



**Women Enabled International Submission to OHCHR:
*Protection of the Rights of the Child and 2030 Agenda for Sustainable Development***

October 17, 2016

I. Introduction

Women Enabled International (WEI) works at the intersection of women’s rights and disability rights to advocate and educate for the human rights of all women and girls, emphasizing women and girls with disabilities, and works to include women and girls with disabilities in international resolutions, policies, and programs addressing women’s human rights and development, in collaboration with disabled women’s rights and women’s rights organizations worldwide. WEI appreciates the opportunity to contribute to the Office of the High Commissioner for Human Rights’s (OHCHR) forthcoming report, *Protection of the Rights of the Child and 2030 Agenda for Sustainable Development*.

This submission will address the second question posed by OHCHR as part of this consultations—“[w]hat approaches to implementing the 2030 Agenda would ensure the protection of the rights of all children, and that no child is left behind?”—as it relates to girls with disabilities. In particular, this submission will focus on the topics of equality and non-discrimination for girls with disabilities, including in their exercise of the rights to education, health, and freedom from violence, including gender-based violence. It will also address ways of ensuring that justice, accountability, and monitoring mechanisms are accessible to all, including girls with disabilities, so that they have effective access to justice.

II. Equality, Non-Discrimination, and Sustainable Development for Women and Girls with Disabilities

Although women and girls with disabilities make up a substantial portion of the population—19.2% of all women worldwide¹—they are subjected to stereotypes and discrimination, based on both their gender and disability, which impact their exercise of rights. As the Committee on the Rights of Persons with Disabilities (CRPD Committee) noted in its General Comment No. 3 on women and girls with disabilities, “[i]nternational 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 The CRPD Committee also recognized in General Comment No. 3 that harmful stereotypes about women and girls with disabilities help perpetuate human rights abuses committed against them.³ These stereotypes “infantilize women with disabilities, call into question their ability to make judgments, and [reinforce] perceptions of women with disabilities as being asexual, or hypersexual....”⁴ Indeed, due to shame and stigma associated with women and girls with disabilities, families frequently hide them away in their homes, limit their school attendance and interactions with the outside world, and subject them to several forms of abuse.⁵

The 2030 Agenda clearly commits states to ensuring social, economic, and political inclusion for all, including women and persons with disabilities, and to enforcing non-discriminatory laws and policies to this end.⁶ The sections below will explore how girls with disabilities experience inequalities in exercising their rights to education, to health, and to be free from violence. Each section provides suggestions, based on human rights standards, for implementing the goals, targets, and indicators of the Sustainable Development Goals (SDGs) in a way that includes girls with disabilities and addresses their particular needs.

A. The Right to Education for Girls with Disabilities

Children with disabilities worldwide are less likely to start school than are other children, and they also achieve lower levels of education than nondisabled children.⁷ Girls with disabilities in particular are left out of schooling, starting at the primary level. According to the World Health Organization and World Bank in their 2011 *World*

Report on Disability, only 42% of girls with disabilities worldwide complete primary school, as opposed to 53% of girls overall and 51% of boys with disabilities.⁸ Girls with disabilities in low-income countries have particularly low levels of education. Only 33% of girls with disabilities in low-income countries complete primary school, as opposed to 42% of girls overall.⁹

Girls with disabilities are left out of school for many reasons, in addition to the barriers to accessing education faced by all children with disabilities—including inaccessible and non-inclusive learning environments and the exclusion of children with disabilities from mainstream schools.¹⁰ For instance, as the CRPD Committee noted in its General Comment No. 4 on access to education, parents of girls with disabilities may refuse to send them to school because of stereotypes about the value of educating them based on both their gender and disability statuses or because of fears that they will encounter gender-based violence or harassment in schools.¹¹ Schools may also be ill-equipped to handle the attendance of girls with disabilities once they start their menstrual cycles, as toilet facilities may be inaccessible. Indeed, according to a 2011 report by Human Rights Watch about access to education for children with disabilities in Nepal, puberty and menstrual hygiene were major factors in the decision to take girls with disabilities out of school.¹² Furthermore, higher rates of child, early, and forced marriage for girls with disabilities lead to higher rates of school drop-out and thus lower rates of education.¹³ As the CRPD Committee notes in its General Comment No. 3 on women and girls with disabilities, these factors combine to result “in high rates of illiteracy, school failure, uneven daily attendance rates, absenteeism and dropping out of school entirely.”¹⁴

