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NGO Submission to the Committee on Economic, Social and Cultural Rights Working Group for Colombia

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Partners: Colectiva Polimorfias, Asociación Probienestar de la Familia Colombiana (Profamilia), and Women Enabled International (WEI)¹

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Colectiva Polimorfias, Profamilia, and Women Enabled International (WEI) jointly submit this report to the Committee on Economic, Social and Cultural Rights (ESCR Committee or the Committee) regarding violations of Colombia's obligations under the International Covenant on Economic, Social, and Cultural Rights as they pertain to the sexual and reproductive rights of women and girls with disabilities.

The **Colectiva Polimorfias** is created as a support group for women in functional diversity/disability to make the violence they face visible. In this meeting space, they deal with subjects, such as legal capacity, sexual and reproductive rights, responsible motherhood, diverse sexual orientation, and gender violence, among others. As a Collective they defend, protect and promote the human rights of women and girls with disabilities. **Profamilia** is a private non-profit organization specializing in sexual health and reproductive health. Profamilia offers medical services, education, products and develops research and projects with a social focus using advocacy strategies, and it is the largest provider of sexual and reproductive health services in Colombia, with 28 clinics in different cities around the country. For 52 years, Profamilia has been characterized by being a service provider with a rights-based approach, emphasizing the guarantee of sexual and reproductive rights of all Colombians. **WEI** 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.

I. Introduction

According to the World Health Organization (WHO) and the World Bank, approximately 15% of people worldwide are persons with disabilities, and women with disabilities account for 19.2% of the total population of women around the world.² In Colombia, the Ministry of Health is in charge of the National Registry for Persons with Disabilities, which states that there are 1,326,905 persons with disabilities registered in the country as of July 31, 2017. This accounts for about 2.7% of the estimated total population of Colombia on that date.³ According to the Ministry of Health and the Presidential Advisory Office for Equity of Women, about 53% of Colombians with disabilities are women, roughly 25% of whom live in Bogotá, Colombia.⁴

Women with disabilities in Colombia encounter significant barriers in realizing their economic, social, and cultural (ESC) rights.⁵ In particular, Colombia’s guardianship law severely limits the ability of women with disabilities to make autonomous decisions about their lives, infringing core ESC rights guaranteed by the International Covenant on Economic, Social, and Cultural Rights (ICESCR). Indeed, in its most recent concluding observations to Colombia, the Committee on the Rights of Persons with Disabilities (CRPD Committee) highlighted that Colombia’s failure to recognize the legal capacity of persons with disabilities infringed on both access to justice and the ability of persons with disabilities to make free and informed decisions, including with respect to health, sexuality, and education.⁶ As the ESCR Committee recognized in its recent General Comment No. 22, the removal of laws and policies that create barriers to access to sexual and reproductive health services—such as laws that require third-party authorization—constitutes a core component of a State’s obligation to respect the right to sexual and reproductive health. Colombia’s guardianship law poses just such a barrier—not only preventing women with disabilities from exercising autonomy with respect to their sexual and reproductive health, but also in a number of other areas of their lives. This submission outlines the harmful effects of Colombia’s guardianship law in violation of the government’s obligations under the ICESCR. The submission then identifies other areas where Colombian women and girls with disabilities encounter barriers to the realization of their ESC rights. The submission concludes with suggested recommendations that this Committee could make to Colombia to provide guidance to the State to ensure that its legislative and policy framework protects, rather than violates, the ESC rights of women with disabilities.

II. Colombia’s guardianship law limits the legal capacity of women and girls with disabilities, exposing them to violations of their ESC rights

A. Guardianship discriminates against women with disabilities and denies them legal capacity

1. Law 1306-2009

Colombia’s Law 1306 of 2009 (1306-2009, also referred to as “guardianship law” for the purposes of this submission) allows plenary guardianship over a person with a disability through a judicial process called “interdiction.” This law allows full guardianship over persons with “absolute mental disabilities” and permits partial guardianship over persons with “relative mental disabilities.”⁷ In the context of this law, “absolute” refers to “persons ‘suffering from a severe or deep affection or pathology regarding learning, behavior or mental deterioration,’” while “relative” refers to individuals “with behavioral deficiencies, wasteful administration conduct, or

business immaturity who may put their own property in risk”⁸ Although the law describes guardianship as only a “protective measure,” in reality it is routinely used to justify substituted decision-making on behalf of women with disabilities, often without their voluntary or informed consent. Once a guardian has obtained an interdiction order, the guardian then has the power to control various facets of the individual’s life, including, e.g., authority to seek a court order for sterilization of the person with a disability or to institutionalize the person permanently (a guardian, alone, can authorize institutionalization for periods up to two months in length).⁹ Decisions regarding family law issues (such as marriage or adoption) and sterilization must be requested by the guardian¹⁰ and authorized by a judge. A person under guardianship also loses her right to vote.¹¹

Given the severe restrictions that Law 1306-2009 places on the personal autonomy of persons with disabilities, this law acts as one of the biggest obstacles for equity, equality, and the full realization of fundamental rights for people with disabilities in Colombia. Yet, people with disabilities who are under plenary guardianship are not able to challenge this order; plenary guardianship is considered irreversible since the threshold to reverse it is the “complete curing” of the disability.¹² Moreover, since they are seen as “legally incapable,” people under plenary guardianship are not allowed to give testimony in court,¹³ nor can they make a complaint to a police officer or any public authorities.¹⁴

The government incentivizes use of this law by giving families who put their child with disabilities under this plenary guardianship more access to public benefits.¹⁵ Under Colombian regulations, medical institutions have a legal duty to start interdiction to strip legal capacity from a person with disability that is in their care.¹⁶

