



Women Enabled International Submission on a Gender- and Disability-Sensitive Approach to Extrajudicial, Summary, or Arbitrary Killing
January 31, 2017

Women Enabled International (WEI) welcomes the opportunity to engage with the Special Rapporteur on Extrajudicial, Summary, or Arbitrary Killing (Special Rapporteur) as she considers integrating a gender-sensitive approach to extrajudicial, summary, or arbitrary killing into her work. WEI advocates and educates 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.

According to the World Health Organization and the World Bank, women and girls with disabilities¹ constitute 19.2% of women worldwide, making up a substantial portion of the global population.² Due to discrimination based on both their gender and disability, women with disabilities experience violations of their rights that are distinct from those experienced by other women. In particular, women with disabilities experience gender-based violence, including domestic violence, at higher rates than other women, and the violence they experience also has unique forms, causes, and consequences.³ Girls with disabilities are also more frequently victims of infanticide in circumstances where their lives are devalued as a result of stereotypes on the basis of both their gender and disability.

Through this submission, we hope to begin a dialogue with the Special Rapporteur on an intersectional gender-sensitive and disability-sensitive approach to extrajudicial, summary, or arbitrary killing. As such, this submission first provides background information on how gender-based violence, particularly domestic violence, disproportionately affects women with disabilities, leading to physical and psychological injuries and increasing the risk of their arbitrary killing. It then provides information on infanticide as it affects children with disabilities, particularly girls, and outlines how stigma, discrimination, and lack of social supports perpetuate this practice. Finally, this submission provides some brief recommendations as the Special Rapporteur considers integrating intersectional approaches into her work, with the hopes that she will specifically include issues affecting women with disabilities in forthcoming country visits and thematic reports.

I. Domestic Violence against Women and Girls with Disabilities

Violence against women with disabilities worldwide takes many unique forms and has several distinct causes. According to the former UN Special Rapporteur on Violence against Women, Rashida Manjoo, violence against women with disabilities can be of a “physical, psychological, sexual or financial nature and include neglect, social isolation, entrapment, degradation, detention, denial of health care, forced sterilization and psychiatric treatment.”⁴ This violence is perpetuated by stereotypes “that attempt to dehumanize or infantilize, exclude or isolate [women with disabilities], and target them for sexual and other forms of violence.”⁵

Women with disabilities also experience domestic violence in unique ways and at higher rates than other women, increasing the risk that they will be subjected to arbitrary killings by family members or intimate partners. Women with disabilities worldwide experience domestic violence—including physical, sexual, emotional, psychological, and financial abuse—at twice the rate of other women.⁶ Indeed, the notion that they are often considered less eligible for marriage can make women with disabilities particularly vulnerable to unstable romantic relationships that can lead to intimate partner violence.⁷

Disabilities can exacerbate the impact of domestic violence. For instance, in a 2007 survey of victims of domestic violence in the United Kingdom (UK), all 30 women with disabilities who participated in the survey reported that being disabled worsened the abuse and made it more difficult for them to leave abusive situations.⁸ Reports indicate that women with disabilities in the UK are also subject to such

violence at the hands of a wider variety of people, including intimate partners, family members, caregivers, and health care workers.⁹ Women with disabilities in India similarly report that they are at an increased risk of violence as a result of their disability, due either to their perceived vulnerability or the stigma associated with disability itself, particularly within families and marital homes.¹⁰ In a limited study of women with disabilities in Mumbai, for instance, 22% of married respondents reported that they had experienced some form of physical violence from their partners, while 23% reported emotional violence,¹¹ including threats of abandonment.¹² Of these women, 81% felt that the violence was due to their disability.¹³ Worldwide, women facing violence often also experience it in a form directly related to their disability, such as having medicine or care withheld.¹⁴ Indeed, a 2015 review by Public Health England—a UK government body—found that persons with disabilities who experienced greater limitations on their daily activities are two to three times more likely to experience violence, including domestic violence, than non-disabled persons.¹⁵