Girls with disabilities may also be excluded from important aspects of education, particularly comprehensive sexuality education, due to misperceptions that they are asexual and do not require this information.¹⁵ On the contrary, women and girls with disabilities, like other women and girls, participate in consensual sexual activity and, as noted below, experience higher rates of gender-based violence, including sexual violence. Without adequate information about sexuality and reproduction—including through comprehensive sexuality education—they may lack the knowledge they need to exercise their rights, including their right to education, and to ensure their safety. For instance, a 2013 study of school-aged children in Nigeria found that girls with disabilities were more likely to have participated in consensual sexual activity and to be victims of sexual violence than were other girls but were less likely to have received any information about HIV and AIDS and how to protect themselves.¹⁶ In addition to depriving them of needed information, denying women and girls with disabilities access to comprehensive sexuality education may undermine their access to all education, as unwanted pregnancy, STIs, and sexual abuse can all act as barriers to continuing education for girls.¹⁷

The SDGs place a high priority on education, and targets under Goal 4 on education put particular emphasis on ensuring access to education for girls and for children with disabilities, including by providing safe, accessible, non-violent, and inclusive learning environments.¹⁸ Other targets in the SDGs are also important for ensuring access to education for children with disabilities, and particularly girls with disabilities, including Target 6.2, which calls on states to ensure “access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”¹⁹

With the barriers that girls with disabilities face in accessing education in mind, states should take the following steps to implement their commitments to education under the SDGs:

- In plans for implementing Goal 4 of the SDGs, specifically include women and girls with disabilities and adopt state-level targets and indicators for tackling the particular barriers they face to accessing education—including inaccessible school environments, norms in families that devalue their education, violence and harassment in schools, and lack of adequate sanitation facilities. Involve women and girls with disabilities in the planning, monitoring, and evaluation of programs designed to ensure access to education, and collect data specifically on access to education for girls with disabilities as part of larger data collection efforts.²⁰
- Build schools that are physically accessible to children with disabilities—including with accessible, private, and safe toilet facilities for girls with disabilities—and train schools and teachers to include children with disabilities in their classrooms, including through individual assessments of their needs.²¹

- Through school curricula and inclusive classrooms, take positive steps to tackle gender and disability stereotypes in education materials. Educate families of children with disabilities about the value of their education and what services are available to children with disabilities in schools.²²
- Establish disability-accessible mechanisms for reporting violence, harassment, and bullying in schools, and exercise due diligence in preventing and prosecuting violence committed against girls with disabilities in schools.²³
- Provide comprehensive sexuality education to all children, including children with disabilities, and as part of life-long learning programs. Ensure that information in these programs is scientifically accurate, human rights-based, inclusive of the needs and perspectives of persons with disabilities, and provided in accessible formats—such as through sign language and in Braille and easy-to-read formats.²⁴

B. The Rights to Health, including Sexual and Reproductive Health, and to Sexual and Reproductive Autonomy for Girls with Disabilities

Women and girls with disabilities worldwide face a wide range of unique human rights abuses in sexual and reproductive health care settings, due to both their gender and disability. Indeed, when women and girls with disabilities are deprived of legal capacity or have their decision-making power taken away from them by parents, guardians, health care providers, institutions, or the state, this can, as the CRPD Committee noted in its General Comment No. 3 on women and girls with disabilities, “facilitate forced interventions, such as: sterilisation, abortion, [and] contraception...”²⁵ These practices are frequently based on false and discriminatory assumptions about the sexuality and ability of women and girls with disabilities to parent or on the desire to control their menstrual cycles.²⁶ They are also considered severe human rights violations, including forms of torture or ill-treatment.²⁷ In addition to decreased autonomy in the area of sexual and reproductive health, women and girls with disabilities also have a general lack of access to education and information on sexual and reproductive health, as noted above, largely due to perceptions that they are asexual.²⁸

Girls with disabilities experience particular barriers to accessing human rights-based sexual and reproductive health services, due not only to their gender and disability statuses but also to their age. As the Committee on Economic, Social, and Cultural Rights found in its General Comment No. 14 on the right to health, “[t]he realization of the right to health of adolescents is dependent on the development of youth-friendly healthcare, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.”²⁹ Young women and adolescents, and those with disabilities in particular, often experience substituted decision-making and a denial of their rights with respect to reproductive and sexual health, putting them at greater risk of forced or coerced sterilization, contraception, and abortion and also disempowering them to access needed goods, information, and services—including contraception, abortion, and sexuality education—to ensure their sexual and reproductive health.³⁰ As the UN Special Rapporteur on Health noted in his recent report on adolescent health, “[p]articular regard must be afforded to the barriers faced by adolescents with disabilities, as their views should be given due weight in accordance with age and maturity on an equal basis with others and as they must be provided with opportunities for supported decision-making.”³¹