The existence of Law 1306-2009 in and of itself contributes to pervasive stereotypes that women with disabilities—particularly those with psychosocial or intellectual disabilities—lack the capacity to make autonomous decisions. For instance, Andrea Cortés, a member of Colectiva Polimorfos and a woman with psychosocial disability, has been forcibly institutionalized on several occasions. Although she is not under guardianship, on multiple occasions, she states that medical personnel have tried to overturn her will just because she is a patient, assuming she is unable to consent. The first time that she was institutionalized, in 1998, she was sexually abused by two male nurses who took advantage of the effect that strong psychiatric drugs had on her. As a result of this experience, the next time Andrea was institutionalized in that same clinic, she expressly requested to take baths without assistance. As retaliation, staff refused to give her her clothes after the bath, used physical restraints on her, overmedicated her without her consent, and almost performed electroshock on her.¹⁷

2. Denial of legal capacity leads to violations of ESC rights

Violations of civil and political rights often have effects on ESC rights. For persons with disabilities, this arises most prominently in the context of legal capacity. As the CRPD Committee has explained, “[e]quality before the law is a basic general principle of human rights protection and is indispensable for the exercise of human rights.”¹⁸ The CRPD Committee has further explained in its General Comment No. 1 that Article 12 of the Convention on the Rights of Persons with Disabilities (CRPD), which Colombia ratified in 2011, “does not permit

discriminatory denial of legal capacity” on the basis of disability.¹⁹ Yet Colombia’s guardianship law does just that—fully or partially removes legal capacity on the basis of disability, delegating the power of decision-making in key areas of an individual’s life to a third party. Article 2.2 of the ICESCR prohibits discrimination against individuals on the basis of “other status,” which the ESCR Committee has explained includes a prohibition on discrimination on the basis of disability.²⁰ This protection against discrimination cuts across all of the substantive rights protected in the ICESCR. The CRPD provides additional authoritative guidance on the implementation of fundamental rights with respect to the rights of persons with disabilities. As discussed in more detail in the subsequent sections, this discriminatory denial of legal capacity for persons with disabilities violates fundamental rights protected in the ICESCR, including the right to health (art. 12), work (art. 7), family (art. 10), adequate housing (art. 11), and education (art. 13).

B. Guardianship laws expose Colombian women and girls with disabilities to forced sterilization, violating their right to health (art. 12)

“When I was forcibly institutionalized at Nuestra Señora de la Paz Clinic I met women with intellectual and psychosocial disabilities who were left indefinitely institutionalized by their families. I met one young woman who had been forcibly sterilized after she was denied to raise her daughter only because she had a diagnosis of Bipolar Disorder. No State office intervened in this case.”

- Andrea Cortés, member of Colectiva Polimorfias and a woman with psychosocial disabilities.²¹

1. Forced sterilization of women with disabilities in Colombia

Colombia's Law 1306-2009 allows for sterilization of persons with disabilities without their consent, with women with disabilities being sterilized more than 8 times more often than men with disabilities. The Colombian Ministry of Health reports that, from 2009 to 2015, 3,805 women with disabilities were sterilized, compared to the sterilization of 465 men with disabilities.²² Available data does not indicate the extent to which the person being sterilized gave free and informed consent or whether the sterilization was at the request of a guardian. In addition, registration of these sterilizations is voluntary, which could mean that a significant amount of cases and incidents are underreported.

Women with disabilities are at risk of sterilization due to a variety of factors. Guardians may seek surgical sterilization for persons with disabilities to reduce the risk of pregnancy resulting from sexual violence, due to stereotypes that women with disabilities should not or cannot become parents, based on a doctor's recommendation, or due to a lack of information about alternative, reversible methods of contraception. For example, in one case brought before the Colombian Constitutional Court, the father of an adolescent with a disability argued that his daughter needed to be sterilized because she “[e]scapes from the house and does not know how to measure the consequences, since unscrupulous people or men can abuse, take advantage of her situation and can transmit any sexually transmitted disease (sic).”²³ In another case, the Court considered a petition to sterilize a girl with a disability where the request for sterilization was justified on the basis of the mother working outside of the house and needing to leave her daughter home alone for long periods of time.²⁴ These cases reflect misconceptions that families

have about sterilization as a means to protect their children, yet in reality, sterilization neither protects girls with disabilities from sexual violence nor from sexually transmitted infections (STIs).

Instead, forced sterilization carries significant and well documented physical and mental health consequences.²⁵ Surgical sterilization, which is considered an irreversible contraceptive method,²⁶ causes a permanent physical harm by altering the functioning of reproductive organs,²⁷ and results in the loss of the ability to conceive a biologically related child and to experience pregnancy and childbirth.²⁸ The Open Society Foundations has documented that the after-effects of forced sterilization can include depression, “social isolation, family discord or abandonment, fear of medical professionals, and lifelong grief.”²⁹ Moreover, forced sterilization may actually expose women and girls with disabilities to a heightened risk of sexual violence, as perpetrators may be emboldened by the fact that the woman cannot become pregnant, preventing evidence of the sexual abuse from coming to light, and the fact that, as discussed above, a woman under guardianship is not considered competent to testify against her abuser.

In 2017, the Colombian Constitutional Court and the Ministry of Health transformed the legal environment that allowed forced sterilization for women and girls with disabilities. With decision T- 573 of 2016 and Decree 1904 of 2017, Colombia modified the legal standard to require direct consent for sexual and reproductive health services provided to persons with disabilities by using reasonable accommodations and support mechanisms. Although these new regulations represent a big step toward better enforcement of the rights of women and girls with disabilities, these new regulations do not alter the legal landscape for individuals under plenary guardianship. Article 6 of Act 1412 of 2010 still allows judges to order sterilization procedures for persons with disabilities that are under plenary guardianship.