For women with disabilities, leaving a violent home environment can prove difficult. Those fleeing abusive homes may be physically unable to leave, particularly where public transportation is inaccessible.¹⁶ Women with disabilities may also be reliant on the abuser to meet personal needs; indeed, when the abuser is also a caregiver, it is frequently impossible for women with disabilities to get help.¹⁷ These factors mean that women with disabilities often experience domestic violence for a longer period of time before attempting to leave their abusers,¹⁸ a situation that can elevate the risk of that violence escalating and leading to arbitrary killing.

Effective access to justice is essential to ensuring the respect, protection, and fulfilment of all human rights, including the right to be free from domestic violence. As the Committee on the Elimination of Discrimination against Women (CEDAW Committee) has recognised, women face particular barriers to accessing justice because of “gender stereotypes, stigma, harmful and patriarchal cultural norms and gender-based violence, which affects women in particular....”¹⁹ Barriers to accessing justice are compounded for women with disabilities, based on both their disability and gender. The Committee on the Rights of Persons with Disabilities (CRPD Committee) similarly noted in its General Comment No. 3 on women with disabilities that “[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.”²⁰ As the former UN Special Rapporteur on Violence against Women, Rashida Manjoo, recognised, this perception about credibility—as well as the ‘infantilisation’ of and stereotypes about many women with disabilities—leads to a “systematic failure of the court system to acknowledge them as competent witnesses.”²¹ This situation is particularly acute in cases concerning sexual or domestic violence, where courts often rely on victims to provide key evidence.²² Discrimination that women with disabilities face in society and in accessing justice may also lead them to remain in abusive relationships, as otherwise they may have a “[f]ear of unjustified termination of parental rights” based on harmful misperceptions about their ability to parent.²³ The failure of the courts and police to take reports of violence against women with disabilities seriously can elevate the risk that women with disabilities face as a result of domestic violence, including making them more vulnerable to killings at the hands of family members and intimate partners.

II. Infanticide of Girls with Disabilities

Girls with disabilities are also at risk of extrajudicial, summary, or arbitrary killing through infanticide. As the CRPD Committee notes in its General Comment No. 3 on women and girls with disabilities, girls with disabilities are particularly susceptible to infanticide, “because their families are unwilling or lack the support to raise a girl with an impairment.”²⁴ In its thematic study on violence against women and girls with disabilities, the UN Office of the High Commissioner for Human Rights (OHCHR) found that “gender-specific neglect may compound discrimination against girl children with disabilities, who are particularly vulnerable to violence and harmful practices, including infanticide ... perpetrated by family members, members of the community and by those with specific responsibilities towards them, including teachers and employees of children institutions.”²⁵

For instance, a study of violence against children with disabilities, the UN International Children's Emergency Fund (UNICEF) found that children with disabilities may be subjected to infanticide at birth or at some point after birth because communities may consider these children to be evil or because families with children with disabilities can face intense stigma.²⁶ For instance, in its General Comment No. 9 on children with disabilities, the Committee on the Rights of the Child (CRC Committee) notes that "some cultures view a child with any form of disability as a bad omen that may 'tarnish the family pedigree' and, accordingly, a certain designated individual from the community systematically kills children with disabilities."²⁷ The UNICEF study also found that infanticide may result from a family's wish to end the perceived suffering of a child with a disability, often referred to as a "mercy killing."²⁸ "Mercy killing" is frequently the result of a lack of social supports for children with disabilities rather than the actual physical condition of the child himself or herself.²⁹ For these reasons, the decision of a parent or caretaker to take the life of a child with a disability may be actively supported by medical, religious, or social counsel or other family members, and those responsible for the killings often will not face prosecution for homicide or will receive a reduced sentence.³⁰ The UNICEF report notes in particular that, in some societies, girls with disabilities are more likely to be subjected to "mercy killings" than are boys of similar age and disability,³¹ and children with intellectual disabilities are particularly susceptible to "mercy killings" and infanticide.³²

