Harmful gender and disability stereotypes combine to fuel discriminatory attitudes, policies and practices, such as: giving greater value to the education of boys over girls, using educational material perpetuating wrongful gender and disability stereotypes, encouraging the child marriage of girls with disabilities, carrying out gender-based family activities, assigning caregiver roles to women and girls and not providing accessible sanitation facilities at schools to ensure hygienic menstrual management. In turn, these result in higher rates of illiteracy, school failure, uneven daily attendance rates, absenteeism and dropping out of school entirely.

Health and rehabilitation (arts. 25 and 26)

57. Women with disabilities face barriers to accessing health and rehabilitation services. Among these barriers are: a lack of education and information on sexual and reproductive health and rights; physical barriers to gynaecological, obstetric and oncology services; and

⁶⁶ See CRPD/C/UKR/CO/1, para. 11.

⁶⁷ See A/HRC/22/53, para. 64.

⁶⁸ See CRPD/C/SWE/CO/1, para. 37.

⁶⁹ See E/2012/51 and Corr.1.

⁷⁰ See A/HRC/28/37, para. 24.

attitudinal barriers to fertility and hormone treatments. In addition, physical and psychological rehabilitation services, including counselling for acts of gender-based violence, may not be accessible, inclusive or age- or gender-sensitive.

Employment (art. 27)

58. Besides the general barriers that persons with disabilities face when trying to exercise their right to work, women with disabilities also face unique barriers to their equal participation in the workplace, including sexual harassment and unequal pay and the lack of access to seek redress because of discriminatory attitudes dismissing their claims, as well as physical, information and communications barriers.⁷¹

Social protection (art. 28)

59. As a consequence of discrimination, women represent a disproportionate percentage of the world's poor, which leads to a lack of choice and opportunities, especially in terms of formal employment income. Poverty is both a compounding factor and the result of multiple discrimination. Older women with disabilities especially face many difficulties in accessing adequate housing, are more likely to be institutionalized and do not have equal access to social protection and poverty reduction programmes.⁷²

Participation in political and public life (art. 29)

60. The voices of women and girls with disabilities have historically been silenced, which is why they are disproportionately underrepresented in public decision-making. Owing to power imbalances and multiple discrimination, they have had fewer opportunities to establish or join organizations that can represent their needs as women, children and persons with disabilities.

V. National implementation

61. In its examination of States parties' reports, the Committee has noted that States parties face a number of consistent challenges to guaranteeing to women with disabilities the full enjoyment of all their rights without discrimination and on an equal basis with others, in compliance with article 6 and other related articles of the Convention.

62. In the light of the normative content and obligations outlined above, States parties should take the steps set out below to ensure full implementation of article 6 and provide adequate resources in that regard.

63. States parties should combat multiple discrimination by, inter alia:

(a) Repealing discriminatory laws, policies and practices that prevent women with disabilities from enjoying all the rights enshrined in the Convention, outlawing gender- and disability-based discrimination and its intersectional forms, criminalizing sexual violence against girls and women with disabilities, prohibiting all forms of forced sterilization, forced abortion and non-consensual birth control, prohibiting all forms of forced gender- and/or disability-related medical treatment and taking all appropriate legislative steps to protect women with disabilities against discrimination;

(b) Adopting appropriate laws, policies and actions to ensure that the rights of women with disabilities are included in all policies, especially in policies related to women in general and policies on disability;

⁷¹ See A/HRC/20/5 and Corr.1, para. 40, and A/67/227, para. 67.

⁷² See A/70/297.

(c) Addressing all barriers that prevent or restrict the participation of women with disabilities and ensuring that women with disabilities, as well as the views and opinions of girls with disabilities, through their representative organizations, are included in the design, implementation and monitoring of all programmes that have an impact on their lives; and including women with disabilities in all branches and bodies of the national monitoring system;

(d) Collecting and analysing data on the situation of women with disabilities in all areas relevant to them in consultation with organizations of women with disabilities with a view to guiding policy planning for the implementation of article 6 and to eliminating all forms of discrimination, especially multiple and intersectional discrimination, and improving data collection systems for adequate monitoring and evaluation;

(e) Ensuring that all international cooperation is disability- and gender-sensitive and inclusive and including data and statistics on women with disabilities in the implementation of the 2030 Agenda on Sustainable Development, including the Sustainable Development Goals, together with their targets and indicators, as well as other international frameworks.