2. Forced sterilization violates article 12 (right to health)

The right to health, protected under article 12 of the ICESCR, encompasses the right to sexual and reproductive health.³⁰ In its General Comment No. 22, the ESCR Committee explained that the obligation to respect the right to sexual and reproductive health requires states to repeal or refrain from enacting laws that require or allow substituted decision-making, including both requirements of parental, spousal, or judicial authorization to access sexual and reproductive health services and laws and policies that “prescribe involuntary, coercive or forced medical interventions, such as forced sterilization.”³¹ Indeed, it is well established that forced sterilization violates fundamental rights. Treaty bodies have unambiguously instructed States to prohibit forced sterilization in law.³² Both the Committee on the Rights of the Child (CRC Committee) and the Special Rapporteur on violence against women have classified forced sterilization as an act of violence,³³ while the CRC Committee and the Special Rapporteur on torture noted that forced sterilization of persons with disabilities may be tantamount to torture or other cruel, inhuman or degrading treatment or punishment.³⁴

The CRPD Committee routinely expresses concern about laws, policies, and practices that allow for the sterilization of persons with disabilities without their informed consent³⁵ or that otherwise do not protect persons with disabilities from forced sterilization.³⁶ Specifically, the CRPD Committee has expressed concern where laws deprive persons with disabilities of legal capacity

or declare them mentally incompetent, thereby denying them free and informed consent for medical procedures.³⁷ It also has expressed concern about situations—including in Colombia—where children with disabilities in particular are subjected to sterilization without informed consent.³⁸

Both the Committee on the Elimination of Discrimination against Women (CEDAW Committee) and the CRPD Committee have recognized that forced sterilization of women with disabilities is a problem in Colombia, and addressed this issue in their most recent concluding observations to Colombia. In 2016, the CRPD Committee expressed concern “that [in Colombia] the sterilization of persons with disabilities without their consent, and with the authorization of a judge, is a legal practice,” and “urge[d] the State party to take the necessary steps to abolish the sterilization of persons with disabilities without their free and informed consent,” including by repealing discriminatory laws and training judges and prosecutors on the rights of persons with disabilities.³⁹ The CEDAW Committee similarly recommended that Colombia take measures “to ensure that sterilization is carried out with the free and informed consent of women, including women with disabilities” in its 2013 concluding observations to the State.⁴⁰ For similar reasons, Colombia’s practice of allowing women with disabilities to be sterilized without their consent also violates the State’s obligations under article 12 of the ICESCR.

C. Without legal capacity, women and girls with disabilities are unable to make autonomous decisions about marriage, family life, and choice of residence (arts. 10, and 11)

1. Marriage and Family Life

Colombia’s guardianship law also interferes with the family life of women with disabilities, both impacting their ability to make autonomous decisions about marriage, parenthood, and other aspects of family life. Law 1306 of 2009 explicitly states that “[a]ll acts related to Family Law of persons with absolute mental disabilities [sic] shall be authorized by a Family Judge. Examples of these acts are marriage, recognition or impugnation of filiation, adoption, alimony in favor of others and similar acts.”⁴¹ As mentioned above, persons with disabilities under interdiction are unable to enter into marriage absent judicial consent.⁴² As both the ESCR Committee and other international and regional bodies have recognized, regulations on reproduction and family life are built around gender stereotypes, and restrictive laws in this area have a disproportionate impact on women.⁴³

Additionally, women and girls with disabilities who are under guardianship encounter stereotypes on the basis of both their gender and disability that can interfere with their family life. In particular, Colombia’s legal framework for family law effectively codifies a stereotype that women with disabilities are unfit to be mothers.⁴⁴ Article 66 of Act 1098 of 2006 (Childhood and Adolescence Act) provides that parents with “mental illness” are not capable to consent or deny their consent to the adoption of their own children. The Colombian Constitutional Court recently upheld the constitutionality of this provision.⁴⁵ As a result, parents with mental illness are legally understood as absent and a third party can give up their children in adoption.⁴⁶ In this same vein, Act 1098 of 2006 requires “physical and mental adequacy” to adopt, which, in practice, prevents persons with disabilities from adopting children.⁴⁷ Sandra Catalina León, a

member of Colectiva Polimorfás, had to fight to retain custody of her child after she developed a physical disability following a stroke. She explains, “I had to face several psychological and psychiatric evaluations because my sister threatened me with guardianship to take my son and my house from me (guardianship is only used to remove our autonomy). She exposed the case to the Colombian Institute for Family Welfare, requiring a follow-up for me to fight over my son.”⁴⁸ In case T-684 of 2014 before the Colombian Constitutional Court, the mother of a woman with a disability sought to remove her daughter’s husband as her legal guardian because he was sexually and psychologically abusing her.⁴⁹ However, the trial judges in the case denied the request and considered that the husband was the ideal guardian in order not to break family unity,⁵⁰ reinforcing harmful gender stereotypes and potentially continuing to expose her to gender-based violence. The CRPD Committee has recognized that, as a consequence of harmful stereotypes, women with disabilities in general are “significantly overrepresented in child protection proceedings and disproportionately lose contact and custody of their children, who are subject to adoption proceedings and/or to being placed in an institution.”⁵¹

Article 10 of the ICESCR protects the rights of the family. In General Comment No. 5, the ESCR Committee recognized that “[t]hese rights are frequently ignored or denied, especially in the case of persons with mental disabilities,” emphasizing that article 10 protects “the right of persons with disabilities to marry and have their own family.”⁵² The CRPD Committee further explained in its General Comment No. 3 that the obligation to respect the rights of women and girls with disabilities requires States to abolish any laws or policies that directly or indirectly discriminate against women and girls with disabilities, such as those that do not allow them to marry or determine the number and spacing of their children.⁵³ The Committee on the Elimination of Discrimination against Women (CEDAW Committee) has also addressed this issue, recommending in at least one instance that a State amend its laws to allow women with disabilities to marry, exercise parental rights, and adopt children on an equal basis with others.⁵⁴ Restrictions under guardianship to divorce are discriminatory interferences in privacy and family life of persons with disabilities and can put women with disabilities at heightened risk of domestic violence and sexual abuse. Similarly, restrictions on marriage or to become or retain parental rights interfere with the right of protection of the family.

