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Women and Girls with Disabilities, Deprivation of Liberty, and the Right to Health: Submission to the U.N. Special Rapporteur on the Right to Health

Women Enabled International (WEI) welcomes the opportunity to contribute to the development of a thematic report on the intersection of the right to health with the deprivation of liberty by the United Nations Special Rapporteur on the right of everyone to the highest attainable standard of health. 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.

The right to health and deprivation of liberty are linked in numerous and complex ways. The threat of detention that permeates access to certain forms of health care or access to health care for certain populations can have a chilling effect on the exercise of the right to health. For individuals who have been deprived of their liberty, access to acceptable and quality health care can be particularly elusive. 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 At the same time, women with disabilities make up a disproportional percentage of the population of women deprived of their liberty, including in both traditional detention settings and institutional settings. This submission focuses on two key areas in which the right to health and deprivation of liberty intersect. Section I discusses how the threat of detention can deter access to essential health services for women, including women with disabilities. Section II addresses gaps in the provision of appropriate and quality health care to women with disabilities in detention settings with attendant health consequences, with a particular focus on women with psychosocial disabilities who are disproportionately represented in jails and prisons. The submission concludes with a few recommendations for how the Special Rapporteur's forthcoming report can advance the normative framework in these areas.

I. Threat of Detention Has Chilling Effect on Access to Essential Health Care for Women, Including Women with Disabilities

Where health seeking behavior places individuals at risk of incarceration or other deprivation of liberty, fear of detention can deter individuals from accessing essential health services. The use of criminal laws to regulate access to certain health care procedures, such as abortion, can force women who experience abortion-related or pregnancy-related complications to choose between risking arrest and detention or risking their lives by avoiding treatment. It has been well documented in El Salvador, for example, that criminalization of abortion has led to the detention of women seeking emergency care after miscarriage or following an unsafe abortion.³ Similarly, the criminalization of drug use during pregnancy⁴ and the criminalization of HIV transmission (including perinatal transmission)⁵ can deter women from seeking prenatal care or testing for HIV out of fear of arrest and detention.

Women with disabilities face particular stigma around their reproductive decisions and encounter harmful stereotypes that they are unfit to parent. As the Committee on the Rights of Persons with Disabilities acknowledged in its General Comment No. 3 on the rights of women and girls with disabilities, “[h]armful gender and/or disability stereotypes based on such concepts as incapacity and inability can

result in mothers with disabilities facing legal discrimination, which is why these women are significantly overrepresented in child protection proceedings and disproportionately lose contact and custody of their children.”⁶ In the face of this pervasive stigma that surrounds motherhood for women with disabilities, pregnant women with disabilities, particularly those with psychosocial disabilities, also can be at risk of incarceration for taking prescription medications while pregnant. For example, a law in one state in the United States (U.S.) has resulted in the detention of women who took anti-anxiety medication during pregnancy.⁷ As the former Special Rapporteur on Health, Anand Grover, noted in his thematic report addressing criminalization of sexual and reproductive health services, “[c]riminal laws and other legal restrictions disempower women, who may be deterred from taking steps to protect their health, in order to avoid liability and out of fear of stigmatization.”⁸ The use of criminal laws to regulate the provision of health care can similarly have a chilling effect on health care providers, deterring them from providing life-saving care out of fear of criminal punishment or forcing them to violate patient confidentiality where they are expected to report suspected criminal behavior; laws and policies that create such dual loyalties for health care providers can lead to violations of the right to health.⁹

Individuals in precarious immigration situations can similarly be at risk of detention for seeking essential health services. This is especially true for women and girls with disabilities who are undocumented immigrants or those who seek asylum, who may be deterred from seeking emergency medical treatment for fear of detention or deportation. In a recent case in the U.S., Rosa Maria Hernandez, a 10-year-old girl with cerebral palsy was detained by immigration officials while in an ambulance en route to a hospital for emergency gall bladder surgery; while she was permitted to continue to the hospital for her surgery, she was effectively detained during her hospital stay and brought to a children’s detention facility on discharge from the hospital.¹⁰

