



**Mexicanas Con Discapacidad and Women Enabled International
Submission to the U.N. Human Rights Committee for its Review of Mexico
September 16, 2019**

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Description of author organizations:

Mexicanas Con Discapacidad (Mexican Women with Disabilities) works to give a voice to women living with a disability in Mexico by focusing on gender issues and disability intersectionality. It is a movement based on the collective collaboration of women with disabilities with the aim of creating a community that raises its voice for its rights and representation. It raises issues of gender and disability, and of our representation, in the different forums of decision-making and influence, within the fight for our rights.

Women Enabled International (WEI) works at the intersection of women’s rights and disability rights to advance the rights of women and girls with disabilities around the world. Through advocacy and education, WEI increases international attention to—and strengthens international human rights standards on—issues such as violence against women, sexual and reproductive health and rights, access to justice, education, legal capacity, and humanitarian emergencies. Working in collaboration with women with disabilities rights organizations and women’s rights organizations worldwide, WEI fosters cooperation across movements to improve understanding and develop cross-cutting advocacy strategies to realize the rights of all women and girls.

Summary of this report

This submission focuses on rights violations that disproportionately or uniquely affect women and girls with disabilities in Mexico. These violations include: discrimination and harmful stereotypes; gender-based violence; sexual and reproductive rights violations, including forced sterilization and forced contraception; and a lack of access to justice and effective remedies to address these violations. This submission further provides suggested recommendations for the Human Rights Committee to consider making to Mexico during its upcoming review.



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I. Introduction

Women with disabilities represent 51.1% of the total population with disabilities in Mexico. In other words, it is estimated that, in Mexico, at least 4 million women live with some form of disability. Yet, women and girls with disabilities in Mexico are often the forgotten sisters in a country where discrimination and inequality are present every day. Women with disabilities are exposed to double and triple discrimination and are more vulnerable to gender-based violence, and their discrimination becomes intersectional based on the different identities that women with disabilities may have, such as being indigenous, young, mothers, trans or belonging to the LGBT+ community, migrants, older adults, or even due to their socio-economic status.

Although Mexico has made some progress in addressing issues of intersectional discrimination and violence against women and girls with disabilities, the new federal government has regrettably adopted a largely hands-off, welfare policy approach towards persons with disabilities. The failure to prioritize the rights of persons with disabilities is most apparent in the fact that, one year after taking office, this government has still not appointed anyone to lead the CONADIS (National Council for Persons with Disabilities). The U.N. Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas Aguilar, has urged the government to rectify this, and to not remove this organization or absorb it into the functions of a Ministry, given the risk of the lack of priority that this would imply. However, the CONADIS remains without leadership.

The rights of persons with disabilities is an issue that should be included in the human rights agenda promoted by the Mexican government, instead of limiting it to a social welfare policy that results in the government's failure to develop a Strategic Development Plan for persons with disabilities and failure to guarantee basic rights. In particular, this government must prioritize the inclusion of women with disabilities in the rights agenda, and take into account a gender and intersectionality perspective, in order to ensure the full development of girls and women with disabilities—including their right to be free from violence.

Without this strategic vision, girls and women with disabilities will remain the forgotten sisters and, if most of us are left behind, we will be unable to say that are moving forward as a country.

II. Key Issues Affecting Women and Girls with Disabilities in Mexico

A. Intersectional Discrimination and Stereotypes Concerning Women with Disabilities (ICCPR, arts. 2, 3, and 26)

Women with disabilities worldwide are subjected to stereotypes and discrimination, based on both their gender and disability, which impact their exercise of rights. The Committee on the Rights of Persons with Disabilities (CRPD Committee) recognized in its General Comment No. 3 on women with disabilities that harmful stereotypes about women with disabilities—such as that they are dependent, burdensome, or asexual—perpetuate human rights abuses committed against them.¹ These stereotypes then are used to “infantilize women with disabilities, call into question their ability to make judgments, and [reinforce] perceptions of women with disabilities as being asexual, or hypersexual....”²

In Mexico, there is a situation of general discrimination towards persons with disabilities and, to a greater extent, towards women with disabilities, accompanied by a lack of specific measures on the part of the Mexican government to address the needs of women with disabilities. Women with disabilities in Mexico experience a wide variety of discrimination and stereotypes about their capabilities and role in society. Consequently, they experience lower rates of education and participation in political and public life, face violations of their privacy and lack access to care services, among other rights violations.³

According to data from the National Survey on Discrimination (ENADIS), 58.3% of persons with disabilities in Mexico have, at some point, been discriminated against due to their disability. Further, 35% of women in Mexico believe that the rights of persons with disabilities are not respected, while 32% of men were of the same opinion.⁴ Additional data on discrimination against women with disabilities is reported in a study by the National Council for the Prevention of Discrimination (CONAPRED), which focused on discrimination against persons with intellectual disabilities. This study carried out a survey on stigmatizing situations—for example, treating persons with intellectual disabilities as if they were children. The study indicates that there are more women with intellectual disabilities who have experienced stigmatizing situations as compared to men with disabilities, finding that “while 30.7% of women with disabilities interviewed reported having experienced 4 or more acts of stigmatization, 24% of men [with disabilities] reported the same.”⁵ This data shows that women with intellectual disabilities are more likely to be subjected to discrimination, in comparison to men with the same characteristics.

Further, like women with disabilities around the world, women with disabilities in Mexico are subjected to discrimination and negative stereotypes based on both their gender and disability that impact their exercise of rights, including sexual and reproductive rights. In particular, women with disabilities in Mexico are perceived as being asexual and unable to take on the role of motherhood or be good parents. In fact, studies in Mexico have found that “women with disabilities who get pregnant are often labeled as reckless, careless and even egoistic for ‘not thinking what they can do to the child.’ For instance, . . . [d]octors in the social security system scolded [a 36-year-old teacher who was Deaf] for getting pregnant, calling her irresponsible for not considering the risk of passing her disability on to her daughter.”⁶

Meanwhile, with regard to the legal framework, some progress has been made but specific measures are lacking. On a positive note, discrimination on grounds of “gender” and “disability” is prohibited under article 1 of the Political Constitution of the United Mexican States (CPEUM).⁷ Similarly, the Federal Act on the Prevention and Elimination of Discrimination protects persons with disabilities—with specific mention of women with disabilities—against discrimination. Article 4, paragraph 4, of the Act states that: “it will be a priority for the Public Administration to adopt measures of affirmative action towards those persons with disabilities who suffer a greater degree of discrimination, such as women.”⁸

However, in practice, such measures of affirmative action towards women with disabilities do not exist or are yet to be adopted. This points to Mexico’s failure to take action towards addressing the CRPD Committee’s concern, expressed in 2014 Concluding Observations for Mexico, about “the lack of specific assistance measures implemented by the State Party to prevent and combat intersectional discrimination against women and girls with disabilities, and the lack of information in this regard.”⁹ This concern was echoed by both the Committee on Economic, Social and Cultural Rights (ESCR Committee) and the CEDAW Committee, four years later, in their 2018 concluding observations for Mexico.¹⁰ Both Committees explicitly called attention to Mexico’s failure to address intersecting forms of discrimination against women with disabilities,¹¹ with the ESCR Committee noting with concern that “that there are no appropriate policies to combat the multiple discrimination faced by certain groups, such as indigenous women with disabilities.”¹²

Even where measures do exist, information about these initiatives is not publicly available. For example, women with disabilities in indigenous communities are subjected to multiple forms of discrimination and negative stereotypes, based on disability, gender, and their status as indigenous and rural women, that do not allow their full inclusion and development. This frequently results in their exclusion and marginalization from the community, work, family and school. Accordingly, the National Council for the Development and Inclusion of Persons with Disabilities, through its National Program 2014-2018, developed strategies, such as Strategy 1.6, on the inclusion of persons with disabilities, including in rural and indigenous areas. Nonetheless, data on how these strategies are being implemented is not available.¹³ There are also no statistics that measure the number of women with disabilities that live in indigenous communities.¹⁴

Under Article 26 of the ICCPR, States have an obligation to “prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground...”¹⁵ As part of their obligations under Article 3 of the ICCPR, States must also ensure the equal enjoyment of civil and political rights by men and women.¹⁶ In its General Comment No. 28, the Human Rights Committee highlighted that “[d]iscrimination against women is often intertwined with discrimination on other grounds...”¹⁷ To this end, the Human Rights Committee has called on at least one State to take all measures necessary to avoid “cases of multiple and intersectional discrimination.”¹⁸ The Human Rights Committee has also emphasized the need to combat harmful stereotyping, including the gender-based stereotyping of women in marginalized groups.¹⁹ To address discrimination against women and persons with disabilities, the Human Rights Committee has recommended that States raise awareness about available remedies and to change the perspective of the general public.²⁰

Recommendations to Mexico on Discrimination against Women with Disabilities

- **Conduct a nationwide government-sponsored public awareness campaign** about the challenges and detrimental effects of the medical model of disability and generic approaches to disabled people, as well as the intersections of negative disability- and gender-based stereotypes regarding notions of femininity and womanhood. Ensure that the campaign is accessible to all, including by ensuring translation into indigenous languages and/or accessible formats.
- **Create educational programs and trainings to inform women and girls with disabilities about their rights** and provide them the tools to be empowered members of society. Include the community of women with disabilities who lead civil society organizations devoted to tackling the intersection of disability and sexism (and other types of oppression) in formulating these programs and give them the platform to serve as role models and mentors, especially to younger members of this population.
- **Engage women and girls with disabilities in policymaking and the implementation of programs that affect their rights and ensure their representation in decision-making bodies, including political bodies.** In particular, women and girls with disabilities and their organizations should be included in consultation, design, implementation, monitoring, and evaluation of programs and initiatives that tackle intersectional discrimination.
- **Take specific measures, in consultation with the affected groups, to address the intersectional discrimination faced by indigenous women with disabilities and women with disabilities in rural areas.**
- **Fund research that targets the intersection of gender and disability**, including quantitative research to enable data disaggregation by various variables, e.g. age, gender, and disability, as well as qualitative research to focus on the lived experiences of women and girls with disabilities that also position them as experts.