64. States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by, inter alia:

(a) Repealing any law or policy that prevents women with disabilities from effectively and fully participating in political and public life on an equal basis with others, including in respect of the right to form and join organizations and networks of women in general and of women with disabilities in particular;

(b) Adopting affirmative action measures for the development, advancement and empowerment of women with disabilities, in consultation with organizations of women with disabilities, with the aim of immediately addressing inequalities and ensuring that women with disabilities enjoy equality of opportunity with others. Such measures should be adopted in particular with regard to access to justice, the elimination of violence, respect for home and the family, sexual health and reproductive rights, health, education, employment and social protection. Public and private services and facilities used by women with disabilities should be fully accessible in compliance with article 9 of the Convention and the Committee's general comment No. 2 (2014) on accessibility, and public and private service providers should be trained and educated on applicable human rights standards and on identifying and combating discriminatory norms and values so that they can provide appropriate attention, support and assistance to women with disabilities;

(c) Adopting effective measures to provide women with disabilities access to the support they may require to exercise their legal capacity, in line with the Committee's general comment No. 1 (2014) on equal recognition before the law, to give their free and informed consent and to take decisions about their own lives;

(d) Supporting and promoting the creation of organizations and networks of women with disabilities, and supporting and encouraging women with disabilities to take leadership roles in public decision-making bodies at all levels;

(e) Promoting the carrying out of specific research on the situation of women with disabilities, in particular research on impediments to the development, advancement and empowerment of women with disabilities in all areas related to them; considering women with disabilities in the collection of data relating to persons with disabilities and to women in general; appropriately targeting policies for the development, advancement and empowerment of women with disabilities; involving women with disabilities and their representative organizations in the design, implementation, monitoring and evaluation of, and training for, data collection; and establishing consultation mechanisms for the creation

of systems capable of effectively identifying and capturing the diverse lived experiences of women with disabilities for improved public policies and practices;

(f) Supporting and promoting international cooperation and assistance in a manner consistent with all national efforts to eliminate the legal, procedural, practical and social barriers to the full development, advancement and empowerment of women with disabilities in their communities, as well as at the national, regional and global levels, and the inclusion of women with disabilities in the design, implementation and monitoring of international cooperation projects and programmes that affect their lives.

65. States parties should take into account the recommendations of the relevant United Nations bodies dealing with gender equality and apply them to women and girls with disabilities.⁷³

⁷³ See E/CN.6/2016/3. See also: European Commission, International Training Centre of the International Labour Organization and UN-Women, *Handbook on Costing Gender Equality* (New York, 2015), available from www.unwomen.org/en/digital-library/publications/2015/7/handbook-on-costing-gender-equality; UN-Women, *Guidebook on CEDAW General Recommendation no. 30 and the UN Security Council resolutions on women, peace and security* (New York, 2015), available from www.unwomen.org/en/digital-library/publications/2015/8/guidebook-cedawgeneralrecommendation30-womenpeacesecurity; UN-Women, *Guidance Note on Gender Mainstreaming in Development Programming* (New York, 2014), available from www.unwomen.org/en/digital-library/publications/2015/02/gender-mainstreaming-issues; UN-Women, *Guide for the Evaluation of Programmes and Projects with a Gender, Human Rights and Intercultural Perspective* (New York, 2014), available from www.unwomen.org/en/digital-library/publications/2014/7/guide-for-the-evaluation-of-programmes-and-projects-with-a-gender-perspective; UN-Women, *Monitoring Gender Equality and the Empowerment of Women and Girls in the 2030 Agenda for Sustainable Development: Opportunities and Challenges* (New York, 2015), available from www.unwomen.org/en/digital-library/publications/2015/9/indicators-position-paper.