II. Deprivation of Liberty Carries Significant Health Consequences for Women and Girls with Disabilities

A. Women and Girls with Disabilities Disproportionately Represented in Jails, Prisons and Detention Facilities

The dramatic rise of the population of female prisoners in the last few decades makes it imperative to address the human rights consequences associated with the incarceration of women. Although women still represent a minority of the overall prison population, they are a rapidly growing segment. Not only are many countries imprisoning more women than ever before, but the rate at which they are doing so is rising even faster than that of men. This phenomenon has been noted on every inhabited continent.¹¹ Women with disabilities, in particular, are disproportionately represented among the female population in prisons. While women with disabilities account for roughly one-fifth of the world’s population of women,¹² one study disclosed that the female prison population was found to be five times more likely (78% to 15%) to have a mental health disability than the general population,¹³ while another found that as many as 80% of female jail detainees have at least one psychiatric disability.¹⁴ Furthermore, these individuals are increasingly housed in prisons rather than psychiatric facilities. In the U.S., jails actually house more persons with psycho-social disabilities than all of the country’s psychiatric hospitals combined.¹⁵ The percentage of women with disabilities who are incarcerated in the U.S. is very high compared to men with disabilities. According to the U.S. Bureau of Justice Statistics, 40 percent of women prisoners reported having some sort of disabilities comparing to 31% of males. The number in jails is even higher with nearly half (49%) of the women having disabilities while only 39% of inmate males have disabilities.¹⁶ Women and girls with disabilities who seek asylum can be particularly vulnerable in detention centers in the absence of any legal safeguards that protect them.¹⁷ Persons including women with psychosocial disabilities are often unjustifiably detained for years in the U.S. immigration detention centers and denied access to essential medical care and placed in solitary confinement.¹⁸

Additionally, researchers have recognized significant demographic overlap between populations with higher incidences of disability of all sorts and those with higher rates of imprisonment:

“[P]eople with disabilities are disproportionately represented among the racialized, working class and poor populations who are subject to disproportionate incarceration, because the same macro-dynamics of classism and racism which result in incarceration also produce emergent disabilities, for instance due to malnutrition, inadequate healthcare, state violence, environmental racism, or labor exploitation.”¹⁹

Closure of psychiatric institutions in some countries has led to a marked increase in criminalization of women with disabilities.²⁰ Those with intellectual or psycho-social disabilities face similar threats of inadequate care and mistreatment, in addition to the risks of self-harm and the deterioration of psychological or emotional well-being due to the nature of incarceration.²¹ In French prisons, people with psychosocial disabilities are overrepresented. While there is no exact number of persons with mental disabilities in French prisons, it is estimated that over seven out of ten women had one form of mental disability.²² Women prisoners in general and those with psychosocial disabilities have less freedom of movement and receive less adequate mental health care than male prisoners.²³ Further, A study of suicides of prisoners between 2006 and 2009 in French prisons revealed that they were seven times more numerous than in the general population.²⁴

The disproportionate representation of women with disabilities in detention, particularly those with psychosocial disabilities, underscores the importance of ensuring that any report addressing access to health care in detention settings incorporate an intersectional disability and women’s rights analysis.

B. Deprivation of Liberty Increases Risk of Sexual Violence and Attendant Health Consequences

The experience of women with disabilities in prison can only be understood by examining the risks facing all women in prison. Women in prison face risks that “very often include [] rape and other forms of sexual violence such as threats of rape, touching, ‘virginity testing’, being stripped naked, invasive body searches, insults and humiliations of a sexual nature.”²⁵ This abuse can come from other female prisoners, male prisoners housed in adjoining facilities, as well as the correctional officers staffing the institution itself. Abuse at the hands of prison staff is particularly troubling considering that “[u]nder international law, the rape of a woman in custody by an agent of the State may constitute torture for which the State is held directly responsible.”²⁶ However, despite the U.N. Standard Minimum Rules for the Treatment of Prisoners prohibition on the use of male staff in facilities with female prisoners, many countries, including the United States, actively employ such personnel.²⁷ This has led law enforcement officers themselves to be the leading source of the abuse of female prisoners in many countries.²⁸ Additionally, the problem of rape carries not only the physical, emotional, and psychological harms that it does for male prisoners, but also the possibility of pregnancy. This includes the obvious toll that a pregnancy carried to term entails, exacerbated by poor prison health resources, as well as the possibility that the pregnant woman is punished by her jailers for the pregnancy.²⁹ These threats are compounded by overly harsh medical protocols in which “pregnant women are routinely shackled on their way to and from hospital and sometimes remain shackled during labour, delivery, and post-delivery.”³⁰ Thus, for many women in prison, any kind of healing process is forestalled by this threat of continued bodily harm.

