



Women Enabled International Guide to CRPD General Comment No. 3: Women and Girls with Disabilities

This guide to General Comment No. 3 on women and girls with disabilities (GC3) from the United Nations Committee on the Rights of Persons with Disabilities (CRPD Committee) attempts to pull together the information contained in disparate parts of GC3 on the major themes it covers, including gender-based violence, sexual and reproductive health and rights, and access to justice. This guide also brings together the recommendations that the CRPD Committee makes in GC3 about eliminating discrimination and stereotypes and ensuring equality for women and girls with disabilities.

Themes and Format

This guide is divided into six sections (click on the links below to jump to these sections):

- [Discrimination, Equality, and the Content of Article 6;](#)
- [Respect, Protect, Fulfill Framework;](#)
- [Stereotypes;](#)
- [Gender-based Violence;](#)
- [Sexual and Reproductive Health and Rights \(SRHR\);](#) and
- [Access to Justice.](#)

These are the major themes covered by GC3. However, GC3 also addresses other issues, including legal capacity, employment, public participation, and education, among others. The charts below include these issues as they are relevant to the themes above, but GC3 may also contain additional information on these topics and should be directly consulted as needed.

Each section contains a summary paragraph of the material GC3 covers relevant to that theme and a chart containing keywords, paragraph numbers, and excerpted text copied directly from GC3. Some text from GC3 is repeated in several sections. The charts below use the keyword “state obligations” to indicate a direct recommendation to states about the steps they need to take to ensure the rights of women and girls with disabilities. The charts use “SRHR” to refer to sexual and reproductive health and rights.

Discrimination, Equality, and the Content of Article 6

GC3 discusses the meaning of Article 6 of the CRPD (on the rights of women and girls with disabilities) both for States that have ratified the CRPD and for women and girls with disabilities. GC3 provides extensive information about the types of discrimination that women with disabilities face in society, including not only direct and indirect discrimination but also discrimination in the denial of reasonable accommodation, structural discrimination, and discrimination by association. The CRPD Committee’s recommendations concerning these issues are almost entirely focused on broadly overcoming discrimination and ensuring equality for women with disabilities, with very few concrete recommendations about how to do so.

Keywords	Para.	Text
Discrimination, laws and policies, invisibility	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.
Article 6; positive measures; state obligations	7	Article 6 reinforces the non-discriminatory approach of the [CRPD], in particular in respect of women and girls, and requires that States parties go beyond refraining from 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 right holders, providing channels for 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; discrimination vs. men with disabilities and other women	9	Women and girls with disabilities are more likely to be discriminated against than men and boys with disabilities and women and girls without disabilities.
Article 6; discrimination on gender and disability grounds; reasonable accommodation; employment; parenting	15	Failure to provide reasonable accommodation for women with disabilities may amount to discrimination under articles 5 and 6. An example of reasonable accommodation could be an accessible facility in the workplace that would allow a woman with a disability to breastfeed.
Intersectional discrimination; data; state obligations	16	[Intersectional discrimination] 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.

Direct discrimination; access to justice; testimony; legal capacity	17(a)	... 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.
Indirect discrimination; SRHR; accessibility	17(b)	... For example, health-care facilities may appear neutral but are discriminatory when they do not include accessible examination beds for gynaecological screenings.
Discrimination by association; employment family; parenting	17(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.
Discrimination and denial of reasonable accommodation; SRHR; accessibility	17(d)	... 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.
Structural discrimination; access to justice; violence	17(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, 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 reporting violence, such as disbelief and dismissal by the police, prosecutors and courts.
Intersectional discrimination; multiple discrimination; state obligations	18	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); substantive equality	20	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.

<p>Article 6(2); development; empowerment</p>	<p>22</p>	<p>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 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.</p>
<p>Article 6(2); public participation and decision-making</p>	<p>23</p>	<p>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.</p>
<p>Discrimination; legal capacity and inequality; SRHR</p>	<p>51</p>	<p>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, 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 credit are often violated through patriarchal systems of substituted decision-making.</p>

Discrimination; poverty; social protection; older women; article 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.
Discrimination; public decision-making; organizations of women with disabilities	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.
Combating multiple discrimination; repealing or enacting laws and policies; state obligations	63(a)	States parties should combat multiple discrimination by ... [r]epealing 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.
Combating discrimination; inclusion in laws and policies; state obligations	63(b)	States parties should combat multiple discrimination by ... [a]dopting 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.
Combating discrimination; public participation; inclusion; state obligations	63(c)	States parties should combat multiple discrimination by ... [a]ddressing 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.