B. Violence against Women and Girls with Disabilities in Mexico and Lack of Access to Justice (ICCPR, arts. 2, 3, 6, 7, 23, 24 and 26)

Violence against women is an issue of significant national concern in Mexico. A 2017 report published by the National Institute of Statistics and Geography (INEGI), on the occasion of the International Day for the Elimination of Violence against Women, indicates that approximately 66% of women over the age of 15 in Mexico have faced violence of some kind, at least once in their lives.²¹ This statistic holds true nation-wide.

The INEGI report for 2018 further states that, of the women who have faced violence from their boyfriend or husband, 64% were cases of severe and very severe violence.²² According to the annual data published by INEGI, the number of deaths by homicide among women has increased in recent years, with 2,383 cases in 2015, 2,813 cases in 2016, and 3,430 cases in 2017.²³ However, these figures underestimate the true extent of the situation, since many cases of death are not classed as femicide.

In this context of significant and severe gender-based violence in Mexico, it is particularly worrying that there is no data that enables us to understand the specific situation of violence against women with disabilities. In addition to gender-based violence, women with disabilities often face other forms of violence and abuse due to their disability, such as sexual abuse by caregivers, withholding of medication or assistive devices, deliberate neglect of care, denial of basic needs such as food, access to the toilet, toiletries or hygiene supplies, control of sensory devices, financial control, restriction of the use of communication devices, among others.²⁴ As the former U.N. Special Rapporteur on Violence against Women, Rashida Manjoo, has recognized, violence against women with disabilities also has unique causes, including violence that is perpetuated by stereotypes “that attempt to dehumanize or infantilize, exclude or isolate them, and target them for sexual and other forms of violence.”²⁵

Yet, despite recommendations to Mexico by the CRPD Committee that it periodically compile data and statistics on the situation of women and girls with disabilities with regard to violence, exploitation and abuse, including femicide,²⁶ there is no statistical information that clearly shows the situation of violence against women with disabilities in Mexico.

Nonetheless, it is clear that violence against women with disabilities is prevalent. In an informal survey, carried out by Mexican Women with Disabilities, of 22 civil society organizations in Mexico that provide services to persons with disabilities, 61.9% of the responders said that they have seen at least one case of violence against women with disabilities. Further, of the types of violence they have seen, the most common was economic violence (9 out of 22 of the responders), followed by psychological violence (8 out of 22), domestic violence (7 out of 22), sexual violence (6 out of 22) and violence from doctors (1 out of 22).

In addition, the General Directorate of Health Information (DGIS), a unit of the Ministry of Health, has limited data on violence against women with disabilities. Although this data is not fully representative, it does provide some insight into the types of violence experienced by women with disabilities in Mexico. For example, the DGIS has a database of the number of injuries and causes of violence in the period from 2014 to 2017, as well as preliminary figures for the period from 2018 until February 2019.²⁷ For 2016, the database records 2,763 cases of injury to women with disabilities, of which: 1.4% are associated with violence by abandonment or neglect, 1.9% with economic violence, 11.1% with physical violence, 16.6% with psychological violence and 6.4% with sexual violence. In 2017, 1,982 cases of injury were recorded among women with disabilities, of which: 2.3% were associated with violence by abandonment or neglect, 2.9% with economic violence, 17.2% with physical violence, 21.1% with psychological violence and 7.6% with sexual violence. Finally, preliminary figures for 2018 show 1,680 cases of injury to women with disabilities, of which: 2.1% are associated with violence by abandonment or neglect, 3.0% with economic violence, 15.4% with physical violence, 26.0% with psychological violence and 10.4% with sexual violence.

However, it should be highlighted that the figures mentioned above only partially represent the situation, as: (1) these numbers only include injuries recorded in the country’s public health system, thus excluding those injuries that were not treated by health professionals or were treated in the private system; and (2) a large number of cases of violence against a women with disabilities do not result in injuries that require treatment by a health professional. To this, we

must add the prejudices and stigma which exist in Mexican society about reporting all types of violence, which leads to significant underreporting. Equally, it should be noted that the information made available by the DGIS to the general public does not include details on the type of disability in relevant cases.

Sexual Violence

Sexual violence against women with disabilities is a particular area of concern, with sexual abuse perpetrated by caregivers being one of the most common forms. Although the data on sexual violence against women with disabilities is limited, as discussed above, available data from the DGIS indicates that there is a worrying increase in sexual violence as a proportion of the total number of injuries to women with disabilities (6.4%, 7.6%, and 10.4% in 2016, 2017 and 2018, respectively).²⁸

Further, the government has insufficient policies in place to address issues of violence against women with disabilities. In 2018, Mexican Women with Disabilities submitted an information request through the National Institute for Access to Information's portal, asking about the government's policies concerning violence against women with disabilities. The Mexican Ministry of Health replied that it has two primary national policies in this regard. The first policy cited was the Official Mexican Standards NOM-046-SSA2-2005, "Domestic and sexual violence, and violence against women. Criteria for prevention and care," for health care professionals. However, their application is of a general nature and does not address the specific needs of women with disabilities. The second policy referenced by the Ministry of Health was NOM-015-SSA3-2012, "For the comprehensive care of persons with disabilities," which is a general policy that regulates the way in which comprehensive medical services are provided to persons with disabilities as patients. It should be noted that this standard does not stipulate the need to make information or communication sources accessible when advising a person with a disability on any relevant health topic, including sex education.²⁹ In short, neither of these policies comprehensively and effectively addresses issues of violence against women with disabilities.

Lack of Access to Justice

In this Committee's 2010 Concluding Observations on Mexico, the "Committee note[d] with concern the continued prevalence of violence against women, including torture and ill-treatment, rape and other forms of sexual violence, and domestic violence, and the low number of sentences handed down in this regard."³⁰ Little has changed in the intervening 9 years since the Committee's last review of Mexico. In particular, women with disabilities in Mexico face significant barriers to accessing justice to obtain redress for the violence and discrimination they face.

In order to ensure access to justice for women with disabilities, States must take steps to dismantle the specific barriers that women with disabilities face, such as physical access to public buildings, including court houses and police stations, and communication barriers, such as a lack of access to sign language interpreters. When courthouses, police departments, legal aid offices, and transportation services are not physically accessible or not located in local communities, this can

prevent women with disabilities from accessing justice.³¹ Communication barriers, in particular, serve as a huge obstacle for deaf women and women with intellectual disabilities. Women with disabilities often lack knowledge about their rights to and within the justice system, because information about their rights is inaccessible, not produced in user-friendly formats, and not available in plain language.³² This gap in knowledge means that persons with disabilities may not know how to access justice, the procedures that they must follow, or even when their rights have been violated.

The lack of access to justice for women with disabilities in Mexico was recently underscored by the CEDAW Committee, in its 2018 review of Mexico. Specifically, the CEDAW Committee expressed concern about the “[f]inancial, linguistic and geographic barriers to gaining access to justice faced by low-income, rural and indigenous women and women with disabilities” and recommended that Mexico “[e]nsure that information on legal remedies is available to women who are victims of gender-based violence and all forms of discrimination, including in indigenous languages and in formats accessible to women with disabilities, and introduce a system of mobile courts and free legal aid aimed at facilitating access to justice for women living in rural and remote areas.”³³

There is limited publicly-available information on the mechanisms through which the State, via its judicial offices, has facilitated access to justice for women with disabilities who have suffered some type of violence. Nonetheless, it is unlikely that many existing cases of violence against women with disabilities have been reported to any of the judicial agencies. This is due to the generalized perception that any cases of gender-based or other violence will not be dealt with appropriately and that the judicial agencies are unreliable.