2. Choice of Residence

Restrictions on the autonomy of women with disabilities can compel them to live in unsafe and inadequate housing conditions. For example, in the case T-684 of 2014 before the Colombian Constitutional Court, mentioned above, a woman under the guardianship of her abusive husband wanted to live with her mother. However, she could not choose where to live because the guardianship law states that only the guardian can make that decision. As a result, she was forced to continue living with her abusive husband against her will.⁵⁵ Sandra Catalina León, a member of Colectiva Polimorfás and a woman with disabilities, was similarly forced to stay in an unsafe housing situation due to a risk of guardianship if she were to leave her abusive husband. In testimony provided to the authors, Ms. León explained that she was living with her husband when she lost her job after developing a disability due to a stroke. Ms. León’s husband repeatedly subjected her to psychological abuse, accusing her of being a burden and stating that he should have taken the chance of disconnecting her from life support when she was still in the hospital. Her precarious financial situation, as well as her ongoing struggle to prevent her sister

from establishing guardianship over her, prevented her from being able to find alternative and safe housing.⁵⁶

Article 11 of the ICESCR protects the right to an adequate standard of living, including a right to adequate housing. In its General Comment No. 4, this Committee underscored that the right to choose one's residence "constitutes a very important dimension in defining the right to adequate housing."⁵⁷ Denying women under guardianship the ability to choose their residence infringes on this right.

III. Women with disabilities in Colombia encounter barriers to realizing other ESC rights, including sexual and reproductive health (art. 12), education (art. 13), and employment (art. 7)

Colombian women with disabilities—both those under plenary guardianship and those who are not under guardianship—encounter discriminatory barriers to accessing sexual and reproductive health services, education (including sexuality education), and employment, violating fundamental rights protected under the ICESCR.

A. Health, including sexual and reproductive health

Women with disabilities in Colombia are not only at a heightened risk for forced sterilization; they also face routine discrimination in accessing sexual and reproductive health services. Around the world, women and girls with disabilities frequently lack accessible sexual and reproductive health information, goods, and services, resulting in a lack of support for a wide range of sexual and reproductive health issues.⁵⁸ Common barriers include lack of training or awareness-raising among service providers on how to serve people with disabilities,⁵⁹ laws and policies that diminish personal autonomy; failure to consider disability-related accessibility in developing programmes or building service facilities;⁶⁰ communication barriers (including both provider inability to communicate and lack of information available in alternative formats (e.g., Braille, audio, plain and simple language, and sign language interpreters); parents, caregivers, or guardians acting as gatekeepers to SRHR information and services; heightened risk of poverty; and isolation of women and girls with disabilities in institutions.⁶¹ Pervasive harmful stereotypes about young women and girls with disabilities—for instance that they are asexual, cannot become pregnant, or are not capable of parenting—can lead providers to assume they do not need access to SRHR information.⁶²

Through its work providing sexual and reproductive health services to women and girls with disabilities in Colombia, Profamilia has observed the harmful impact that the lack of access to sexual and reproductive health services and lack of accessible sexuality education carries for women with disabilities in Colombia. These harms include higher maternal and perinatal morbidity and mortality, the prevalence of sexually transmitted infections (including HIV), cervical and breast cancer, and sexual violence.⁶³ Bubulina Moreno, the spokeswoman of Colectiva Polimorfis and a woman with a physical disability, described the physical and attitudinal barriers that she encounters when she goes to the doctor for her Pap exams. Ms. Moreno is never assigned to an accessible exam room, and the examination tables are too high

for her to access. Nurses typically ask security guards to lift Ms. Moreno on to the examination table, something that she despises. In addition, doctors are rough with Ms. Moreno's body, such that her Pap exams often result in pain and bleeding. She further notes that "the nurses always ask very intimate questions in front of my mom, disregarding completely my privacy."⁶⁴

In both General Comment No. 14 and General Comment No. 22, the ESCR Committee has emphasized that health services, including sexual and reproductive health services, must be available, accessible, acceptable, and of good quality.⁶⁵ The ESCR Committee has gone on to explain that in order to be acceptable, all SRH services, facilities, goods, and information must be sensitive to disability.⁶⁶ In General Comment No. 22, the ESCR Committee further emphasizes that, in order to meet their obligation to fulfil the right to sexual and reproductive health, States must take steps to eliminate both practical and social barriers to sexual and reproductive health services to ensure that "[s]ocial misconceptions, prejudices and taboos ... do not obstruct an individual's enjoyment of the right to sexual and reproductive health."⁶⁷ In its concluding observations, the ESCR Committee has frequently expressed concern where communities, including persons with disabilities,⁶⁸ lack access to sexual and reproductive health information and services,⁶⁹ and has recommended that States take steps to ensure and enhance access to sexual and reproductive health information, education, and services particularly for different groups of women.⁷⁰

The CRPD Committee recognized that women with disabilities lack access to sexual and reproductive health services in Colombia in their most recent periodic reviews of the State. In 2016, the CRPD Committee expressed concern to Colombia about both "[t]he lack of accessibility in the provision of sexual and reproductive health services" and "[t]he prejudice and negative attitudes of health-care service providers," calling on the government to train health care workers on the rights of persons with disabilities and to take necessary steps to ensure that health care services are accessible to persons with disabilities.⁷¹ Barriers for women with disabilities to access sexual and reproductive health services similarly violates the State's obligations under article 12 of the ICESCR.