<p>Combating discrimination; data; monitoring and evaluation; state obligations</p>	<p>63(d)</p>	<p>States parties should combat multiple discrimination by ... [c]ollecting 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.</p>
<p>Combating discrimination; international cooperation; Sustainable Development Goals; state obligations</p>	<p>63(e)</p>	<p>States parties should combat multiple discrimination by ... [e]nsuring 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.</p>
<p>Ensuring equality; public participation; right to form and join organizations; state obligations</p>	<p>64(a)</p>	<p>States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by ... [r]epealing 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.</p>
<p>Ensuring equality; affirmative action measures; state obligations</p>	<p>64(b)</p>	<p>States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by ... [a]dopting 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. ...</p>

<p>Ensuring equality; services; accessibility; training; informed consent; legal capacity; state obligations</p>	<p>64(b)</p>	<p>... 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.</p>
<p>Ensuring equality; services; accessibility; legal capacity; state obligations</p>	<p>64(c)</p>	<p>States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by ... [a]dopting 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.</p>
<p>Ensuring equality; research and data; state obligations</p>	<p>64(e)</p>	<p>States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by ... [p]romoting the carrying out of specific 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.</p>
<p>Ensuring equality; international cooperation; state obligations</p>	<p>64(f)</p>	<p>Supporting and promoting of 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.</p>

Respect, Protect, Fulfill Framework

GC3 contains a section providing a framework for understanding state obligations towards women and girls with disabilities, summarized below. In this section, the CRPD Committee helpfully provides a few specific examples of what steps states must take in order to meet their obligations to respect, protect, and fulfill the rights of women and girls with disabilities.

Keywords	Para.	Text
Obligation to respect; discrimination; right to found a family; state obligations	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.
Obligation to protect; due diligence; violence against women; reparations; access to justice; training of justice system actors; state obligations	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. 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.
Obligation to fulfill; twin-track approach; state obligations	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 action plans, strategies 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.

Stereotypes

In several sections, GC3 covers gender and disability-related stereotypes that affect the exercise of rights for women and girls with disabilities, in particular freedom from violence, SRHR, and access to justice. Helpfully, GC3 provides several examples of how stereotypes manifest as rights violations for women with disabilities and has specific references to stereotypes about girls with disabilities. The most comprehensive list of stereotypes about women and girls with disabilities is contained in paragraph 47, which focuses on Article 8 and raising awareness about disability rights.

Keywords	Para.	Text
Gender stereotypes	8	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 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.
Structural discrimination; stereotypes; access to justice; violence	17(e)	... Harmful gender and disability stereotyping, which can lead to [structural] 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 reporting violence, such as disbelief and dismissal by the police, prosecutors and courts.
Stereotypes and violence against women	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 albinism all stop women with disabilities from exercising their rights as set out in article 16.
Stereotypes and SRHR	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 a found a family. Harmful stereotypes of women with disabilities include the belief that they are asexual, incapable, irrational, lacking control and/or hypersexual.
Stereotypes and pregnancy	39	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.

Stereotypes and SRHR information	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.
Stereotypes and parenting	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.
Stereotypes; definition of stereotyping; article 8; awareness-raising; access to justice; sexuality	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.
Stereotypes; patriarchal family values; article 19; right to live independently	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.

<p>Stereotypes; access to education; girls with disabilities; article 24</p>	<p>56</p>	<p>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.</p>
--	-----------	--

Gender-based Violence

GC3 addresses the forms of gender-based violence that women and girls with disabilities disproportionately and uniquely face, such as sexual violence, violence in institutional settings, neglect by family and caregivers, abandonment, forced medical interventions, and harmful practices. It also provides context for the specific causes of violence against women with disabilities, which is often the result of stereotypes, deprivation of legal capacity, and forced institutionalization. Furthermore, it provides information on how violence affects women with disabilities in conflict or other humanitarian settings. Finally, GC3 addresses the specific barriers women with disabilities face in accessing services and justice mechanisms to address violence.