This perception is exacerbated among women and groups living in vulnerable situations. For instance, the World Justice Project’s 2018 survey reported that women in Mexico sought help from the police less frequently than men, which reflected the low level of confidence in the authorities.³⁴ Similarly, the 2018 INEGI National Survey on Victimization and Perceptions about Public Safety shows that in 2017: (1) only 10.4% of crimes were reported to a judicial body; (2) in 64.5% of the cases the reason behind not reporting a crime was attributable to distrust in the authority; and (3) women perceive the place where they live to be insecure in a larger proportion than men.³⁵

The Human Rights Committee has regularly called on States, including Mexico, to adopt a comprehensive approach to preventing and addressing violence against women in all of its forms and manifestations.³⁶ Specifically, in its concluding observations, the Human Rights Committee has routinely recognized gender-based violence as a violation of several rights protected in the ICCPR, including articles 3,³⁷ 7,³⁸ 23,³⁹ 24,⁴⁰ and 26.⁴¹ In several instances, the Human Rights Committee has expressed concern to States about the disproportionate impact of gender-based violence on specific populations, including women and girls with disabilities.⁴² Through its concluding observations on Mexico and other States, the Human Rights Committee has clarified that this obligation includes the need to overcome shortcomings in the effective implementation of existing laws and policies on gender-based violence, including through implementing legislation⁴³ and allocation of sufficient resources.⁴⁴

Further, in General Comment No. 32, the Human Rights Committee noted that “[a]ccess to administration of justice must effectively be guaranteed [...] to ensure that no individual is deprived, in procedural terms, of his/her right to claim justice.”⁴⁵ The Human Rights Committee has, in particular, stressed the importance of access to justice for victims of gender-based violence.⁴⁶ Related to this obligation, the Committee has expressed serious concern over ineffective police investigations into complaints of gender-based violence;⁴⁷ the limited number of complaints of gender-based violence reported to or registered by authorities;⁴⁸ the low number of gender-based violence cases that are actually brought to justice and appropriately sanctioned;⁴⁹ and sociocultural norms⁵⁰—all of which contribute to a climate of impunity around gender-based violence.⁵¹ Accordingly, the Human Rights Committee has emphasized that States must provide training to local authorities and law enforcement,⁵² who must be trained to ensure that gender-based violence cases are handled appropriately.⁵³

Recommendations to Mexico on Violence against Women and Girls with Disabilities

- **Develop a focused strategy to specifically prevent violence against women with disabilities** and ensure the provision of accessible support and health care services for women with disabilities who have been subject to violence.
- **Develop a new national policy on violence against women that addresses the specific issues faced by women and girls with disabilities**—and that includes specific goals and targets related to women and girls with disabilities, including in the areas of prevention and care. Ensure that this policy is in line with state obligations under the ICCPR, CEDAW and the CRPD.
- **Ensure that women with disabilities have access to information on their legal rights and the justice system, as well as necessary support services and accommodations to navigate and participate in the judicial process. In particular, ensure that women with disabilities who are victims of violence can report this violence** to the competent authorities, in a safe and accessible environment. Services for reporting violence should be in physically accessible locations and resources must be available in accessible formats, including Braille and easy-to-understand formats and sign language.
- **Ensure that local authorities and law enforcement are appropriately trained** to handle cases of violence against women and girls with disabilities.
- **Ensure, through legislation and policies, and in practice, that reasonable accommodation is provided for women and girls with disabilities in accessing police and justice systems** following violence committed against them.
- **Develop and implement a public awareness campaign** that portrays women and girls with disabilities as rights holders and also addresses stigma and violence against women and girls with disabilities, highlighting the contributions that women with disabilities make to society in Mexico.
- **Collect data on violence against persons with disabilities, with information disaggregated by gender, age, type of disability and type of violence** (beyond the injuries reported through the National Health System).
- **Develop key indicators to use in the upcoming 2020 Census, to be carried out by INEGI, to understand the situation of women and girls with disabilities** and thereby better assess intersectional discrimination, violence, exploitation and abuse, and femicide.

C. Violations of Sexual and Reproductive Rights of Women with Disabilities in Mexico (ICCPR, arts. 2, 3, 6, 7, 17, 23, and 26)

Women with disabilities in Mexico experience significant barriers to exercising their sexual and reproductive rights, including in accessing sexual and reproductive health information and services and making autonomous decisions about their sexual and reproductive health. For instance, a 2015 study of women with psychosocial disabilities in Mexico documents a wide range of sexual and reproductive rights violations, including denials of access to maternal health care and essential obstetrical care; lack of accessible information on sexual and reproductive health; sexual, physical and psychological abuse during gynecological visits; forced sterilizations; and forced contraception.⁵⁴ Women with disabilities also face financial and physical barriers to accessing sexual and reproductive health services.

Nonetheless, the Mexican government has failed to address the needs of women and girls with disabilities in reproductive health policies and interventions. For example, the Inter-Institutional Group on Reproductive Health (GISR) was created to “promote the exercise of sexual and reproductive rights in the general population, including persons with disabilities.”⁵⁵ This Group includes representatives from institutions of the National Health System—such as the Department of Health (SSA), the Mexican Institute of Social Security (IMSS), the Institute of Security and Social Services for State Workers (ISSSTE), the National System for Comprehensive Family Development (DIF), and health services of the Department of National Defence (SEDENA), the Ministry of the Navy (SEMAR), and of Petroleos Mexicanos (PEMEX)—as well as governmental agencies, and civil society organizations. However, no evidence has been found of activities undertaken by this Group to address the specific needs of women with disabilities.

Lack of Comprehensive Sexuality Education

Children and young persons with disabilities are frequently excluded from sexuality education programs in Mexico, due to the presumption that they do not need this information. This presumption stems from stigma and the negative stereotypes that women and girls with disabilities, in particular, are “asexual” or should not be sexually active. In addition, information on sexual and reproductive health often is not provided in accessible formats, meaning that women and girls with disabilities cannot access information that is essential to avoiding sexual abuse, unwanted pregnancies and sexually transmitted diseases (STDs).⁵⁶

Lack of Access to Quality Sexual and Reproductive Health Care

Mexico has not complied with its obligations to ensure that women with disabilities receive quality sexual and reproductive health care. In 2014, the CRPD Committee expressed concern over “the restrictions on the rights of women with disabilities to safely accessing sexual and reproductive health services and the pressure on them to undergo an abortion when they become pregnant” in Mexico.⁵⁷ Four years later, in 2018, the CEDAW Committee similarly noted with concern the “limited access to reproductive health services, in particular for women and girls with mental and other disabilities” in Mexico.⁵⁸

The INEGI reported in the population census of 2010 that 85.2% of women with disabilities in Mexico were affiliated with a health care institution.⁵⁹ Despite this fact, women with disabilities face institutional invisibility or, in the best of cases, the care they receive focuses narrowly on biomedical concerns and the treatment of illness, as opposed to offering more holistic and comprehensive health care. Furthermore, the Deputy General Directorate of Gender Equality has acknowledged that: (1) there is a lack of information on the sexual and reproductive health of women with disabilities; (2) women with disabilities face limitations on their right to freely exercise their sexuality; and (3) that, even within the family itself, the control of reproduction with the aim of preventing pregnancy has been pursued for women with disabilities.⁶⁰

Forced Sterilization

In past few years alone, the CEDAW Committee, the Committee on the Rights of the Child, and the CRPD Committee have all expressed concern over reports that women and girls with disabilities are subject to forced and coerced sterilization in Mexico.⁶¹ Yet, the forced sterilization of women and girls with disabilities in Mexico is a subject that has received little attention from the government—as evidenced by the government’s failure to investigate health authorities and institutions that perform forced sterilizations, its failure to enact legislative reform to address the issue, and its failure to collect data on the practice.

In its 2014 review of Mexico, the CRPD Committee specifically recommended that Mexico “launch administrative and criminal investigations into the judicial and health authorities and institutions that recommend, authorize or perform forced sterilizations on girls, adolescents and women with disabilities and guarantee access to justice and reparation for victims.”⁶² No evidence was found that suggests that these investigations have been launched, or that reparations have been provided for victims.

For example, a search in the Mexican government’s Transparency Portal for trials and lawsuits on cases of forced sterilization brought before different judicial and other entities in the country, including the Council of the Federal Judiciary, the Attorney General’s Office, the National Council for the Prevention of Discrimination, and the National Human Rights Commission, revealed no registered cases. However, the aforementioned entities themselves recognize that this does not mean that cases of forced sterilization do not exist.⁶³ On the contrary, it confirms the lack of resources for women with disabilities to be able to access the judicial system and report these rights violations.