The risks inherent in the incarceration of women are magnified for those who have a disability.³¹ In the United States, it is estimated that at least 13% of inmates have been sexually assaulted; many have experienced repeated assaults.³² The U.N. has recognized that “[w]omen prisoners with disabilities are at a particularly high risk of manipulation, violence, sexual abuse and rape.”³³ Prisoners with physical disabilities may be actively targeted based on their disabilities or suffer the effects of having their

disability-related needs neglected.³⁴ Furthermore, most prison staff are not adequately trained to prevent or respond to inmate sexual assaults and prison rape often goes unreported and untreated.³⁵

C. Deprivation of Liberty Contributes to Lack of Access to Quality and Acceptable Health Services, including Rehabilitation Services, for Women with Disabilities

Women, especially those with disabilities, are an oft overlooked segment of the prison population, both in terms of the officials in charge of running the institutions and even among those outside groups seeking reform.³⁶ A concerted effort is therefore needed to recognize and address the mistreatment of, and particular hardships faced by, women with disabilities in the world's prisons.

Women with psychosocial disabilities are at particular risk in detention facilities including the deterioration of their mental health, manipulation, violence, sexual and physical abuse, rape and self-harm. Women prisoners with psychosocial disabilities are sometimes locked separately in extremely inferior conditions where they lack access to basic human rights such as access to food, hygiene, and health facilities. In some countries, they are physically abused and restrained by chains.³⁷ Further, women prisoners without prior disabilities are also more likely than men to sustain psychosocial disabilities due to high rates of physical and sexual violence.³⁸ Indeed, there is strong evidence that the experience of prison itself is a source of disablement for *all* prisoners; thus, not only are women with pre-existing disabilities liable to see their disabilities aggravated but those who enter prison without disabilities may develop them over the course of the confinement period and conditions.³⁹

The incarceration of persons with disabilities without necessary services or accommodations, irrespective of any abusive intent, has been deemed illegal and degrading treatment as well as a potential violation of the International Covenant on Civil and Political Rights (ICCPR).⁴⁰ The U.N. Special Rapporteur on the Rights of Persons with Disabilities has urged governments to “respect, in particular, the right to life and the inherent dignity of detainees with disabilities and “provide reasonable accommodation in detention.”⁴¹ Additionally, in the case of *DG v Poland*, the European Court for Human Rights found that where the State was “not making sufficient efforts to reasonably accommodate [a prisoner with physical disabilities] special needs raises a serious issue under the Convention” and in these particular circumstances constitutes degrading and inhuman treatment contrary to Article 3 of the European Convention on Human Rights.⁴² The European Court for Human Rights made a similar finding of inhuman and degrading treatment in *Semikhvostov v Russia* when the government failed to make reasonable accommodations for a prisoner who used a wheelchair.⁴³

Failure to provide reasonable accommodation, assistance and access to health care for women with physical disabilities in solitary confinement may lead to serious health consequences. For example, in a case in the U.S., *Martinique Stoudemire* was quarantined in isolation after she contracted a bacterial infection following an amputation surgery. For two weeks, Stoudemire was kept in a cell that was not equipped to accommodate her disability and received no assistance or medical care and that put her at a high risk of infection.⁴⁴

D. Stigma and Discrimination against Women with Disabilities Can Exacerbate the Barriers They Face to Access Quality Health Care

Women with disabilities in prison also face discrimination upon their assignment to a particular facility. Perhaps the most critical instance is the chronic misclassification of the risk level of female prisoners with disabilities. The U.N. has noted that “[d]ue to the limited accommodation available for female prisoners, in a number of countries they are housed in security levels not justified by their risk assessment undertaken on admission.”⁴⁵ This is exemplified in Queensland, Australia where a prisoner who would normally be placed in an open facility can instead be sent to a low security one, thereby placing them in

secure custody, should a member of the medical, psychological, or psychiatric staff decide that the medical and support services required are unavailable in open custody.⁴⁶ As the Anti-Discrimination Commission Queensland aptly notes, “[t]his is *prima facie* direct discrimination on the basis of disability.”⁴⁷ It is further compounded by the lack of facilities able to house women with “impairments,” meaning that “[b]ecause of these access and support issues, it would appear that female prisoners with certain physical, mental health or intellectual disabilities are much less likely to be located in one of the low security facilities compared to women without a disability.”⁴⁸ The scarcity of prison facilities for women in many countries also often leads them to be incarcerated far from home, making it impractical and costly for family to visit. In Russia, for example, this problem is particularly pronounced with many women prisoners being forced to travel thousands of kilometers to their final place of imprisonment.⁴⁹

A common factor considered by parole boards and other bodies determining the appropriateness of the early release of prisoners is the ability of a prisoner to adapt to life in the outside world. This can be a difficult threshold for any prisoner to meet, but especially so in the case of women with disabilities who may have specific needs that the board may not adequately take into consideration.⁵⁰ This problem is exacerbated by the misclassification of women with disabilities as higher risk prisoners, which makes it that much more difficult to secure an earlier release.⁵¹ Where women with disabilities are not able to access the health care they need, these difficulties can be even more pronounced.