GC3 provides only a few recommendations about how to address the forms, causes, and consequences of gender-based violence against women with disabilities and how to overcome barriers to accessing services and justice. It also does not directly address domestic violence or intimate partner violence against women with disabilities, despite evidence that women with disabilities experience this type of violence at least twice as frequently as women without disabilities.

Keywords	Para.	Text
Structural discrimination; stereotypes; access to justice; violence	17(e)	... Harmful gender and disability stereotyping can lead to [structural] 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 reporting violence, such as disbelief and dismissal by the police, prosecutors and courts.
Obligation to protect; due diligence; violence against women; training of justice system actors; state obligations	26	The obligation to protect 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. 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.
Risk of violence	29	Women with disabilities are at a heightened risk of violence, exploitation and abuse compared to other women.
Stereotypes and violence	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 albinism all stop women with disabilities from exercising their rights as set out in article 16.

Types of violence faced by women with disabilities uniquely or disproportionately	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 manipulation; and the exercise of control, for example by restricting face-to-face or virtual access to family, friends or others.
Violence and torture or other cruel, inhuman, or degrading treatment	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; 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.
Sexual violence	33	Sexual violence against women with disabilities includes rape. 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 women and women with intellectual disabilities, may be at an even greater risk of violence and abuse because of their isolation, dependency or oppression.
Economic exploitation and violence	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 on public sympathy.

Violence and gender equality; girls with disabilities	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, which exposes them to exploitation and violence. Girls with disabilities are particularly at risk of violence from family members and caregivers.
Girls with disabilities; harmful practices; child/early/forced marriage; mercy killings; infanticide; neglect; exclusion; education	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. Other examples of harmful practices include infanticide, 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.
Women with disabilities; harmful practices	37	Women with disabilities are subjected to the same harmful practices committed against women without disabilities. ... 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” and, regarding HIV/AIDS-related misbeliefs, “virgin rapes”.
Sexuality information and violence	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.
Stereotyping and access to justice for violence	47	An example of [gender and/or disability stereotyping] 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 woman’s sexuality or her credibility as a witness.

<p>Access to services and shelters</p>	<p>48</p>	<p>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.</p>
<p>Armed conflict; humanitarian emergencies; access to justice; refugees, migrants and asylum-seekers</p>	<p>49</p>	<p>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. 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.</p>
<p>Accessing humanitarian aid and violence</p>	<p>50</p>	<p>... [I]f 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.</p>
<p>Access to justice; stereotypes; reasonable accommodation; violence; caregivers</p>	<p>52</p>	<p>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. 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. Women with disabilities may also fear reporting violence, exploitation or abuse because they are concerned that they may lose the support required from caregivers.</p>

Violence in institutions; education	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 punishment and are segregated and exposed to the risk of sexual violence and trafficking within care and special education institutions. 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.
Forced medical interventions; torture or ill-treatment; SRHR; violence	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. 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.
Institutions and violence	55	... [I]t has been widely documented that institutionalization may expose persons with disabilities to violence and abuse, with women with disabilities being particularly exposed.
Accessibility of rehabilitation services; violence	57	... [P]hysical and psychological rehabilitation services, including counselling for acts of gender-based violence, may not be accessible, inclusive or age- or gender-sensitive.
Combating violence; state obligations	63(a)	States parties should combat multiple discrimination by ... 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 ...

Sexual and Reproductive Health and Rights (SRHR)

GC3 provides extensive descriptions of the types of SRHR-related violations that women with disabilities face, in particular focusing on forced contraception/sterilization/abortion, the inaccessibility of health care services and information, and denial of access to comprehensive sexuality education. Furthermore, GC3 describes the causes of these violations, including denial of reasonable accommodation, stereotypes about the sexuality and parenting ability of women with disabilities, denial of legal capacity and agency to make sexual and reproductive health decisions, and lack of training of and discriminatory attitudes held by health care providers. GC3 attributes SRHR not only to the right to health but also to the rights to found a family, to decide on the number and spacing of children, to equal recognition before the law, and to be free from torture or ill-treatment.