In February 2018, an initiative was brought before the Chamber of Deputies with the goal of reforming the General Law for the Inclusion of Persons with Disabilities, the General Health Law, and the Federal Criminal Code to address the issue of forced sterilization. This law reform sought to: (1) include the concept of “forced sterilization” in the General Law for the Inclusion of Persons with Disabilities; (2) amend the General Health Law “to authorize the Ministry of Health to design, implement, supervise, and evaluate programs that provide medical care and information to this sector of the population, specifically on the matter of forced sterilization, to create a campaign not only of punishment but of prevention”; and (3) “categorize the forced sterilization of girls, adolescents and women with some type of disability as a crime” in the

Federal Criminal Code. However, no evidence was found in the Federal Official Gazette that this initiative has been approved, either in part or in full.

Additionally, there is no statistical data that offers an understanding of the prevalence of the cases of forced sterilization of women with disabilities in Mexico. The DGIS database of injuries does not provide the necessary detail to identify cases of forced sterilization, as the existing categories for causes of injury are: economic violence, violence through abandonment/neglect, physical violence, psychological violence, one-off instances of violence, and sexual violence. Having this information is critical to understanding the extent of this rights violation and devising appropriate legal and policy responses.

As the aforementioned 2015 study on women with psychosocial disabilities revealed, the prevalence of the forced sterilization of women with disabilities is likely high. In that study, 50% of women with a psychosocial disability reported receiving a recommendation for sterilization, 6% had a surgery—likely sterilization—without knowing what it was, and 42% had been sterilized. Others (55%) reported facing strong pressure not to have children.⁶⁴

Forced Contraception and Lack of Access to Information about Contraception and STD Prevention

Women with disabilities in Mexico have insufficient access to information about contraception and some receive contraception without their full, free and informed consent. According to the previously mentioned 2015 study on women with psychosocial disabilities in Mexico: “For every one in two women that had been prescribed contraceptives, their family, a doctor, or a psychiatric institution made the decision.”⁶⁵ In addition, the report found that “[w]omen with disabilities who are institutionalized are more likely to be prescribed long-acting, injectable contraceptives and are usually excluded from the decision-making process. [This practice was documented] in institutions in Mexico . . . , where there are high rates of sexual abuse, especially against women.”⁶⁶

Further, prejudices and lack of training mean that health service providers do not offer women with disabilities adequate information on contraceptive methods or STD prevention.⁶⁷ In the 2014 National Survey of Geographic Dynamics, it was revealed that a greater percentage of women without disabilities were aware of at least one contraceptive method, as compared to those with a disability (98.8% vs 95.2%).⁶⁸ Likewise, in the 2015 study of women with psychosocial disabilities, 68% of women with psychosocial disabilities who had been prescribed contraceptives “were not informed about alternatives or side effects.”⁶⁹

In its General Comment No. 19, the Human Rights Committee explained that “[w]hen States parties adopt family planning policies, they should be compatible with the provisions of the Covenant and should, in particular, not be discriminatory or compulsory.”⁷⁰ The Human Rights Committee has recognized on numerous occasions that States have an obligation to ensure that reproductive health services are accessible for all women and adolescents⁷¹ and that States must ensure access to information on sexual and reproductive health services.⁷² The Human Rights Committee has further called on States to ensure better training for health care personnel, including on sexual and reproductive rights,⁷³ and to ensure that the right to privacy is

maintained in medical settings by maintaining confidentiality and allowing women to make important medical decisions for themselves.⁷⁴ The Human Rights Committee has also expressed concern about women being subjected to sterilization without their consent⁷⁵ and has classified this forced sterilization as a violation of ICCPR Article 7 and, in some instances, of Article 26.⁷⁶

Recommendations to Mexico on Violations of Sexual and Reproductive Rights of Women with Disabilities

- **Collect annual data, disaggregated by gender, age, type of disability, and type of sexual violence, about the sexual and reproductive rights violations committed against women with disabilities,** including forced contraception and forced sterilization.
- **Ensure respect for women with disabilities' right to informed consent to medical interventions. Amend all relevant laws and policies, including the General Health Law and the General Law for the Inclusion of Persons with Disabilities, to ensure that they prohibit forced reproductive health interventions,** including forced sterilization, forced abortion and forced contraception, and ensure that effective remedies are provided in such cases.
- **Ensure that women with disabilities who have experienced violations of their reproductive and sexual rights can file a complaint with the competent authorities,** in a safe environment, and that the reporting procedure is easily accessible.
- **Mandate training for health care professionals in the public and private health sector on the reproductive and sexual rights of women with disabilities,** including on how to respect their preferences and how to provide accessible and dignity-based services to them. Ensure any training addresses the stigma and negative stereotypes held by providers concerning women with disabilities' sexuality and ability to parent.
- **Create and implement a national comprehensive sexuality education program for women and girls with disabilities, which is accessible and reflect the needs of every type of disability,** including cases where different types of disabilities intersect, so that they know their reproductive and sexual rights, and related information.

III. Conclusions

As outlined above, women and girls with disabilities face severe violations of their civil and political rights in Mexico, frequently as a result of multiple and intersecting forms of discrimination against them based on gender, gender identity, and disability, among other statuses. We hope that these issues will be addressed in the Human Rights Committee's review of Mexico.

Women and girls with disabilities in Mexico face unique forms of discrimination, violence and abuse, as well as significant barriers to their access to justice and to sexual and reproductive health information and services. Mexico does not have a strategic plan in place to give hope to this population, and to resolve the real problems they live with every day.

The issues faced by women with disabilities in Mexico have not been given the urgent attention they deserve, and their specific needs and concerns have largely been excluded

from political development strategies. Without this strategic vision, girls and women with disabilities will remain the forgotten sisters and, if most of us are left behind, we will be unable to say that are moving forward as a country.

Thank you for your consideration of this shadow letter. If any questions should arise, please do not hesitate to contact the authors of this report at mexicanascondiscapacidad@gmail.com and a.bjerregaard@womenenabled.org.

¹ These stereotypes include: “being burdensome to others (that they must be cared for, are a cause of hardship, an affliction, a responsibility, require protection), vulnerable (defenceless, unsafe, dependent, reliant) and/or victims (suffering, passive, helpless), inferior (inability, inadequacy, weak, worthless); hav[ing] a sexual abnormality (for example, women with disabilities are stereotyped as asexual, inactive, overactive, incapable, sexually perverse); [and] being mystical or sinister (stereotyped as cursed, possessed by spirits, practitioners of witchcraft, as being good or bad luck, harmful).” CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶¶ 30, 38, 40, 46 & 47, U.N. Doc. CRPD/C/GC/3 (2016).

² *Id.*, ¶ 33.

³ See, for example, Disability Rights International and Colectivo Chuhcan, *Abuse and Denial of Sexual and Reproductive Rights of Women with Psychosocial Disabilities in Mexico* (2015), available at: <https://www.driadvocacy.org/wp-content/uploads/Mexico-report-English-web.pdf> [hereinafter *DRI and Chuhcan Report*]; Secretariat of Social Development (SEDESOL), *Informe Annual sobre la situacion de pobreza y rezago social* (2018).

⁴ INEGI (2017), National Survey on Discrimination (ENADIS), available at

https://www.inegi.org.mx/contenidos/saladeprensa/boletines/2018/EstSociodemo/ENADIS2017_08.pdf

⁵ CONAPRED, *Study on Discrimination and Mental and Intellectual Disability* (2009), Table 1. Level of stigma reported by persons with intellectual disabilities in the metropolitan area of Mexico City, p. 45, available at https://www.conapred.org.mx/documentos_cedoc/E06-2009.pdf.

⁶ *DRI and Chuhcan Report*, *supra* note 3, pgs. 12-14; Instituto Nacional de las Mujeres (Inmujeres), *Mujeres y Discapacidad en México* (2002) available at http://cedoc.inmujeres.gob.mx/documentos_download/100860.pdf.

⁷ CPEUM, article 1, available at: http://www.diputados.gob.mx/LeyesBiblio/pdf/1_060619.pdf.

⁸ Federal Law to Prevent and Eliminate Discrimination, Chamber of Deputies, available at http://www.diputados.gob.mx/LeyesBiblio/pdf/262_210618.pdf.

⁹ CRPD Committee, *Concluding Observations: Mexico*, ¶ 13, U.N., Doc. CRPD/C/MEX/CO/1 (2014).

¹⁰ Committee on Economic, Social and Cultural Rights, *Concluding Observations: Mexico*, ¶¶ 18-19, U.N. Doc. E/C.12/MEX/CO/5-6 (2018); CEDAW Committee, *Concluding Observations: Mexico*, ¶¶ 11-12, U.N. Doc. CEDAW/C/MEX/CO/9 (2018).

¹¹ CEDAW Committee, *Concluding Observations: Mexico*, ¶ 11, U.N. Doc. CEDAW/C/MEX/CO/9 (2018).

¹² Committee on Economic, Social and Cultural Rights, *Concluding Observations: Mexico*, ¶ 18, U.N. Doc. E/C.12/MEX/CO/5-6 (2018).