Although several targets in the SDGs address the need to ensure access to sexual and reproductive health services for all women,³² these targets on their own do not ensure that girls with disabilities will receive human rights-based sexual and reproductive health care because none of these targets focus on ensuring that women and girls can exercise sexual and reproductive autonomy.³³ Indeed, ensuring mere access to sexual and reproductive health care services does nothing to protect the rights of girls with disabilities who may be faced with forced or coerced sterilization, forced or coerced contraception, or forced or coerced abortion at the hands of parents, guardians, or health care providers.³⁴ In their implementation of the SDGs, states must ensure special protections for girls with disabilities from violations of their right to health and to decide on matters of reproduction and sexuality, free from violence, discrimination, and coercion,³⁵ in order to ensure that they have equal access to sexual and reproductive health services and can exercise their sexual and reproductive rights.

In order to overcome barriers to sexual and reproductive health and the exercise of sexual and reproductive rights for girls with disabilities, states should:

- In plans for implementing Goal 3 of the SDGs, specifically include women and girls with disabilities and ensure targets and indicators for tackling the particular barriers they face to accessing human rights-based sexual and reproductive health information and services and in exercising their sexual and reproductive autonomy. Involve women and girls with disabilities in the planning, monitoring, and evaluation of programs designed to ensure their health.³⁶
- Measure the proportion of adolescent girls with disabilities (aged 10-19) who have access to contraception when they want it and the number of adolescents with disabilities who are forced or coerced into taking unwanted contraception or having an unwanted abortion, or who are forcibly sterilized.³⁷
- Create clear guidelines on informed consent in the context of sexual and reproductive health services, and in particular on the provision of sterilization, that stipulate that only the women or girls involved can provide valid consent to the procedure. Enforce these guidelines by creating civil and criminal penalties for performing forced or coerced sterilization, abortion, and contraception.³⁸
- Ensure that accessible information about sexuality and reproduction is available and provided to women and girls with disabilities and that they are included in comprehensive sexuality education programs, as described above.³⁹
- Provide training and education for family members and health care providers about the sexual and reproductive rights of women and girls with disabilities, the importance of informed consent, about how to handle menstrual cycles, and about how to ensure that all health services are accessible, available, acceptable, and of good quality for women and girls with disabilities.⁴⁰

C. Violence against Girls with Disabilities

Women and girls with disabilities are at least two to three times more likely than women and girls without disabilities to experience violence and abuse,⁴¹ and they are likely to experience abuse over a longer period of time, resulting in more severe injuries.⁴² Girls with disabilities are particularly susceptible to gender-based violence. As the CRPD Committee noted in its General Comment No. 3, “[t]he often preferential care and treatment of boys means that violence against girls with disabilities is more prevalent when compared to boys with disabilities or the broader population of girls.”⁴³ This treatment also means that girls with disabilities are particularly at risk for violence from family members and caregivers.⁴⁴

This violence includes physical and sexual abuse, but it also encompasses other forms of violence committed uniquely against persons with disabilities, particularly girls, including exclusion from family activities, isolation within the household, forced unpaid domestic work, forced institutionalization, and forced exclusion from attending school.⁴⁵ Children with disabilities generally are also less likely to be registered at birth, a situation that increases the risk of violence and exploitation, including harmful practices.⁴⁶ Though violence against infants and children under five years of age is not limited to children with disabilities, “[r]esearch shows that children living with disabilities continue to be at higher risk of maltreatment resulting in death... particularly during the first year of life.”⁴⁷

Girls with disabilities are also susceptible to harmful traditional practices that threaten their exercise of rights and contribute to the violence committed against them. Girls with disabilities are more likely to be subjected to so-called “mercy killings,” because families are unwilling or unable to support a girl with a disability.⁴⁸ As noted above, women and girls with disabilities—particularly girls with intellectual disabilities—are subjected to child, early, and forced marriage at higher rates as a means of ensuring financial security or care, which is an abuse in itself and may also lead to further violence.⁴⁹

The SDGs contain a number of targets devoted to reducing violence, including gender-based violence, harmful practices, and violence against children.⁵⁰ The SDGs also call on states to reduce infant and child mortality rates and ensure that all births are registered.⁵¹ In order to ensure that girls with disabilities are not left behind in the implementation of these goals and targets, states should take the following steps when implementing the SDGs:

- Include women and girls with disabilities in plans for addressing gender-based violence and eliminating harmful traditional practices and involve them in planning, monitoring, and evaluation of programs designed to eliminate these practices.⁵²

- Increase health services and monitoring, education, and support for parents of children with disabilities, in order to reduce the overall number of deaths of newborns and young children worldwide and increase the number of children with disabilities who are registered at birth.⁵³
- Track the proportion of parents of children with disabilities who receive assistance, the number of disabled infants who are not registered at birth, and the mortality rate of infants and young children who are killed as a result of their disabilities, per 1,000 live births.⁵⁴
- Ensure that laws and policies ban child, early, and forced marriages and track the number and age of marriage for girls with disabilities as part of official statistics.⁵⁵

III. Making Justice, Accountability, and Monitoring Mechanisms Inclusive of Girls with Disabilities

Effective access to justice and inclusive measures for accountability and monitoring of state commitments are essential for ensuring the respect, protection, and fulfillment of all human rights. However, as the CRPD Committee noted in its General Comment No. 3 on women and girls with disabilities, “[w]omen with disabilities face barriers to accessing justice including with regard to exploitation, violence and abuse, due to harmful stereotypes, discrimination and lack of procedural and reasonable accommodations, which can lead to their credibility being doubted and their accusations being dismissed.”⁵⁶ This situation is particularly acute for women and girls with intellectual or psychosocial disabilities worldwide, whose testimonies “are dismissed from court proceedings because of legal capacity, thus denying them justice and effective remedies as victims of violence.”⁵⁷ Women and girls with disabilities may also face accessibility-related barriers to accessing justice, including that courthouses or police stations are not physically accessible, that they are not provided with sign language interpreters or other support services when giving statements or testimonies, or that information about their rights is not available in accessible formats.⁵⁸ Furthermore, women and girls with disabilities are frequently left out of monitoring and evaluation efforts for programs that affect them, and they are also frequently not included in data collection in areas that affect their rights, including surrounding education, health care, and violence.⁵⁹

Girls with disabilities face additional barriers, based on age, to accessing justice for violations committed against them. These include the complexity of justice systems, lack of knowledge about what services are available to them, fears of reprisal from their families or harassment from their communities, a lack of support or an unwillingness to seek support from adults, lack of financial resources, and a lack of recognition within the justice system of their rights and capacity separate from adults.⁶⁰

Accountability and access to justice have both been recognized as important components of the SDGs.⁶¹ In order to ensure that girls with disabilities are included in SDG-related accountability efforts and have effective access to justice for violations of their rights, states should implement the SDGs in the following ways:

- Take special measures to address the barriers faced by women and girls with disabilities in accessing justice, including by abolishing laws that limit their capacity to bring cases to court or testify in court, providing training to justice system actors—including those in the court system and in police forces—about the rights of women and girls with disabilities, and requiring that justice systems ensure reasonable accommodation.⁶²
- Mainstream the concerns of women and girls with disabilities throughout plans to implement the SDGs at the international, regional, and national levels. Actively involve women and girls with disabilities in the planning, monitoring, and evaluation of development programs.⁶³
- Ensure that children with disabilities, including girls with disabilities, are measured and counted in government statistics and as part of development programs.⁶⁴

Thank you for allowing WEI to contribute to OHCHR’s upcoming report, *Protection of the Rights of the Child and 2030 Agenda for Sustainable Development*. Should you have any questions regarding this submission, please do not hesitate to contact Stephanie Ortoleva, WEI’s President and Legal Director, at President@WomenEnabled.org or +1 202 630 3818.

¹ WORLD HEALTH ORGANIZATION (WHO) AND WORLD BANK, WORLD REPORT ON DISABILITY 25-26 (2011) [hereinafter WHO & WORLD BANK, WORLD REPORT ON DISABILITY].