GC3 provides only one concrete recommendation to states about how to address SRHR-related human rights violations against women with disabilities, related to prohibiting forced contraception/sterilization/abortion, noted below.

Keywords	Para.	Text
SRHR; accessibility; indirect discrimination	17(b)	... For example, health-care facilities may appear neutral but are discriminatory when they do not include accessible examination beds for gynaecological screenings.
Discrimination and denial of reasonable accommodation; SRHR; accessibility	17(d)	... 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.
Stereotypes and SRHR	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 a found a family. Harmful stereotypes of women with disabilities include the belief that they are asexual, incapable, irrational, lacking control and/or hypersexual.
SRHR; right to decide on the number and spacing of children; right to decide on sexuality; right to access SRH services	38	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.
Stereotypes and pregnancy	39	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.
SRHR, intersectional discrimination	39	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.

Stereotypes and SRHR information; comprehensive sexuality education	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.
Sexuality information and violence	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.
Barriers: Accessibility of SRH services	42	Health-care facilities and equipment, including mammogram machines and gynaecological examination beds, are often physically inaccessible for women with disabilities. Safe transport for women with disabilities to attend health-care facilities or screening programmes may be unavailable, unaffordable or inaccessible.
Barriers: Attitudinal	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.
Decision-making and SRHR; legal capacity; third party authorization; intersex children	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. 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.

Forced contraception and sterilization; violence; legal capacity	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 others and that women with disabilities have the right to found a family and be provided with appropriate assistance to raise their children.
Stereotypes and parenting	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.
Access to SRH services	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.
Legal capacity and inequality; SRHR	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, 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 credit are often violated through patriarchal systems of substituted decision-making.

<p>Forced medical interventions; torture or ill-treatment; SRHR; violence</p>	<p>54</p>	<p>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. 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.</p>
<p>SRHR; accessibility; right to health; article 25</p>	<p>57</p>	<p>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 attitudinal barriers to fertility and hormone treatments.</p>
<p>Combating SRHR violations; state obligations</p>	<p>63(a)</p>	<p>States parties should combat multiple discrimination by ... prohibiting all forms of forced sterilization, forced abortion and non-consensual birth control[and] prohibiting all forms of forced gender- and/or disability-related medical treatment</p>

Access to Justice

Although GC3 contains only one paragraph specifically addressing access to justice, it has several provisions throughout that tackle this issue in various contexts. In particular, GC3 provides several examples of the barriers women and girls with disabilities face in accessing justice and attributes these barriers to denial of reasonable accommodation and to gender- and disability-based stereotypes—including stereotypes that women and girls with disabilities cannot reliably testify in court or that their experiences of violence cannot be trusted.

Through GC3, the CRPD Committee recommends that states train justice system actors to ensure effective remedies for women and girls with disabilities. It also recommends that states take “affirmative action” measures to ensure access to justice for women and girls with disabilities but does not describe what those measures should be.

Keywords	Para.	Text
Direct discrimination; access to justice; legal capacity; violence	17(a)	... 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.
Structural discrimination; access to justice; violence	17(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, inextricably linked to a lack of policies, regulations and services specifically for women with disabilities. For example, owing stereotyping based on the intersection of gender and disability, women with disabilities may face barriers when reporting violence, such as disbelief and dismissal by the police, prosecutors and courts.
Obligation to protect; due diligence; violence against women; access to justice; training of justice system actors; state obligations	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. 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.

Stereotypes and access to justice	47	... An example of [gender and/or disability stereotyping] 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.
Armed conflict; humanitarian emergencies; access to justice; refugees, migrants and asylum-seekers	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. 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.
Access to justice; stereotypes; reasonable accommodation; violence	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. 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. Women with disabilities may also fear reporting violence, exploitation or abuse because they are concerned that they may lose the support required from caregivers.
Access to justice; violence in institutions	53	... Perpetrators [of violence in institutions] 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.
Access to justice; employment; right to work	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.

<p>Ensuring equality; affirmative action measures; state obligations</p>	<p>64(b)</p>	<p>States parties should take all appropriate measures to ensure the development, advancement and empowerment of women with disabilities by ... [a]dopting 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. ...</p>
--	--------------	---