B. Education

"After finishing primary school I had to move to the only school close to my house that had high school. They refused to accept me arguing that they did not have adequate infrastructure for children with wheelchairs and that accepting me would be a problem for them. I could not finish high school until I was 34 years old and under my own initiative."

-Luz Bella, member of Colectiva Polimorfis and woman with physical disability.

Colombia still segregates persons with disabilities into "special" educational institutions exclusively for persons with disabilities.⁷² Historically, public and private schools have more stringent requirements for children with intellectual disabilities. For instance, it is not uncommon for schools to require parents to sign liability waivers, hire therapeutic companions, or start guardianship procedures. Where parents are unable to meet these requirements, schools do not accept the child, which in some cases make parents look for segregated education alternatives. Families may also seek out these "special" institutions as they offer medical services and alternative therapies. Asdown Colombia reports that, although the practice of requiring

guardianship procedures is now less common, children with intellectual disabilities who are rejected by regular schools must be placed under guardianship and then sent to “special” institutions run by the Colombian Institute for Family Welfare (ICBF).⁷³

Yet, many of these “special” institutions do not provide appropriate educational services or follow legal subjects and curriculums.⁷⁴ As a consequence, persons with disabilities are often excluded from formal educational spaces from early ages, which affects their professional and economical future and perpetuates the cycle of social exclusion. According to the Colombian National Administrative Department of Statistics, out of a total of 392,084 children and adolescents with disabilities under the age of 18, 119,831—almost one-third—do not attend school.⁷⁵ According to the Minister of Education, during 2015 only 1.96% of children and adults with disabilities had access to public education and 0.86% to private education.⁷⁶ Only 1% of women with disabilities in Bogotá have finished higher education and 91% did not finish high school.⁷⁷

This exclusion from mainstream educational institutions also limits access to sexuality education for children with disabilities. In Colombia, the provision of sexuality education in school is mandatory and must be compulsory for all levels. The General Law of Education (Act 115 of 1993) establishes that sexual education must be “(...) imparted in each case according to the psychic, physical and affective needs of students according to their age.”⁷⁸ However, there are no similar requirements on sexuality education for “special institutions,” and, as a result sexuality education is seldom included in the curriculum at such institutions. Lack of access to sexuality education in turn means that adolescents with disabilities lack the essential knowledge required to protect themselves from sexual abuse, unwanted pregnancy, and sexually transmitted infections (STIs), and to make autonomous, informed decisions about their own health, with attending consequences for their sexual and reproductive health. This bears out in the above-mentioned health risks that Profamilia has observed among women and girls with disabilities in Colombia. Exclusion from mainstream education facilities and comprehensive sexuality education programs may contribute to other harms for women, and especially girls, with disabilities as well. A World Bank study of early pregnancy in Latin America shows that there is significant evidence of the correlations between early motherhood, poorer educational attainment, and worse opportunities in the labor market for women.⁷⁹ Lack of school attendance has been shown to increase the risks of sexual violence and unwanted teenage pregnancies.⁸⁰ Colombian women with disabilities experience heightened rates of sexual violence,⁸¹ and their lack of access to comprehensive sexuality education programs and exclusion from mainstream educational institutions contribute to this problem.⁸²

Article 13 of the ICESCR protects “the right of everyone to education.”⁸³ The CRPD provides additional guidance on what the right to education for persons with disabilities looks like. In particular, Article 24(2) of the CRPD provides that States must ensure that individuals with disabilities are not excluded from the general education system, and that reasonable accommodations and adequate support must be provided to ensure their effective education.⁸⁴ By denying children and adolescents with disabilities access to mainstream educational institutions, and instead segregating them into “special” institutions, Colombia is violating their right to education as protected under article 13 of the ICESCR.

The right to sexuality education falls within the scope of both article 13 (education) and article 12 (health). In its General Comment No. 22, the ESCR Committee emphasized that “States are required to provide age-appropriate, evidence-based, scientifically accurate comprehensive education for all on sexual and reproductive health,”⁸⁵ noting that access to non-discriminatory and non-biased sexuality education is among the core obligations toward the realization of the right to sexual and reproductive health.⁸⁶ In addition, the ESCR Committee frequently recommends that States ensure access to education about sexuality and reproduction⁸⁷ for everyone, in particular adolescents,⁸⁸ both as part of primary and secondary school curricula⁸⁹ and in informal settings.⁹⁰ Indeed, in a few instances, this Committee has recommended that sexuality education be mandatory in schools.⁹¹ The CRPD Committee has additionally expressed concern where persons with disabilities do not have access to sexual and reproductive health education,⁹² and has recommended that age-appropriate and accessible information and education on sexual and reproductive health be made available to all persons with disabilities.⁹³ Former UN Special Rapporteur on the right to education, Victor Muñoz, explained that sexuality education “is especially important in ensuring the enjoyment of women’s right to live free of violence and gender discrimination, given the historically unequal power relations between men and women.”⁹⁴ Colombia’s failure to ensure that comprehensive sexuality education is taught in both formal and informal education settings, including “special” institutions, violates the rights of persons with disabilities to sexuality education, as protected under articles 12 and 13 of the ICESCR.

C. Employment

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As a result of low access to education and consequent barriers in the access to the labor market, only 17% of persons with disabilities are employed in Colombia.⁹⁵ Women with disabilities are disproportionately unemployed, with men with disabilities being employed at twice the rate of women with disabilities.⁹⁶ Colombia’s guardianship law also poses a significant barrier to employment, as employers are reluctant to hire a person under plenary guardianship because the contract could be revoked at any moment by the judge or the guardian, generating potential legal liability for the employer.