Recommendations:

- The report by the former Special Rapporteur on the right to health, Anand Grover, on criminalization of sexual and reproductive health provides a helpful overview of the harmful consequences of using criminal law to regulate sexual and reproductive health services. This forthcoming report provides a valuable opportunity to expand on this important issue by providing guidance to States on how to ensure that laws and policies promote, rather than deter, health seeking behavior, for instance by refraining from using criminal laws to regulate health care access and by ensuring that health care providers are able to fulfil their ethical duty to provide essential health care to patients without fear of detention.
- Given the disproportionate representation of women with psychosocial disabilities in detention settings, it would be important for the forthcoming report to address States obligations to guard against the trans-institutionalization of women with psychosocial disabilities from psychiatric institutions that are being closed down to prisons. Specifically, the report could highlight the obligation of States to ensure access to supports and services in the local community both to facilitate living in the community and to mitigate the risk of incarceration of women with psychosocial disabilities. This also includes the obligation of States to raise awareness and conduct trainings with law enforcement to reduce stigma against persons with psychosocial disabilities.
- It would be important for the report to emphasize the right of women with disabilities to have access to appropriate and quality health care in prisons, and to provide guidance on what States must do to ensure that the health care available to incarcerated women with disabilities is accessible, appropriate, and responsive to their specific health needs. Additionally, the report could highlight the importance of training health care personnel and other prison staff on the needs of incarcerated people with disabilities.

Thank you for the opportunity to provide written comments to inform the development of this forthcoming report. Please do not hesitate to contact us at the email addresses below should you require more information or if you have any questions.

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¹ This document 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 See, e.g., Erika Guevara-Rosas, *Op-Ed: El Salvador and ‘Las 17’*, THE NEW YORK TIMES (March 2, 2015), available at https://www.nytimes.com/2015/03/03/opinion/el-salvador-and-las-17.html?_r=0.

⁴ AMNESTY INTERNATIONAL, USA: CRIMINALIZING PREGNANCY: POLICING PREGNANT WOMEN WHO USE DRUGS IN THE USA (2017).

⁵ U.N. General Assembly, *Report of the Special Rapporteur on the right of everyone to the highest attainable standard of health: criminalisation of sexual and reproductive health (by Anand Grover)*, ¶ 41, U.N. Doc. A/66/254 (Aug. 2011).

⁶ Committee on the Rights of Persons with Disabilities, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 46, U.N. Doc. CRPD/C/GC/3 (2016).

⁷ Nina Martin, *This Law Is Supposed to Protect Babies, But It’s Putting Their Moms Behind Bars*, MOTHER JONES (Sept. 23, 2015), available at <http://www.motherjones.com/politics/2015/09/alabama-chemical-endangerment-drug-war/>. See also, AMNESTY INTERNATIONAL, *supra* note 4, at 36.

⁸ U.N. General Assembly, *Report of the Special Rapporteur on the right of everyone to the highest attainable standard of health: criminalisation of sexual and reproductive health (by Anand Grover)*, para. 17, U.N. Doc. A/66/254 (Aug. 2011).

⁹ See, e.g., CENTER FOR REPRODUCTIVE RIGHTS, REPRODUCTIVE RIGHTS VIOLATIONS AS TORTURE AND CRUEL, INHUMAN, OR DEGRADING TREATMENT OR PUNISHMENT: A CRITICAL HUMAN RIGHTS ANALYSIS 11 (2010), available at <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/TCIDT.pdf>.

¹⁰ Marwa Eltagouri, *A 10-year-old immigrant was rushed to the hospital in an ambulance. She was detained on the way*, WASH. POST (Oct. 27, 2017) available at https://www.washingtonpost.com/news/post-nation/wp/2017/10/26/a-10-year-old-immigrant-was-rushed-to-the-hospital-in-an-ambulance-she-was-detained-on-the-way/?utm_term=.ae5d3ee34484; Nomaan Merchant, *Immigrant Child With Cerebral Palsy Detained After Surgery*, ASSOC. PRESS (Oct. 26, 2017), available at <https://www.usnews.com/news/best-states/texas/articles/2017-10-26/immigrant-child-with-cerebral-palsy-detained-after-surgery>.