Infanticide, including of children with disabilities, has been recognized as a severe human rights violation, including a violation of the right to life and survival.³³ The CRC Committee has identified infanticide as a harmful practice and as an important issue affecting children with disabilities³⁴ and girls³⁵ in several states. Furthermore, the CRC and the CEDAW Committees, in a joint general comment on harmful practices, have found that infanticide and other harmful practices are "strongly connected to and reinforce socially constructed gender roles and systems of patriarchal power relations and sometimes reflect negative perceptions of or discriminatory beliefs regarding certain disadvantaged groups of women and children, including individuals with disabilities or albinism."³⁶ The CRC Committee has further recommended that states raise awareness and address cultural norms, stigma, and practices that lead to infanticide, including of children with disabilities,³⁷ as well as eliminate restrictive population policies, enforce laws preventing infanticide, and ensure the registration of all births in order to prevent infanticide.³⁸

III. Statistics and Data Collection

Obtaining accurate data on women and girls with disabilities is a major barrier to fully understanding the phenomena of both domestic violence (including femicide) and infanticide committed against women and girls with disabilities. It is generally estimated that women and girls with disabilities are at least two to three times more likely than women without disabilities to experience violence and abuse in various spheres,³⁹ but no global data exists on the incidence of such violence, and studies draw on different sources of data. Infanticide committed against girls with disabilities is a similarly under-documented phenomenon. Statistics on these and many other issues affecting women and girls with disabilities are not sufficiently collected or disaggregated, despite being required under article 31 of the Convention on the Rights of Persons with Disabilities (CRPD)⁴⁰. In order to prevent and address these issues as they impact women and girls with disabilities, states need to collect more disaggregated information on their prevalence and causes. With this gap in mind, states should consult the work of the Washington Group on Disability Statistics—a body of the United Nations Statistical Commission—which has helped devise surveys to accurately measure the prevalence of disability worldwide, including amongst children.⁴¹ Their work crafting questions to identify disability has helped scholars measure a range of issues affecting persons with disabilities,⁴² and so may also help inform surveys on domestic violence and infanticide to identify when such practices are committed against women or girls with disabilities.

IV. Recommendations

As she considers integrating a gender-sensitive approach to extrajudicial, summary, or arbitrary killings in her work, we urge the Special Rapporteur to:

- In developing a gender-sensitive approach, consider how certain characteristics or identities, including disability, intersect with gender to place women and girls at particular risk for extrajudicial, summary, or arbitrary killings, including femicide and infanticide.
- Identify states' obligations to take measures to address underlying factors that contribute to a heightened risk of extrajudicial, summary, or arbitrary killings of women and girls with disabilities in particular, including obligations to:
 - Dismantle the stigma associated with disability, including notions that disability is a sign of witchcraft or other bad omen, as required under article 8 of the CRPD;⁴³
 - Raise awareness about the rights of women and children with disabilities, as required under article 8 of the CRPD;⁴⁴
 - Provide adequate social support services to individuals with disabilities and their families, as required under article 28 of the CRPD;⁴⁵
 - Ensure that women and girls with disabilities who are victims of gender-based violence have access to protective and rehabilitative services, including emergency shelters and other social services, to allow them to leave abusive situations, as required under article 16 of the CRPD;⁴⁶ and
 - Train police, judicial and other law enforcement authorities to respond to instances of violence committed against women with disabilities and to give credence to their testimony to ensure access to justice, as required under article 13 of the CRPD.⁴⁷
- Recommend that States collect disaggregated data on the prevalence and causes of violence against women and girls with disabilities, including arbitrary killings such as femicide and infanticide.⁴⁸

Thank you again for the opportunity to provide comments to the Special Rapporteur in advance of her potential reports on a gender-sensitive approach to extrajudicial, summary, or arbitrary killing. Please do not hesitate to contact us at the emails below should you have any questions or require additional information on any of the content addressed herein.