¹³ CONADIS, *Rural Women and Disability* (2017), available at

<https://www.gob.mx/conadis/es/articulos/mujeres-rurales-y-discapacidad?idiom=es>.

¹⁴ According to data from the Housing and Population Census from the National Institute of Statistics and Geography (INEGI), in Mexico there are 15.7 million people who are considered to be indigenous. It should be noted that, according to figures from the INEGI, “out of the total population with disabilities from age 3 and above, 450 thousand people (7.9%) are speakers of an indigenous language, of which there is an equal proportion of indigenous women with disabilities to indigenous men with disabilities (50.5% vs 49.5% respectively).”

¹⁵ International Covenant on Civil and Political Rights, G.A. Res. 2200A (XXI), UN GAOR, 21st Sess., Supp. No. 16, art. 26, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (*entered into force* Mar. 23, 1976).

¹⁶ *Id.*, art. 3.

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- ¹⁷ Human Rights Committee, *General Comment No. 28: Article 3 (The equality of rights between men and women)*, ¶ 30, U.N. Doc. CCPR/C/GC/28 (2000).
- ¹⁸ Human Rights Committee, *Concluding Observations: Italy*, ¶ 9(c), U.N. Doc. CCPR/C/ITA/CO/6 (2017).
- ¹⁹ Human Rights Committee, *Concluding Observations: Thailand*, ¶¶ 15, 43, U.N. Doc. CCPR/C/THA/CO/2 (2017); Human Rights Committee, *Concluding Observations: Turkmenistan*, ¶ 10, U.N. Doc. CCPR/C/TKM/CO/2 (2017); Human Rights Committee, *Concluding Observations: Serbia*, ¶ 18, U.N. Doc. CCPR/C/SRB/CO/3 (2017).
- ²⁰ Human Rights Committee, *Concluding Observations: Argentina*, ¶ 15, U.N. Doc. CCPR/CO/70/ARG (2000); *Azerbaijan*, ¶ 5, U.N. Doc. CCPR/C/AZE/CO/3 (2009); *Chad*, ¶ 10, U.N. Doc. CCPR/C/TCD/CO/2 (2014); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Georgia*, ¶ 14, U.N. Doc. CCPR/CO/74/GEO (2002); *Monaco*, ¶ 9, U.N. Doc. CCPR/C/MCO/CO/2 (2008); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Sweden*, ¶ 8, U.N. Doc. CCPR/C/SWE/CO/6 (2009). *Tajikistan*, ¶ 6, U.N. Doc. CCPR/CO/84/TJK (2005); *Yemen*, ¶ 9, U.N. Doc. CCPR/C/YEM/CO/5 (2012).
- ²¹ INEGI (2017), Statistics regarding the International Day for the elimination of violence against women (November 25) / National data, available at: https://www.inegi.org.mx/contenidos/saladeprensa/aproposito/2017/violencia2017_Nal.pdf
- ²² INEGI (2018), Statistics regarding the International Day for the elimination of violence against women (November 25) / National data, available at: https://www.inegi.org.mx/contenidos/saladeprensa/aproposito/2018/violencia2018_Nal.pdf
- ²³ INEGI, Interactive data query on Homicide deaths, available at: <https://www.inegi.org.mx/sistemas/olap/proyectos/bd/continuas/mortalidad/defuncioneshom.asp?s=est>
- ²⁴ CRPD Committee, *General Comment No. 3 on women and girls with disabilities*, para. 31, U.N. Doc. CRPD/C/GC/3 (2016).
- ²⁵ UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 32, U.N. Doc. A/67/227 (2012).
- ²⁶ CRPD Committee, *Concluding Observations: Mexico*, para. 34, U.N., Doc. CRPD/C/MEX/CO/1 (2014).
- ²⁷ Secretaría de Salud, Dirección General de Información en Salud (Ministry of Health, General Directorate of Health Information), Dynamic Cubes on Injuries and causes of violence, available at: http://www.dgis.salud.gob.mx/contenidos/basesdedatos/bdc_lesiones_gobmx.html [hereinafter DGIS Cubes on Injuries and causes of violence].
- ²⁸ *Id.*
- ²⁹ National Transparency Platform, electronic database consultation, request # 0001200322518, available at: http://www.sisi.org.mx/jspsi/documentos/2018/seguimiento/00012/0001200322518_065.pdf
- ³⁰ Human Rights Committee, *Concluding Observations: Mexico*, ¶ 8, U.N. Doc. CCPR/C/MEX/CO/5 (2010).
- ³¹ CEDAW Committee, *General Recommendation No. 33 on women's access to justice*, ¶¶ 13 & 17(g), U.N. Doc. CEDAW/C/GC/33 (2015).
- ³² Stephanie Ortoleva, *Inaccessible Justice: Human Rights, Persons with Disabilities, and the Legal System*, 17:2 ILSA J. OF INT. & COMP. LAW 281, 300 (2011).
- ³³ CEDAW Committee, *Concluding Observations: Mexico*, ¶¶ 13-14, U.N. Doc. CEDAW/C/MEX/CO/9 (2018).
- ³⁴ World Justice Project, *Women experience differently the rule of law in Mexico* (2019), available at: <https://worldjusticeproject.mx/mujeres-estado-de-derecho-mexico/>.
- ³⁵ INEGI – ENVIPE, National Survey on Victimization and Perception About Public Safety 2018, available at: <https://www.inegi.org.mx/programas/envipe/2018/default.html>
- ³⁶ Human Rights Committee, *Concluding Observations: Albania*, ¶ 11, U.N. Doc. CCPR/C/ALB/CO/2 (2013); *Angola*, ¶ 10, U.N. Doc. CCPR/C/AGO/CO/1 (2013); *Belize*, ¶ 15, U.N. Doc. CCPR/C/BLZ/CO/1 (2013); *Czech Republic*, ¶ 15, U.N. Doc. CCPR/C/CZE/CO/3 (2013); *Hungary*, ¶ 11, U.N. Doc. CCPR/C/HUN/CO/5 (2010); *Kazakhstan*, ¶ 10, U.N. Doc. CCPR/C/KAZ/CO/1 (2011); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Peru*, ¶ 10, U.N. Doc. CCPR/C/PER/CO/5 (2013); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014); *Tajikistan*, ¶ 7, U.N. Doc. CCPR/C/TJK/CO/2 (2013); *Tanzania*, ¶ 10, U.N. Doc. CCPR/C/TZA/CO/4 (2009).
- ³⁷ Human Rights Committee, *Concluding Observations: Azerbaijan*, ¶ 15, 17, U.N. Doc. CCPR/CO/73/AZE (2001); *Barbados*, ¶ 8, U.N. Doc. CCPR/C/BRB/CO/3 (2007); *Belize*, ¶ 15, U.N. Doc. CCPR/C/BLZ/CO/1 (2013); *Croatia*, ¶ 8, U.N. Doc. CCPR/C/HRV/CO/2 (2009); *Czech Republic*, ¶ 12, U.N. Doc. CCPR/C/CZE/CO/2 (2007); *Czech Republic*, ¶ 14, U.N. Doc. CCPR/CO/72/CZE (2001); *Denmark*, ¶ 8, U.N. Doc. CCPR/C/DNK/CO/5 (2008); *Ecuador*, ¶ 9, U.N. Doc. CCPR/C/ECU/CO/5 (2009); *El Salvador*, ¶ 9, U.N. Doc. CCPR/C/SLV/CO/6 (2010); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Greece*, ¶ 10, U.N. Doc. CCPR/CO/83/GRC (2005); *Haiti*, ¶ 13, U.N. Doc. CCPR/C/HTI/CO/1 (2014); *Honduras*, ¶ 7, U.N. Doc. CCPR/C/HND/CO/1 (2006); *Hungary*, ¶ 11,