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- ² CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 3, U.N. Doc. CRPD/C/GC/3 (2016) [hereinafter CRPD Committee, *Gen. Comment No. 3*].
- ³ *Id.*, ¶¶ 30, 38, 40 & 46.
- ⁴ *Id.*, ¶¶ 33 & 38.
- ⁵ *Id.*, ¶¶ 35, 36 & 56.
- ⁶ U.N. General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, Targets 10.2 & 16.b, U.N. Doc. A/RES/70/1 (2015) (“By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status;” “Promote and enforce non-discriminatory laws and policies for sustainable development.”).
- ⁷ WHO & WORLD BANK, *WORLD REPORT ON DISABILITY*, *supra* note 1, at 206.
- ⁸ *Id.* at 207.
- ⁹ *Id.*
- ¹⁰ See generally CRPD Committee, *General Comment No. 4: Article 24: Right to inclusive education*, ¶¶ 38 & 40, U.N. Doc. CRPD/G/GC/4 (2016) [hereinafter CRPD Committee, *Gen. Comment No. 4*].
- ¹¹ *Id.*
- ¹² HUMAN RIGHTS WATCH, *FUTURES STOLEN: BARRIERS TO EDUCATION FOR CHILDREN WITH DISABILITIES IN NEPAL* 37 (2011), available at <https://www.hrw.org/report/2011/08/24/futures-stolen/barriers-education-children-disabilities-nepal>.
- ¹³ CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 36.
- ¹⁴ *Id.*, ¶ 56.
- ¹⁵ *Id.*, ¶ 40; CRPD Committee, *Gen. Comment No. 4*, *supra* note 10, ¶ 52.
- ¹⁶ Toyin J Aderemi, et al, *Differences in HIV knowledge and sexual practices of learners with intellectual disabilities and non-disabled learners in Nigeria* in 16(1) J. INT. AIDS SOC. 2013 (2013), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3568677/>.
- ¹⁷ U.N. General Assembly, *Report of the independent expert for the United Nations study on violence against children*, U.N. Doc. A/61/299 (Aug. 29, 2006).
- ¹⁸ U.N. General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, Targets 4.1, 4.5 & 4.a, U.N. Doc. A/RES/70/1 (2015).
- ¹⁹ *Id.*, Target 6.2.
- ²⁰ See CRPD Committee, *Gen. Comment No. 4*, *supra* note 10, ¶¶ 44 & 49; *Gen. Comment No. 3*, *supra* note 2, ¶¶ 23 & 62.
- ²¹ See CRPD Committee, *General Comment No. 4*, *supra* note 10, ¶ 21.
- ²² See *id.*, ¶¶ 44 & 46; WHO & WORLD BANK, *WORLD REPORT ON DISABILITY*, *supra* note 1, at 217.
- ²³ See CRPD Committee, *General Comment No. 4*, *supra* note 10, ¶¶ 14 & 44; CRC Committee, *General Comment No. 13: The right of the child to freedom from all forms of violence*, ¶ 63, U.N. Doc. CRC/C/GC/13 (2011); Committee on the Elimination of Discrimination against Women, *General Recommendation No. 19: Violence against women*, (11th Sess., 1992), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, ¶ 9, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008).
- ²⁴ See CRPD Committee, *General Comment No. 4*, *supra* note 10, ¶ 52.
- ²⁵ CRPD Committee, *General Comment No. 3*, *supra* note 2, ¶ 44.
- ²⁶ UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶¶ 28 & 36, U.N. Doc. A/67/227 (2012) [hereinafter SRVAW, *Report on women with disabilities*].
- ²⁷ CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, ¶ 22, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008); CRPD Committee, *General Comment No. 1: Article 12: Equal recognition before the law*, U.N. Doc. CRPD/C/GC/1 (2014); Human Rights Committee, *Concluding Observations: Czech Republic*, ¶ 11, U.N. Doc. CCPR/C/CZE/CO/3 (2013); CAT Committee, *Concluding Observations: Czech Republic*, ¶ 12, U.N. Doc. CAT/C/CZE/CO/4-5 (2012); Human Rights Council, *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Mendez*, ¶ 48, U.N. Doc. A/HRC/22/53 (2013).
- ²⁸ See CRPD Committee, *General Comment No. 4*, *supra* note 10, ¶ 52; *General Comment No. 3*, *supra* note 2, ¶ 40.
- ²⁹ Committee on Economic, Social and Cultural Rights, *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, ¶ 23, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008).
- ³⁰ Open Society Foundations, *Sterilization of Women and Girls with Disabilities* (2011), available at <https://www.opensocietyfoundations.org/sites/default/files/sterilization-women-disabilities-20111101.pdf>.
- ³¹ Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 61, U.N. Doc. A/HRC/32/32 (2016).
- ³² U.N. General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, Targets 3.3, 3.7 & 5.6, U.N. Doc. A/RES/70/1 (2015).