Sincerely,

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¹ This submission addresses the situation of women and girls with disabilities throughout the lifecycle. As such, any reference to “women with disabilities” should be interpreted to include girls with disabilities unless otherwise indicated.

² WORLD HEALTH ORGANIZATION (WHO) AND WORLD BANK, WORLD REPORT ON DISABILITY 28-29 (2011).

³ UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 31, U.N. Doc. A/67/227 (2012) [hereinafter SRVAW, *Report on women with disabilities*].

⁴ *Id.*

⁵ *Id.*, ¶ 32.

⁶ *Id.*, ¶ 31.

⁷ WHO and United Nations Population Fund, *Promoting sexual and reproductive health for Persons with Disabilities: World Health Organization/United Nations Population Fund Guidance Note* (2009).

⁸ Gill Hague, Ravi Thiara, Pauline Magowan, and Audrey Mullender, *Making the Links: Disabled Women and Domestic Violence* 33, 42 (2007), available at <http://wwda.org.au/wp-content/uploads/2013/12/hague1.pdf> (joint project conducted by Women's Aid, the Gender and Violence Research Group at the University of Bristol, and the Centre for the Study of Safety and Well-being at the University of Warwick).

⁹ PUBLIC HEALTH ENGLAND, DISABILITY AND DOMESTIC ABUSE: RISK, IMPACTS AND RESPONSE 9 (2015), available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf.

¹⁰ Nayreen Daruwala, et al, *Violence against Women with a Disability in Mumbai, India: A Qualitative Study* in SAGE OPEN 3-5 (2013).

¹¹ CREA, *count me IN!: Violence against disabled, lesbian, in sex-working women in Bangladesh, India, and Nepal* 65 (2012), available at <http://www.creaworld.org/sites/default/files/The%20Count%20Me%20In%20Research%20Report.pdf>.

¹² Nayreen Daruwala, et al, *Violence against Women with a Disability in Mumbai, India: A Qualitative Study* in SAGE OPEN 4-5 (2013).

¹³ CREA, *supra* note 11, at 65.

¹⁴ Frances Ryan, *Domestic Violence and disabled women: an abuse of power*, THE GUARDIAN, Nov. 19, 2012, <https://www.theguardian.com/society/2012/nov/19/domestic-violence-disabled-women-abuse>.

¹⁵ PUBLIC HEALTH ENGLAND, DISABILITY AND DOMESTIC ABUSE: RISK, IMPACTS AND RESPONSE 11 (2015), available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

¹⁶ Gill Hague, Ravi Thiara, Pauline Magowan, and Audrey Mullender, *Making the Links: Disabled Women and Domestic Violence* 33, 42 (2007), available at <http://wwda.org.au/wp-content/uploads/2013/12/hague1.pdf>.

¹⁷ Gill Hague, Ravi Thiara and Audrey Mullender, *Disabled Women and Domestic Violence: Making the Links, a National UK Study* in 18(1) PSYCHIATRY, PSYCHOLOGY AND LAW 117, 124 (2010).

¹⁸ See, e.g. John Baker, *Revealed: the shocking truth of domestic abuse against disabled women*, PETERBOROUGH TELEGRAPH, Aug. 11, 2011, available at <http://www.peterboroughtoday.co.uk/news/revealed-the-shocking-truth-of-domestic-abuse-of-disabled-women-1-3004746>

¹⁹ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 33 on women's access to justice*, ¶ 8, U.N. Doc. CEDAW/C/GC/33 (2015).

²⁰ Committee on the Rights of Persons with Disabilities (CRPD Committee), *General Comment No. 3: Women and girls with disabilities*, ¶ 52, U.N. Doc. CRPD/C/GC/3 (2016).