U.N. Doc. CCPR/C/HUN/CO/5 (2010); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Korea*, ¶ 11, U.N. Doc. CCPR/C/KOR/CO/3 (2006); *Kyrgyz Republic*, ¶ 14, U.N. Doc. CCPR/CO/69/KGZ (2000); *Latvia*, ¶ 12, U.N. Doc. CCPR/CO/79/LVA (2003); *Lithuania*, ¶ 9, U.N. Doc. CCPR/CO/80/LTU (2004); *Malawi*, ¶ 14, U.N. Doc. CCPR/C/MWI/CO/1/Add.1 (2014); *Mali*, ¶ 12; U.N. Doc. CCPR/CO/77/MLI (2003); *Mexico*, ¶ 8, U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Moldova*, ¶ 16, U.N. Doc. CCPR/C/MDA/CO/2 (2009); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Nicaragua*, ¶ 12, U.N. Doc. CCPR/C/NIC/CO/3 (2008); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Panama*, ¶ 18, U.N. Doc. CCPR/C/PAN/CO/3 (2008); *Slovakia*, ¶ 9, U.N. Doc. CCPR/CO/78/SVK (2003); *Slovenia*, ¶ 11, U.N. Doc. CCPR/CO/84/SVN (2005); *Spain*, ¶ 12, U.N. Doc. CCPR/C/ESP/CO/5 (2009); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014); *Suriname*, ¶ 13, U.N. Doc. CCPR/CO/80/SUR (2004); *Sweden*, ¶ 8, U.N. Doc. CCPR/C/SWE/CO/6 (2009); *Switzerland*, ¶ 11, U.N. Doc. CCPR/C/CHE/CO/3 (2009); *Tajikistan*, ¶ 24, U.N. Doc. CCPR/CO/84/TJK (2005); *Tanzania*, ¶ 17, U.N. Doc. CCPR/C/TZA/CO/4 (2009); *Thailand*, ¶ 12, U.N. Doc. CCPR/CO/84/THA (2005); *Togo*, ¶ 11, U.N. Doc. CCPR/C/TGO/CO/4 (2011); *Uganda*, ¶ 11, U.N. Doc. CCPR/CO/80/UGA (2004); *Ukraine*, ¶ 14, U.N. Doc. CCPR/C/UKR/CO/7 (2013); *Uruguay*, ¶ 15, U.N. Doc. CCPR/C/URY/CO/5 (2013); *Uzbekistan*, ¶ 13, U.N. Doc. CCPR/C/UZB/CO/3 (2010); *Vietnam*, ¶ 14, U.N. Doc. CCPR/CO/75/VNM (2002); *Zambia*, ¶ 19, U.N. Doc. CCPR/C/ZMB/CO/3 (2007).

³⁸ Human Rights Committee, *Concluding Observations: Barbados*, ¶ 8, U.N. Doc. CCPR/C/BRB/CO/3 (2007); *Belize*, ¶ 15, U.N. Doc. CCPR/C/BLZ/CO/1 (2013); *Croatia*, ¶ 8, U.N. Doc. CCPR/C/HRV/CO/2 (2009); *Denmark*, ¶ 8, U.N. Doc. CCPR/C/DNK/CO/5 (2008); *Dominican Republic*, ¶ 12, U.N. Doc. CCPR/C/DOM/CO/5 (2012); *Ecuador*, ¶ 9, U.N. Doc. CCPR/C/ECU/CO/5 (2009); *El Salvador*, ¶ 9, U.N. Doc. CCPR/C/SLV/CO/6 (2010); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Haiti*, ¶ 13; U.N. Doc. CCPR/C/HTI/CO/1 (2014); *Honduras*, ¶¶ 7, 11, U.N. Doc. CCPR/C/HND/CO/1 (2006); *Hungary*, ¶ 11, U.N. Doc. CCPR/C/HUN/CO/5 (2010); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Jamaica*, ¶ 19, U.N. Doc. CCPR/C/JAM/CO/3 (2011); *Korea*, ¶ 11, U.N. Doc. CCPR/C/KOR/CO/3 (2006); *Kyrgyz Republic*, ¶ 14, U.N. Doc. CCPR/CO/69/KGZ (2000); *Lithuania*, ¶ 9, U.N. Doc. CCPR/CO/80/LTU (2004); *Malawi*, ¶ 14, U.N. Doc. CCPR/C/MWI/CO/1/Add.1 (2014); *Mali*, ¶ 12; U.N. Doc. CCPR/CO/77/MLI (2003); *Mexico*, ¶ 8, U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Moldova*, ¶ 16, U.N. Doc. CCPR/C/MDA/CO/2 (2009); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Nicaragua*, ¶ 12, U.N. Doc. CCPR/C/NIC/CO/3 (2008); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Panama*, ¶ 18, U.N. Doc. CCPR/C/PAN/CO/3 (2008); *Paraguay*, ¶ 12, U.N. Doc. CCPR/C/PRY/CO/3 (2013); *Portugal*, ¶ 12, U.N. Doc. CCPR/C/PRT/CO/4 (2012); *Spain*, ¶ 12, U.N. Doc. CCPR/C/ESP/CO/5 (2009); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014); *Suriname*, ¶ 12, U.N. Doc. CCPR/CO/80/SUR (2004); *Sweden*, ¶ 8, U.N. Doc. CCPR/C/SWE/CO/6 (2009); *Tajikistan*, ¶ 6, U.N. Doc. CCPR/CO/84/TJK (2005); *Tanzania*, ¶ 17, U.N. Doc. CCPR/C/TZA/CO/4 (2009); *Thailand*, ¶ 12, U.N. Doc. CCPR/CO/84/THA (2005); *Uganda*, ¶ 11, U.N. Doc. CCPR/CO/80/UGA (2004); *Ukraine*, ¶ 14, U.N. Doc. CCPR/C/UKR/CO/7 (2013); *Uruguay*, ¶ 15, U.N. Doc. CCPR/C/URY/CO/5 (2013); *Uzbekistan*, ¶ 13, U.N. Doc. CCPR/C/UZB/CO/3 (2010); *Venezuela*, ¶ 16, U.N. Doc. CCPR/CO/71/VEN (2001); *Vietnam*, ¶ 14, U.N. Doc. CCPR/CO/75/VNM (2002); *Zambia*, ¶ 19, U.N. Doc. CCPR/C/ZMB/CO/3 (2007).

³⁹ Human Rights Committee, *Concluding Observations: Croatia*, ¶ 8, U.N. Doc. CCPR/C/HRV/CO/2 (2009); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Slovakia*, ¶ 9, U.N. Doc. CCPR/CO/78/SVK (2003); *Switzerland*, ¶ 11, U.N. Doc. CCPR/C/CHE/CO/3 (2009).

⁴⁰ Human Rights Committee, *Concluding Observations: Belgium*, ¶ 28, U.N. Doc. CCPR/CO/81/BEL (2004); *Czech Republic*, ¶ 12, U.N. Doc. CCPR/C/CZE/CO/2 (2007); *Ecuador*, ¶ 9, U.N. Doc. CCPR/C/ECU/CO/5 (2009); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Greece*, ¶ 10, U.N. Doc. CCPR/CO/83/GRC (2005); *Haiti*, ¶ 14; U.N. Doc. CCPR/C/HTI/CO/1 (2014); *Honduras*, ¶ 11, U.N. Doc. CCPR/C/HND/CO/1 (2006); *Malawi*, ¶ 14, U.N. Doc. CCPR/C/MWI/CO/1/Add.1 (2014); *Mexico*, ¶ 8, U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014); *Nicaragua*, ¶ 9, U.N. Doc. CCPR/C/NIC/CO/3 (2008); *Slovenia*, ¶ 11, U.N. Doc. CCPR/CO/84/SVN (2005); *Tajikistan*, ¶ 24, U.N. Doc. CCPR/CO/84/TJK (2005); *Tanzania*, ¶ 17, U.N. Doc. CCPR/C/TZA/CO/4 (2009); *Venezuela*, ¶ 24, U.N. Doc. CCPR/CO/71/VEN (2001).

⁴¹ Human Rights Committee, *Concluding Observations: Azerbaijan*, ¶ 17, U.N. Doc. CCPR/CO/73/AZE (2001); *Barbados*, ¶ 8, U.N. Doc. CCPR/C/BRB/CO/3 (2007); *Croatia*, ¶ 8, U.N. Doc. CCPR/C/HRV/CO/2 (2009); *Czech Republic*, ¶ 12, U.N. Doc. CCPR/C/CZE/CO/2 (2007); *Czech Republic*, ¶ 14, U.N. Doc. CCPR/CO/72/CZE (2001); *Denmark*, ¶ 8, U.N. Doc. CCPR/C/DNK/CO/5 (2008); *Dominican Republic*, ¶ 12, U.N. Doc. CCPR/C/DOM/CO/5 (2012); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Korea*, ¶ 11, U.N. Doc. CCPR/C/KOR/CO/3 (2006); *Malawi*, ¶ 14, U.N. Doc. CCPR/C/MWI/CO/1/Add.1 (2014); *Moldova*, ¶ 16, U.N. Doc. CCPR/C/MDA/CO/2 (2009); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Paraguay*, ¶ 12, U.N. Doc. CCPR/C/PRY/CO/3 (2013);

Slovakia, ¶ 9, U.N. Doc. CCPR/CO/78/SVK (2003); *Slovenia*, ¶ 11, U.N. Doc. CCPR/CO/84/SVN (2005); *Sweden*, ¶ 8, U.N. Doc. CCPR/C/SWE/CO/6 (2009); *Switzerland*, ¶ 11, U.N. Doc. CCPR/C/CHE/CO/3 (2009); *Tajikistan*, ¶ 24, U.N. Doc. CCPR/CO/84/TJK (2005); *Tanzania*, ¶ 17, U.N. Doc. CCPR/C/TZA/CO/4 (2009); *Thailand*, ¶ 12, U.N. Doc. CCPR/CO/84/THA (2005); *Togo*, ¶ 11, U.N. Doc. CCPR/C/TGO/CO/4 (2011); *Uganda*, ¶ 11, U.N. Doc. CCPR/CO/80/UGA (2004); *Ukraine*, ¶ 10, U.N. Doc. CCPR/C/UKR/CO/6 (2006); *Uzbekistan*, ¶ 13, U.N. Doc. CCPR/C/UZB/CO/3 (2010); *Vietnam*, ¶ 14, U.N. Doc. CCPR/CO/75/VNM (2002).