- ³³ *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, U.N. Doc. A/CONF.171/13/Rev.1 (1995).
- ³⁴ See Carolyn Frohmader and Stephanie Ortoleva, *The Sexual and Reproductive Rights of Women and Girls with Disabilities*, International Conference on Population and Development Beyond 2014 (July 2013), available at http://wwda.org.au/wp-content/uploads/2013/12/issues_paper_srr_women_and_girls_with_disabilities_final.pdf.
- ³⁵ *Programme of Action of the International Conference on Population and Development*, Cairo, Egypt, Sept. 5-13, 1994, U.N. Doc. A/CONF.171/13/Rev.1 (1995).
- ³⁶ See Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 56, U.N. Doc. A/HRC/32/32 (2016); CRPD Committee, *General Comment No. 3*, supra note 2, ¶¶ 23 & 62.
- ³⁷ See CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶¶ 44, 45 & 62.
- ³⁸ See CRPD Committee, *General Comment No. 1: Article 12: Equal recognition before the law*, ¶ 41, U.N. Doc. CRPD/G/GC/1 (2014).
- ³⁹ See CRPD Committee, *General Comment No. 4*, supra note 10, ¶ 52.
- ⁴⁰ See CRPD Committee, *General Comment No. 1: Article 12: Equal recognition before the law*, ¶ 41, U.N. Doc. CRPD/G/GC/1 (2014); Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 49, U.N. Doc. A/HRC/32/32 (2016).
- ⁴¹ UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), UNITED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY 7 (Aug. 10, 2012), <http://www.state.gov/documents/organization/196468.pdf>. It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data.
- ⁴² SRVAW, *Report on women with disabilities*, supra note 26, ¶ 31.
- ⁴³ CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 35.
- ⁴⁴ *Id.*
- ⁴⁵ *Id.*, ¶ 36.
- ⁴⁶ *Id.*, ¶ 35.
- ⁴⁷ Mariah E. MacKay, et. al., *What About the Rights of the Infant with Disabilities? Responses to Infanticide as Function of Infant Health Status*, 2 Canadian Journal of Disability Studies (2013).
- ⁴⁸ CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 36.
- ⁴⁹ *Id.*
- ⁵⁰ U.N. General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, Targets 5.2, 5.3, 5.a, 16.1 & 16.2, U.N. Doc. A/RES/70/1 (2015).
- ⁵¹ *Id.*, Targets 3.2 & 16.9.
- ⁵² See Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, ¶ 56, U.N. Doc. A/HRC/32/32 (2016); CRPD Committee, *General Comment No. 3*, supra note 2, ¶¶ 23 & 62.
- ⁵³ CRC Committee and CEDAW Committee, *Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices*, ¶ 54(h), U.N. Doc. CEDAW/C/GC/31-CRC/C/GC/18 (2014); CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 35.
- ⁵⁴ Convention on the Rights of the Child, adopted Nov. 20, 1989, art. 23, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, U.N. Doc. A/44/49 (1989) (entered into force Sept. 2, 1990); CRC Committee and CEDAW Committee, *Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices*, ¶ 54(h), U.N. Doc. CEDAW/C/GC/31-CRC/C/GC/18 (2014).
- ⁵⁵ CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 36; CRC Committee and CEDAW Committee, *Joint general recommendation/general comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child on harmful practices*, ¶¶ 19-23 & 54(f), U.N. Doc. CEDAW/C/GC/31-CRC/C/GC/18 (2014).
- ⁵⁶ CRPD Committee, *Gen. Comment No. 3*, supra note 2, ¶ 52.
- ⁵⁷ *Id.*, ¶ 17(a).
- ⁵⁸ *Id.*, ¶ 52.
- ⁵⁹ *Id.*, ¶¶ 16 & 62.
- ⁶⁰ OHCHR, *Access to justice for children: Report of the United Nations High Commissioner for Human Rights*, ¶¶ 13-16, U.N. Doc. A/HRC/25/35 (2013).
- ⁶¹ U.N. General Assembly, *Transforming our world: the 2030 Agenda for Sustainable Development*, ¶ 8 & Targets 16.3, 17.18 & 17.19, U.N. Doc. A/RES/70/1 (2015).

⁶² OHCHR, *Access to justice for children: Report of the United Nations High Commissioner for Human Rights*, ¶ 60, U.N. Doc. A/HRC/25/35 (2013).

⁶³ CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 27.

⁶⁴ Convention on the Rights of Persons with Disabilities (CRPD), adopted Dec. 13, 2006, art. 31, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008); CRPD Committee, *Gen. Comment No. 3*, *supra* note 2, ¶ 27.