²¹ SRVAW, *Report on women with disabilities*, *supra* note 3, ¶ 41.

²² *Id.*

²³ *Id.*, ¶ 49; see also. Elisabeth Lightfoot et al. *The Inclusion of Disability as a Condition for Termination of Parental Rights in* 34 CHILD ABUSE & NEGLECT 927, 927-934 (2010), available at <http://dx.doi.org/10.1016/j.chiabu.2010.07.001>; Rannveig Traustadottir, *Obstacles to Equality: The Double Discrimination of Women with Disabilities* (1997), available at <http://www.independentliving.org/docs3/chp1997.html>.

²⁴ CRPD Committee, *General Comment No. 3*, *supra* note 20, ¶ 36.

²⁵ OHCHR, *Thematic study on the issue of violence against women and girls and disability*, ¶ 24, U.N. Doc. A/HRC/20/5 (2012).

²⁶ UNICEF Thematic Group on Violence against Disabled Children, *Summary Report: Violence against Disabled Children* 6 (2005), available at https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf.

²⁷ Committee on the Rights of the Child (CRC Committee), *General Comment No. 9: Children with disabilities*, ¶ 31, U.N. Doc. CRC/C/GC/9 (2007).

²⁸ UNICEF, *supra* note 26, at 6.

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

³² *Id.*, at 31.

³³ CRC Committee, *General Comment No. 9*, *supra* note 27, ¶ 31.

³⁴ *See, e.g.*, CRC Committee, *Concluding Observations: China*, ¶ 33, U.N. Doc. CRC/C/CHN/CO/3-4 (2013); *Concluding Observations: Togo*, ¶ 51, U.N. Doc. CRC/C/TGO/CO/3-4 (2012); *Concluding Observations: Benin*, ¶ 50, U.N. Doc. CRC/C/BEN/CO/2 (2006).

³⁵ *See, e.g.* CRC Committee, *Concluding Observations: India*, ¶ 33, U.N. Doc. CRC/C/IND/CO/3-4 (2014); *Concluding Observations: China*, ¶ 27, U.N. Doc. CRC/C/CHN/CO/3-4 (2013).

³⁶ CEDAW and CRC Committees, *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 on harmful practices*, ¶ 9, U.N. Doc. CEDAW/C/GC/31-CRC/C/GC/18 (2014).

³⁷ CRC Committee, *General Comment No. 9*, *supra* note 27, ¶ 31.

³⁸ *See, e.g.*, CRC Committee, *Concluding Observations: India*, ¶ 33, U.N. Doc. CRC/C/IND/CO/3-4 (2014); *Concluding Observations: China*, ¶ 34, U.N. Doc. CRC/C/CHN/CO/3-4 (2013); *Concluding Observations: Togo*, ¶ 52, U.N. Doc. CRC/C/TGO/CO/3-4 (2012); *Concluding Observations: Benin*, ¶ 50, U.N. Doc. CRC/C/BEN/CO/2 (2006).

³⁹ 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>.

⁴⁰ *International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities*, art. 31, G.A. Res. 61/106, Annex I, U.N. GAOR, 61st Sess., Supp. No. 49, at 65, U.N. Doc. A/61/49 (2006), *entered into force* May 3, 2008 [hereinafter CRPD].

⁴¹ *See* WHO AND WORLD BANK, WORLD REPORT ON DISABILITY 26-27 (2011); *see also* Washington Group on Disability Statistics, <http://www.washingtongroup-disability.com/>.

⁴² *See* Washington Group on Disability Statistics, *Resources: Journal Articles*, <http://www.washingtongroup-disability.com/publications/journal-articles/>.

⁴³ CRPD, *supra* note 40, art. 8.

⁴⁴ *Id.*

⁴⁵ *Id.*, art. 28.

⁴⁶ *Id.*, art. 16.

⁴⁷ *Id.*, art. 13.

⁴⁸ *Id.*, art. 31.