⁴² Human Rights Committee, *Concluding Observations: China (Hong Kong)*, ¶ 18, U.N. Doc. CCPR/C/CHN-HKG/CO/3 (2013).

⁴³ Human Rights Committee, *Concluding Observations: Argentina*, ¶ 11, U.N. Doc. CCPR/C/ARG/CO/4 (2010); *Chad*, ¶ 14, U.N. Doc. CCPR/C/TCD/CO/1 (2009).

⁴⁴ Human Rights Committee, *Concluding Observations: Argentina*, ¶ 11, U.N. Doc. CCPR/C/ARG/CO/4 (2010); *Bolivia*, ¶ 10, U.N. Doc. CCPR/C/BOL/CO/3 (2013); *Lithuania*, ¶ 6, U.N. Doc. CCPR/C/LTU/CO/3 (2012); *Mexico*, ¶ 9; U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Tajikistan*, ¶ 7, U.N. Doc. CCPR/C/TJK/CO/2 (2013).

⁴⁵ Human Rights Committee, *General Comment No. 32: Right to equality before courts and tribunals and to a fair trial*, ¶ 9, U.N. Doc. CCPR/C/GC/32 (2007).

⁴⁶ Human Rights Committee, *Concluding Observations: Ecuador*, ¶ 9, U.N. Doc. CCPR/C/ECU/CO/5 (2009); *El Salvador*, ¶ 9, U.N. Doc. CCPR/C/SLV/CO/6 (2010); *Japan*, ¶ 19, U.N. Doc. CCPR/C/JPN/CO/6 (2014); *Kenya*, ¶ 11, U.N. Doc. CCPR/CO/83/KEN (2005); *Malta*, ¶ 12; U.N. Doc. CCPR/C/MLT/CO/2 (2014); *Mexico*, ¶ 9; U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Mongolia*, ¶ 18, U.N. Doc. CCPR/C/MNG/CO/5 (2011); *Nicaragua*, ¶ 12, U.N. Doc. CCPR/C/NIC/CO/3 (2008); *Portugal*, ¶ 12, U.N. Doc. CCPR/C/PRT/CO/4 (2012).

⁴⁷ Human Rights Committee, *Concluding Observations: Albania*, ¶ 11, U.N. Doc. CCPR/C/ALB/CO/2 (2013); *China (Hong Kong)*, ¶ 16, U.N. Doc. CCPR/C/HKG/CO/2 (2006); *Czech Republic*, ¶ 15, U.N. Doc. CCPR/C/CZE/CO/3 (2013); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Guatemala*, ¶ 19, U.N. Doc. CCPR/C/GTM/CO/3 (2012); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014).

⁴⁸ Human Rights Committee, *Concluding Observations: Azerbaijan*, ¶ 5, U.N. Doc. CCPR/C/AZE/CO/3 (2009); *Cameroon*, ¶ 11, U.N. Doc. CCPR/C/CMR/CO/4 (2010); *Djibouti*, ¶ 10, U.N. Doc. CCPR/C/DJI/CO/1 (2013); *Finland*, ¶ 7, U.N. Doc. CCPR/C/FIN/CO/6 (2013); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Madagascar*, ¶ 11, U.N. Doc. CCPR/C/MDG/CO/3 (2007); *Maldives*, ¶ 11; U.N. Doc. CCPR/C/MDV/CO/1 (2012); *Mozambique*, ¶ 10, U.N. Doc. CCPR/C/MOZ/CO/1 (2013); *Portugal*, ¶ 12, U.N. Doc. CCPR/C/PRT/CO/4 (2012); *Serbia*, ¶ 11, U.N. Doc. CCPR/C/UNK/CO/1 (2006); *Tajikistan*, ¶ 7, U.N. Doc. CCPR/C/TJK/CO/2 (2013).

⁴⁹ Human Rights Committee, *Concluding Observations: Albania*, ¶ 11, U.N. Doc. CCPR/C/ALB/CO/2 (2013); *Bulgaria*, ¶ 12, U.N. Doc. CCPR/C/BGR/CO/3 (2011); *Croatia*, ¶ 8, U.N. Doc. CCPR/C/HRV/CO/2 (2009); *Democratic Republic of the Congo*, ¶ 12, U.N. Doc. CCPR/C/COD/CO/3 (2006); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Iran*, ¶ 11, U.N. Doc. CCPR/C/IRN/CO/3 (2011); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Japan*, ¶ 19, U.N. Doc. CCPR/C/JPN/CO/6 (2014); *Japan*, ¶¶ 14, 15, U.N. Doc. CCPR/C/JPN/CO/5 (2008); *Korea*, ¶ 11, U.N. Doc. CCPR/C/KOR/CO/3 (2006); *Mali*, ¶ 12; U.N. Doc. CCPR/CO/77/MLI (2003); *Malta*, ¶ 12; U.N. Doc. CCPR/C/MLT/CO/2 (2014); *Mauritania*, ¶ 10; U.N. Doc. CCPR/C/MRT/CO/1 (2013); *Mexico*, ¶ 8; U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Moldova*, ¶ 16, U.N. Doc. CCPR/C/MDA/CO/2 (2009); *Mongolia*, ¶ 18, U.N. Doc. CCPR/C/MNG/CO/5 (2011); *Montenegro*, ¶ 11, U.N. Doc. CCPR/C/MNE/CO/1 (2014); *Namibia*, ¶ 20, U.N. Doc. CCPR/CO/81/NAM (2004); *Paraguay*, ¶ 9, U.N. Doc. CCPR/C/PRY/CO/2 (2006); *Poland*, ¶ 10, U.N. Doc. CCPR/C/POL/CO/6 (2010); *Serbia*, ¶ 9, U.N. Doc. CCPR/C/SRB/CO/2 (2011); *Uganda*, ¶ 11, U.N. Doc. CCPR/CO/80/UGA (2004).

⁵⁰ Human Rights Committee, *Concluding Observations: Cameroon*, ¶ 11, U.N. Doc. CCPR/C/CMR/CO/4 (2010); *Serbia*, ¶ 11, U.N. Doc. CCPR/C/UNK/CO/1 (2006); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014); *Tajikistan*, ¶ 7, U.N. Doc. CCPR/C/TJK/CO/2 (2013).

⁵¹ Human Rights Committee, *Concluding Observations: Albania*, ¶ 11, U.N. Doc. CCPR/C/ALB/CO/2 (2013); *Honduras*, ¶ 7, U.N. Doc. CCPR/C/HND/CO/1 (2006); *Ireland*, ¶ 9, U.N. Doc. CCPR/C/IRL/CO/3 (2008); *Mexico*, ¶ 9; U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014); *Tanzania*, ¶ 10, U.N. Doc. CCPR/C/TZA/CO/4 (2009).

⁵² Human Rights Committee, *Concluding Observations: Armenia*, ¶ 8, U.N. Doc. CCPR/C/ARM/CO/2 (2012); *Azerbaijan*, ¶ 5, U.N. Doc. CCPR/C/AZE/CO/3 (2009); *Burundi*, ¶ 12, U.N. Doc. CCPR/C/BDI/CO/2 (2014); *Chad*, ¶ 10, U.N. Doc. CCPR/C/TCD/CO/2 (2014); *Georgia*, ¶ 9, U.N. Doc. CCPR/C/GEO/CO/4 (2014); *Guatemala*, ¶ 19, U.N. Doc. CCPR/C/GTM/CO/3 (2012); *Madagascar*, ¶ 11, U.N. Doc. CCPR/C/MDG/CO/3 (2007); *Mali*, ¶ 12; U.N. Doc. CCPR/CO/77/MLI (2003); *Malta*, ¶ 12; U.N. Doc. CCPR/C/MLT/CO/2 (2014); *Mexico*, ¶ 8; U.N. Doc. CCPR/C/MEX/CO/5 (2010); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Poland*, ¶ 11, U.N. Doc. CCPR/CO/82/POL (2004); *Poland*, ¶ 10, U.N. Doc. CCPR/C/POL/CO/6 (2010); *Serbia*, ¶ 9, U.N. Doc.