Unemployment and underemployment, as well as discrimination in the workforce, carry significant consequences for women with disabilities. There is evidence in other contexts that “when women with disabilities work, they often experience unequal hiring and promotion standards, unequal access to training and retraining, unequal access to credit and other productive resources, unequal pay for equal work and occupational segregation, and they rarely participate in economic decision-making.”⁹⁷ According to research in Colombia, women are more autonomous when they have better access to education and they have higher income.⁹⁸ As a result, these women are less likely to be victims of domestic violence.⁹⁹ Therefore, barriers in the access to education and work can put women with disabilities at a higher risk for domestic violence.

Article 7 of the ICESCR safeguards the right to “the enjoyment of just and favourable conditions of work,” including equal opportunity for promotion.¹⁰⁰ In its recent General Comment No. 23, the ESCR Committee has explained that this obligation includes addressing both direct and indirect obstacles to the realization of this right.¹⁰¹ The barriers that women with disabilities in

Colombia face to securing and retaining employment, as well as the additional obstacles imposed by the fact that Colombia's guardianship law empowers guardians or judges to revoke an employment contract with a person under guardianship at any time, violate the State's obligations under article 7 of the ICESCR .

IV. Conclusions and recommendations

Women with disabilities in Colombia encounter intersectional discrimination the basis of both their gender and their disability that can lead to a denial of legal capacity due to Colombia's guardianship law and lack of access to essential ESC rights. Denial of legal capacity, in turn, leads to an array of ESC rights violations. Accordingly, our organizations urge this Committee to address the rights of women with disabilities in its upcoming review of Colombia's compliance with the ICESCR. In particular, we recommend that the Committee recommend that Colombia:

- Adopt necessary measures that guarantee full legal capacity of women with disabilities in line with Article 12 of the U.N. Convention on the Rights of People with Disabilities. Take all necessary measures to guarantee the necessary and appropriate accommodations so women with disabilities can make their own decisions about their private life in an informed way.
- Repeal article 6 of Act 1412 of 2010 and develop robust legal protections to prohibit sterilizations of women with disabilities without their full and informed consent.
- Eliminate laws, policies, and practices that reinforce harmful stereotypes about women with disabilities, including laws that allow for forced sterilization, forced institutionalization, and a denial of their rights to become parents, retain custody of their children, or decide where to live.
- Ensure that women with disabilities are empowered to give full and informed consent to sexual and reproductive health services generally by guaranteeing both reasonable accommodations and accessible education on their sexual and reproductive rights.
- Ensure that women and girls with disabilities are able to access acceptable and quality sexual and reproductive health services free from discrimination.
- Ensure that women and girls with disabilities have access to regular education and ensure that sexuality education in regular schools is accessible.
- Collect data on guardianship, sterilization, and access to education, work and adequate housing that is disaggregated by, *inter alia*, sex and disability.

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

³ NATIONAL ADMINISTRATIVE DEPARTMENT OF STATISTICS, PROJECTION CLOCK, <http://www.dane.gov.co/reloj/>.

⁴ ALTA CONSEJERÍA PRESIDENCIAL PARA LA EQUIDAD DE LA MUJER, MUJER Y DISCAPACIDAD EN COLOMBIA: BOLETÍN NO. 14 DEL OBSERVATORIO PARA ASUNTOS DE GÉNERO. 10 (2012), available at <http://www.equidadmujer.gov.co/oag/Documents/oag-boletin-14-mujer-y-discapacidad-en-colombia.pdf>.

⁵ See, e.g., ASDOWN COLOMBIA, PAIIS, PROFAMILIA, ET.AL. CAPACIDAD JURÍDICA Y DERECHOS SEXUALES Y REPRODUCTIVOS DE LAS PERSONAS CON DISCAPACIDAD EN COLOMBIA (2014) (This one is the only research into

these issues that makes the full result of the study available online.), *available at* https://paiis.uniandes.edu.co/images/publicaciones/OSI_FINAL_Informe_XI_10_14_ajustado_V4.pdf.

⁶ Committee on the Rights of Persons with Disabilities (CRPD Committee), *Concluding observations: Colombia*, ¶¶ 30-31, U.N. Doc. CRPD/C/COL/CO/1 (2016).

⁷ C.C. (Civil Code), art. 1504. (Colom.) (“People who are deemed absolutely incapable include people with mental disabilities, prepubescent and deaf persons who cannot make themselves understood. Their actions do not result in even natural obligations and are not plausible for bond.”).

⁸ COERCIVE CARE: RIGHTS, LAW AND POLICY 61 (Bernadette McSherry & Ian R. Freckelton eds., 2015).

⁹ L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 21 (Colom.).

¹⁰ L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 50 (Colom.).

¹¹ *Id.*

¹² L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 30 (Colom.).

¹³ CÓDIGO GENERAL DEL PROCESO, art. 210 (Colom.).

¹⁴ L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 88 (Colom.).

¹⁵ The Colombian Institute for Family Welfare (ICBF) is in charge of children and adolescents. It has jurisdiction over adults only when they have “absolute mental disability” (L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 18 (Colom.)), which necessarily means that they must be under plenary guardianship. As a result, programs for adults with disabilities provided by the ICBF necessarily require guardianship. Hogar Gestor (Agent Home) is one of these programs, providing a stipend as well as psychological assesment for adults with disabilities, requiring plenary guardianship to qualify as a recipient.

¹⁶ L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 25.2 (Colom.).

¹⁷ Testimony of Andrea Cortés, on file with authors.

¹⁸ CRPD Committee, *General Comment No. 1: Article 12: Equal recognition before the law* (2014), ¶ 1.

¹⁹ *Id.*, ¶ 15.

²⁰ Committee on Economic, Social, and Cultural Rights (ESCR Committee), *General Comment No. 5: Persons with Disabilities* ¶ 5, U.N. Doc. E/1995/22 (1994).