¹¹ UNITED NATIONS OFFICE ON DRUGS AND CRIME (UNODC), HANDBOOK FOR PRISON MANAGERS AND POLICYMAKERS ON WOMEN AND IMPRISONMENT 2-3 (2008), available at <http://www.unodc.org/documents/justice-and-prison-reform/women-and-imprisonment.pdf>. This trend has been noted in countries as diverse as the United States, England, Wales, Australia, Mexico, Bolivia, Colombia, Kenya, New Zealand, Kyrgyzstan, Cyprus, Estonia, Greece, and the Netherlands.

¹² WORLD HEALTH ORGANIZATION (WHO) AND WORLD BANK, WORLD REPORT ON DISABILITY 28-29 (2011).

¹³ PRISON REFORM TRUST, BROMLEY BRIEFINGS PRISON FACTFILE 32 (Dec. 2011), available at <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefing%20December%202011.pdf>.

¹⁴ Janet I. Warren et al., *Personality Disorders and Violence Among Female Prison Inmates*, 30 J. Am. Acad. Psychiatry Law 502-503 (2002), available at <http://www.jaapl.org/cgi/reprint/30/4/502.pdf>.

¹⁵ Prison Rape Elimination Act of 2003, Pub. L. No. 108-79, 117 Stat. 972 (2003)

¹⁶ U.S. Department of Justice Bureau of Justice Statistics, *Disabilities Among Prison and Jail Inmates, 2011–12, 2015*, Figure 1, (Dec 2015), available at <https://www.bjs.gov/content/pub/pdf/dpji1112.pdf>.

¹⁷ American Civil Liberties Union (ACLU), *Detention, Deportation and Mental Disabilities*, <https://www.aclu.org/other/detention-deportation-and-mental-disabilities> (last visited Nov. 22, 2017).

¹⁸ HUMAN RIGHTS WATCH, SYSTEMIC INDIFFERENCE DANGEROUS & SUBSTANDARD MEDICAL CARE IN US IMMIGRATION DETENTION (May 2017), available at <https://www.hrw.org/report/2017/05/08/systemic-indifference/dangerous-substandard-medical-care-us-immigration-detention>.

¹⁹ Beth Ribet, *Naming Prison Rape as Disablement, Critical Analysis Prison Litigation Reform Act, the Americans with Disabilities Act, and the Imperatives of Survivor-Oriented Advocacy*, 17 Va. J. Soc. Pol’y & L. 281, 293-294 (2010).

²⁰ DAWN Ontario, *Q & A: How Are Women With Disabilities Discriminated Against?*, CAEFS, <http://www.fire.or.cr/disabilities/notas/dis-links.htm> (last visited Nov 9, 2017).

²¹ UNODC, *supra* note 11, at 13 (“female prisoners with mental health care needs are at particular risk of abuse, self-harm and deteriorating mental well-being in prisons.”).

²² HUMAN RIGHTS WATCH, DOUBLE PUNISHMENT INADEQUATE CONDITIONS FOR PRISONERS WITH PSYCHOSOCIAL DISABILITIES IN FRANCE 15 (2016), available at https://www.hrw.org/sites/default/files/report_pdf/france0416web.pdf.

²³ *Id.*, at 3.

²⁴ *Id.*, at 57.

²⁵ Rashida Manjoo, *Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences*, ¶ 41, delivered to the General Assembly, U.N. Doc. A/66/215 (Aug. 1, 2011); see also, UNODC, *supra* note 11, at 14.