CCPR/C/SRB/CO/2 (2011); *Tanzania*, ¶ 10, U.N. Doc. CCPR/C/TZA/CO/4 (2009); *Uganda*, ¶ 11, U.N. Doc. CCPR/CO/80/UGA (2004); *Ukraine*, ¶ 14, U.N. Doc. CCPR/C/UKR/CO/7 (2013); *Uzbekistan*, ¶ 13, U.N. Doc. CCPR/C/UZB/CO/3 (2010); *Vietnam*, ¶ 14, U.N. Doc. CCPR/CO/75/VNM (2002); *Zambia*, ¶ 19, U.N. Doc. CCPR/C/ZMB/CO/3 (2007).

⁵³ Human Rights Committee, *Concluding Observations: Armenia*, ¶ 8, U.N. Doc. CCPR/C/ARM/CO/2 (2012); *Bosnia and Herzegovina*, ¶ 12, U.N. Doc. CCPR/C/BIH/CO/1 (2006); *Burundi*, ¶ 12, U.N. Doc. CCPR/C/BDI/CO/2 (2014); *Djibouti*, ¶ 10, U.N. Doc. CCPR/C/DJI/CO/1 (2013); *Guyana*, ¶ 14, U.N. Doc. CCPR/C/79/Add.121 (2000); *Malawi*, ¶ 9, U.N. Doc. CCPR/C/MWI/CO/1 (2012); *Mauritania*, ¶ 10; U.N. Doc. CCPR/C/MRT/CO/1 (2013); *Norway*, ¶ 9, U.N. Doc. CCPR/C/NOR/CO/6 (2011); *Poland*, ¶ 11, U.N. Doc. CCPR/CO/82/POL (2004); *Spain*, ¶ 12, U.N. Doc. CCPR/C/ESP/CO/5 (2009); *Sri Lanka*, ¶ 9, U.N. Doc. CCPR/C/LKA/CO/5 (2014).

⁵⁴ *DRI and Chuhcan Report*, *supra* note 3.

⁵⁵ National Transparency Platform, electronic database consultation, request # 0001200322818, available at: http://www.sisi.org.mx/jsp/documentos/2018/seguimiento/00012/0001200322818_065.pdf

⁵⁶ *DRI and Chuhcan Report*, *supra* note 3.

⁵⁷ CRPD Committee, *Concluding Observations: Mexico*, ¶ 49, U.N., Doc. CRPD/C/MEX/CO/1 (2014).

⁵⁸ CEDAW Committee, *Concluding Observations: Mexico*, ¶ 41, U.N. Doc. CEDAW/C/MEX/CO/9 (2018).

⁵⁹ INEGI, *Censos de Población y Vivienda, 1970, 1980, 1990, 2000 y 2010*. Consultar INEGI. Encuesta Intercensal 2015.

⁶⁰ Mexican Government, National Institute for Women (2017), presentations of the Forum “Gender, Sexuality and Disability”, “Access to reproductive and sexual health of women with disabilities”, by the Ministry of Health - CNEGSR, the Deputy General Directorate of Gender Equality, available at: https://www.gob.mx/cms/uploads/attachment/file/278097/7_CNEGSR.pdf.

⁶¹ CRPD Committee, *Concluding Observations: Mexico*, ¶ 37, U.N., Doc. CRPD/C/MEX/CO/1 (2014); CEDAW Committee, *Concluding Observations: Mexico*, ¶ 41.f, U.N. Doc. CEDAW/C/MEX/CO/9 (2018); CRC Committee, *Concluding Observations: Mexico*, ¶ 45, U.N. Doc. CRC/C/MEX/CO/4-5 (2015).

⁶² CRPD Committee, *Concluding Observations: Mexico*, ¶ 38, U.N., Doc. CRPD/C/MEX/CO/1 (2014).

⁶³ National Transparency Platform, electronic database consultation, requests # 0320000431818, 0001700247418, 0320000062818, 0001700247318, 0320000431918, 0320000098518, 3510000046818, 3510000022718, 0441000017618 and 3510000083618, available at:

https://www.plataformadetransparencia.org.mx/web/guest/inicio?p_p_id=buscadoresportlet_WAR_buscadoresportlet_t&p_p_lifecycle=0&p_p_state=maximized&p_p_mode=view&p_p_col_id=column-1&p_p_col_pos=1&p_p_col_count=2&buscadoresportlet_WAR_buscadoresportlet_action=buscadoresPortletSubmitSearch&cadenaBusqueda=esterilizaci%C3%B3n%20forzada#.

⁶⁴ *DRI and Chuhcan Report*, *supra* note 3.

⁶⁵ *DRI and Chuhcan Report*, *supra* note 3, at p. 20.

⁶⁶ *DRI and Chuhcan Report*, *supra* note 3, at p. 21.

⁶⁷ *DRI and Chuhcan Report*, *supra* note 3.

⁶⁸ INEGI, National Survey of Geographic Dynamics (ENADID), Disability in Mexico, data through 2014 (2016), available at: <http://coespo.groo.gob.mx/Descargas/doc/DISCAPACITADOS/ENADID%202014.pdf>.

⁶⁹ *DRI and Chuhcan Report*, *supra* note 3, at p. 20.

⁷⁰ Human Rights Committee, *General Comment No. 19: Protection of the Family, the Right to Marriage and Equality of the Spouses (Article 23)*, ¶ 5, U.N. Doc. HRI/GEN/1/Rev.1 at 28 (1994).

⁷¹ Human Rights Committee, *Concluding Observations: Angola*, ¶ 13, U.N. Doc. CCPR/C/AGO/CO/1 (2013); *Cameroon*, ¶ 13, U.N. Doc. CCPR/C/CMR/CO/4 (2010); *Chile*, ¶ 15, U.N. Doc. CCPR/C/CHL/CO/6 (2014); *Cote d'Ivoire*, ¶ 15, U.N. Doc. CCPR/C/CIV/CO/1 (2015); *Democratic Rep. of the Congo*, ¶ 14, U.N. Doc. CCPR/C/COD/CO/3 (2006); *Dominican Republic*, ¶ 15, U.N. Doc. CCPR/C/DOM/CO/5 (2012); *Guatemala*, ¶ 20, U.N. Doc. CCPR/C/GTM/CO/3 (2012); *Jamaica*, ¶ 14, U.N. Doc. CCPR/C/JAM/CO/3 (2011); *Kazakhstan*, ¶ 11, U.N. Doc. CCPR/C/KAZ/CO/1 (2011); *Malawi*, ¶ 9, U.N. Doc. CCPR/C/MWI/CO/1/Add.1 (2014); *Mali*, ¶ 14, U.N. Doc. CCPR/CO/77/MLI (2003); *Malta*, ¶ 13, U.N. Doc. CCPR/C/MLT/CO/2 (2014); *Paraguay*, ¶ 13, U.N. Doc. CCPR/C/PRY/CO/3; *Peru*, ¶ 14, U.N. Doc. CCPR/C/PER/CO/5 (2013); *Philippines*, ¶ 13, U.N. Doc. CCPR/C/PHL/CO/4 (2012); *Sierra Leone*, ¶ 14, U.N. Doc. CCPR/C/SLE/CO/1 (2014); *Sri Lanka*, ¶ 10, U.N. Doc. CCPR/C/LKA/CO/5 (2014).

⁷² Human Rights Committee, *Concluding Observations: Great Britain and Northern Ireland*, ¶ 17, U.N. Doc. CCPR/C/GBR/CO/7 (2015).

⁷³ Human Rights Committee, *Concluding Observations: Democratic Rep. of the Congo*, ¶ 14, U.N. Doc. CCPR/C/COD/CO/3 (2006); *Mali*, ¶ 14, U.N. Doc. CCPR/CO/77/MLI (2003).

⁷⁴ Amanda Mellet v. Ireland, Human Rights Committee, Commc'n No. 2324/2013, ¶ 7.8, U.N. Doc. CCPR/C/116/D/2324/2013 (2016); L.M.R. v. Argentina, Human Rights Committee, Commc'n No. 1608/2007, ¶ 9.3, U.N. Doc. CCPR/C/101/D/1608/2007 (2011); K.L. v. Peru, Human Rights Committee, Commc'n No. 1153/2003, ¶ 7, U.N. Doc. CCPR/C/85/D/1153/2003 (2005).

⁷⁵ Human Rights Committee, *Concluding Observations: Czech Republic*, ¶ 10, U.N. Doc. CCPR/C/CZE/CO/2 (2007); *Peru*, ¶ 20, U.N. Doc. CCPR/CO/70/PER (2000); *Slovakia*, ¶ 12, U.N. Doc. CCPR/CO/78/SVK (2003).

⁷⁶ *See, e.g.*, Human Rights Committee, *Concluding Observations: Czech Republic*, ¶ 10, U.N. Doc. CCPR/C/CZE/CO/2 (2007); *Peru*, ¶ 20, U.N. Doc. CCPR/CO/70/PER (2000); *Slovakia*, ¶ 12, U.N. Doc. CCPR/CO/78/SVK (2003). *See also* Committee Against Torture, *Concluding Observations: Peru*, ¶ 23, U.N. Doc. CAT/C/PER/CO/4 (2006).