²¹ Testimony of Andrea Cortés, on file with authors.

²² MINISTRY OF HEALTH. RESPONSE TO FOIA REQUEST MADE BY JUAN SEBASTIÁN JAIME PARDO, REFERENCE 201621000881231, May 12, 2016.

²³ Corte Constitucional [C.C.] [Constitutional Court], febrero 9 de 2012, Sentencia T-063/2012 (Colom.).

²⁴ Corte Constitucional [C.C.] [Constitutional Court], junio 15 de 2016, Sentencia T-303/16 (Colom.).

²⁵ Open Society Foundations, *Against Her Will: Forced and Coerced Sterilization of Women Worldwide 2* (2011) [hereinafter *Against Her Will*].

²⁶ Int’l Fed’n of Gynecology and Obstetrics (FIGO), *Female Contraceptive Sterilization*, 115 INT’L J. OF GYNECOLOGY AND OBSTETRICS 88, 88-89 (2011).

²⁷ *Id.*, at 88.

²⁸ *Id.*

²⁹ *Against Her Will*, *supra* note 25, at 2.

³⁰ ESCR Committee, *General Comment No. 22: the right to sexual and reproductive health*, ¶ 1, U.N. Doc. E/C.12/GC/22 (2016).

³¹ *Id.*, ¶¶ 41, 57.

³² *Id.*, ¶ 57; Committee on the Rights of the Child (CRC Committee), *General Comment No. 9: The rights of children with disabilities*, ¶ 60, U.N. Doc. CRC/C/GC/9 (43rd Sess., 2007); Committee on the Elimination of Discrimination against Women (CEDAW Committee), *General Recommendation No. 24: Article 12 of the Convention (women and health)*, ¶ 22, U.N. Doc. CEDAW/C/GC/24 (1999); Committee Against Torture, *Concluding Observations: Slovakia*, ¶ 14, U.N. Doc. CAT/C/SVK/CO/2 (2009); *A.S. v. Hungary*, CEDAW Comm. No. 4/2004, U.N. Doc. A/61/38, pp. 366-379 (2006).

³³ CRC Committee, *General Comment No. 13: The right of the child to freedom from all forms of violence*, ¶¶ 16, 21, U.N. Doc. CRC/C/GC/13 (2011); Special Rapporteur on violence against women, its causes and consequences, *Rep. of the Special Rapporteur on violence against women, its causes and consequences: violence against women with disabilities*, ¶ 28, U.N. Doc. A/67/227 (Aug. 3, 2012) (by Rashida Manjoo).

³⁴ CRC Committee, *General Comment No. 20: The Implementation of the Rights of the Child during Adolescence*, ¶ 31, U.N. Doc. CRC/C/GC/20 (2016); Juan E. Méndez, Special Rapporteur on Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, *Special Rapporteur on Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, Report to the Human Rights Council*, ¶¶ 48, 88, U.N. Doc. A/HRC/22/53 (Feb. 1, 2013).