- ²⁶ UNODC, *supra* note 11, at 34. *See also*, C.T. and K.M v. Sweden, Communication No. 279/2005, 17 November 2006, UN Doc. CAT/C/37/D/279/2005 (2007) (“[T]he Committee considers that the first named complainant was repeatedly raped in detention and as such was subjected to torture in the past.”), available at <http://www1.umn.edu/humanrts/cat/decisions/279-2005.html>.
- ²⁷ U.N. Cong. on the Prevention of Crime and the Treatment of Offenders, Geneva, Switz., *United Nations Standard Minimum Rules for the Treatment of Prisoners*, ¶ 53, (1955), available at <http://www2.ohchr.org/english/law/pdf/treatmentprisoners.pdf>.
- ²⁸ *See* Beth Ribet, *supra* note 19, at 289 (“For female inmates... the perpetrator of a sexual assault is more likely to be [though not always] a male staff person.”).
- ²⁹ Kim Shayo Buchanan, *Impunity: Sexual Abuse in Women's Prisons*, 42 HARV. C.R.- C.L.L. REV. 45, 46 (2007), available at http://www.law.harvard.edu/students/orgs/crcl/vol42_1/buchanan.pdf.
- ³⁰ Rashida Manjoo, *supra* note 25, ¶ 42.
- ³¹ *See* Beth Ribet, *supra* note 19, at 295 (suggesting that the mere perception of a physical, psychiatric, or cognitive disability is sufficient to place an individual at greater risk of sexual victimization).
- ³² PRISON RAPE ELIMINATION ACT OF 2003, S. 1435, 108th Cong., 1st Sess. (2003).
- ³³ UNODC, *supra* note 11, at 45.
- ³⁴ *Id.*
- ³⁵ PRISON RAPE ELIMINATION ACT OF 2003, S. 1435, 108th Cong., 1st Sess. (2003).
- ³⁶ *See* Susan Carol Hayes, *Women with Learning Disabilities Who Offend: What Do We Know?* 35(3) BRIT. J. OF LEARNING DISABILITIES 187, 190 (2007) (“There is little advocacy for women prisoners with a learning disability and they tend to be an overlooked and devalued group.”). *See also*, Stephanie Ortoleva and Hope Lewis, *Forgotten Sisters - A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences* 48, (2012).
- ³⁷ UNODC, HANDBOOK ON PRISONERS WITH SPECIAL NEEDS, at 13, 45 (2009), available at https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf.
- ³⁸ *Id.*, at 13.
- ³⁹ Beth Ribet, *supra* note 19, at 294.
- ⁴⁰ Price v. U.K., Application No.33394/96 Eur. Ct. H.R. (2001) (holding that despite “no evidence in this case of any positive intention to humiliate or debase the applicant” that a lack of adequate facilities for a woman with a disability represented “degrading treatment contrary to Article 3 of the [European Convention on Human Rights]”), available at http://prison.eu.org/spip.php?page=imprimer_article&id_article=8231; Mouisel v. France, Application No. 67263/01 Eur. Ct. H.R. 17 (2003) (“[S]evere physical disability [is] now among the factors to be taken into account under Article 3 of the [European Convention on Human Rights] in France and the other member States of the Council of Europe in assessing a person's suitability for detention”), available at www.univie.ac.at/bimtor/dateien/ecthr_2003_mouisel_vs_france.doc; Brough v. Australia, Human Rights Committee, Comm. No. 1184/2003 (2006), available at <http://juris.ohchr.org/Search/Details/1241>.
- ⁴¹ U.N. Office of the High Commissioner on Human Rights, *UN rights experts urge Pakistan to halt ongoing surge in executions and to reinstate moratorium on death penalty* (July 2015), available at <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=16275&LangID=E>.
- ⁴² D.G. v. Poland, Application no. 45705/07, Eur. Ct. H.R. (2013).
- ⁴³ Semikhvostov v. Russia, Application no. 2689/12., Eur. Ct. H.R. (2014).
- ⁴⁴ Stoudemire v. Mich. Dep't. of Corr., No. 14-1742, *799 (6th Cir. May 22, 2015). *See also*, Jamelia N. Morgan & Arthur Liman Fellow, *Caged In: The Devastating Harms of Solitary Confinement on Prisoners with Physical Disabilities*, 41, ACLU NATIONAL PRISON PROJECT, Jan 2017, available at <https://poseidon01.ssrn.com/delivery.php?ID=598084112068093064098106067116099026104005064017060018007086109124003125002100004011061119044127042010060118018003075065026100012016025042084122021029094114109021076070022064079108065028070098085024100068065126115106009122001106020028005108106102103071&EXT=pdf>.
- ⁴⁵ UNODC, *supra* note 11, at 31.
- ⁴⁶ ANTI-DISCRIMINATION COMMISSION QUEENSLAND, WOMEN IN PRISON 44-45 (2006), available at http://www.adcq.qld.gov.au/pubs/WIP_report.pdf.
- ⁴⁷ *Id.*, at 45.
- ⁴⁸ *Id.*, at 62.
- ⁴⁹ L. Alpern, *Women and the System of Criminal Justice in Russia: 2000-2002*.
- ⁵⁰ Judith Cockram, *People with an Intellectual Disability in the Prisons*, 12 Psychiatry Psychology & Law 163, 171 (2005).
- ⁵¹ *Id.*