- ³⁵ CRPD Committee, *Concluding Observations to: United Arab Emirates*, ¶ 33, U.N. Doc. CRPD/C/ARE/CO/1 (2016); *Italy*, ¶ 63, U.N. Doc. CRPD/C/ITA/CO/1 (2016); *Colombia*, ¶¶ 6 & 46, U.N. Doc. CRPD/C/COL/CO/1 (2016); *Thailand*, ¶ 35, U.N. Doc. CRPD/C/THA/CO/1 (2016); *Slovakia*, ¶ 51, U.N. Doc. CRPD/C/SVK/CO/1 (2016); *Serbia*, ¶ 33, U.N. Doc. CRPD/C/SRB/CO/1 (2016); *Portugal*, ¶ 36, U.N. Doc. CRPD/C/PRT/CO/1 (2016); *Turkmenistan*, ¶ 31, U.N. Doc. CRPD/C/TKM/CO/1 (2015); *Mongolia*, ¶ 28, U.N. Doc. CRPD/C/MNG/CO/1 (2015); *Chile*, ¶ 41, U.N. Doc. CRPD/C/CHL/CO/1 (2016); *Costa Rica*, ¶ 37, U.N. Doc. CRPD/C/CRI/CO/1 (2014); *El Salvador*, ¶ 37, U.N. Doc. CRPD/C/SLV/CO/1 (2013); *China*, ¶ 33, U.N. Doc. CRPD/C/CHN/CO/1 (2012).
- ³⁶ CRPD Committee, *Concluding Observations to: Cook Islands*, ¶ 35, U.N. Doc. CRPD/C/COK/CO/1 (2015); *Mauritius*, ¶ 29, U.N. Doc. CRPD/C/MUS/CO/1 (2015).
- ³⁷ CRPD Committee, *Concluding Observations to: Colombia*, ¶ 30, U.N. Doc. CRPD/C/COL/CO/1 (2016); *Serbia*, ¶ 37, U.N. Doc. CRPD/C/SRB/CO/1 (2016); *Portugal*, ¶ 36, U.N. Doc. CRPD/C/PRT/CO/1 (2016); *Dominican Republic*, ¶ 34, U.N. Doc. CRPD/C/DOM/CO/1 (2015); *Peru*, ¶ 34, U.N. Doc. CRPD/C/PER/CO/1 (2012); *Spain*, ¶ 37, U.N. Doc. CRPD/C/ESP/CO/1 (2011).
- ³⁸ CRPD Committee, *Concluding Observations to: Colombia*, ¶ 46, U.N. Doc. CRPD/C/COL/CO/1 (2016); *New Zealand*, ¶ 37, U.N. Doc. CRPD/C/NZL/CO/1 (2014).
- ³⁹ CRPD Committee, *Concluding Observations: Colombia*, ¶¶ 46-47, U.N. Doc. CRPD/C/COL/CO/1 (2016).
- ⁴⁰ CEDAW Committee, *Concluding Observations: Colombia*, ¶ 30 (e), U.N. Doc. CEDAW/C/COL/CO/7-8.
- ⁴¹ L. 1306/09, JUNIO 5, 2009, DIARIO OFICIAL [D.O], art. 50 (Colom.).
- ⁴² C.C. (Civil Code), art. 1504. (Colom.) (“People who are deemed absolutely incapable include people with mental disabilities, prepubescent and deaf persons who cannot make themselves understood. Their actions do not result in even natural obligations and are not plausible for bond.”).
- ⁴³ See, e.g., ESCR Committee, *General Comment No. 22: the right to sexual and reproductive health*, ¶ 25, U.N. Doc. E/C.12/GC/22 (2016); *Artavia Murillo et. al. v. Costa Rica*, Merits, Reparations, and Costs, Judgement, Inter-Am. Ct. H.R., (ser. C) No. 257, ¶ 296 (Nov. 28, 2012).
- ⁴⁴ CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 46, U.N. Doc. CRPD/C/GC/3 (2016).
- ⁴⁵ Corte Constitucional [C.C.] [Constitutional Court], diciembre 2 de 2015, Sentencia C-741/2015 (Colom.).
- ⁴⁶ *Id.*
- ⁴⁷ L. 1098/06, NOVIEMBRE 8, 2006, DIARIO OFICIAL [D.O] 46,446, art. 68 (Colom.).
- ⁴⁸ Testimony of Sandra Catalina León, on file with authors.
- ⁴⁹ Corte Constitucional [C.C.] [Constitutional Court], septiembre 11 de 2014, Sentencia T-684/2014 (Colom.).
- ⁵⁰ *Id.*
- ⁵¹ CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 46, U.N. Doc. CRPD/C/GC/3 (2016).
- ⁵² ESCR Committee, *General Comment No. 5: Persons with disabilities*, ¶ 30, U.N. Doc. E/1995/22 (1994).
- ⁵³ CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 25, U.N. Doc. CRPD/C/GC/3 (2016).
- ⁵⁴ CEDAW Committee, *Concluding Observations: Czech Republic*, ¶ 41, U.N. Doc. CEDAW/C/CZE/CO/6 (2016).
- ⁵⁵ Corte Constitucional [C.C.] [Constitutional Court], septiembre 11 de 2014, Sentencia T-684/2014 (Colom.).
- ⁵⁶ Testimony of Sandra Catalina León, on file with authors.
- ⁵⁷ ESCR Committee, *General Comment No. 4: The right to adequate housing*, ¶ 9, U.N. Doc. E/1992/23 (1991).
- ⁵⁸ Carolyn Frohmader & Stephanie Ortoleva, *Issues Paper: The Sexual and Reproductive Rights of Women and Girls with Disabilities* 6 (2013), available at http://womenenabled.org/pdfs/issues_paper_srr_women_and_girls_with_disabilities_final.pdf.
- ⁵⁹ J. Maxwell, J. Watts Belser, D. David, *Hesperian Foundation, A Health Handbook for Women with Disabilities 2* (2007), available at: <http://hesperian.org/books-and-resources/#>.
- ⁶⁰ *Id.*
- ⁶¹ Convention on the Rights of Persons with Disabilities, G.A. Res. 61/106, U.N. Doc. A/RES/61/106, para.(e) (Dec. 13, 2006), available at <http://www.unhcr.org/refworld/docid/45f973632.html> [hereinafter CRPD].
- ⁶² See WHO and UNFPA, *Promoting Sexual and Reproductive Health for Persons with Disabilities: WHO/UNFPA Guidance Note 6-7* (2009).
- ⁶³ PROFAMILIA, ASDOWN FUNDAMENTAL COLOMBIA, PAIIS, UNIVERSIDAD DE LOS ANDES, SERVICIOS DE SALUD SEXUAL Y SALUD REPRODUCTIVA: MANUAL PARA PRESTADORES DE SERVICIOS (2014).
- ⁶⁴ Testimony of Bubulina Moreno, on file with authors.

- ⁶⁵ *General Comment No. 14: The right to the highest attainable standard of health*, ¶ 12 (2000), U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I), at 78 (2008); ESCR Committee, *General Comment No. 22: the right to sexual and reproductive health*, ¶¶ 12-21, U.N. Doc. E/C.12/GC/22 (2016).
- ⁶⁶ ESCR Committee, *General Comment No. 22: the right to sexual and reproductive health*, ¶ 20, U.N. Doc. E/C.12/GC/22 (2016).
- ⁶⁷ *Id.*, ¶ 48.
- ⁶⁸ ESCR Committee, *Concluding Observations to: Montenegro*, ¶ 24, U.N. Doc. E/C.12/MNE/CO/1 (2014); *Bosnia and Herzegovina*, ¶ 32, U.N. Doc. E/C.12/BIH/CO/2 (2013).
- ⁶⁹ ESCR Committee, *Concluding Observations to: Azerbaijan*, ¶ 16, U.N. Doc. E/C.12/AZE/CO/3 (2013); *Bosnia and Herzegovina*, ¶ 32, U.N. Doc. E/C.12/BIH/CO/2 (2013); *Israel*, ¶ 19, U.N. Doc. E/C.12/ISR/CO/3 (2011); *Ecuador*, ¶ 30, U.N. Doc. E/C.12/ECU/CO/3 (2012); *Kazakhstan*, ¶ 33, U.N. Doc. E/C.12/KAZ/CO/1 (2010); *Former Yugoslav Republic of Macedonia*, ¶ 26, U.N. Doc. E/C.12/MKD/CO/1 (2008); *Mexico*, ¶ 25, U.N. Doc. E/C.12/MEX/CO/4 (2006); *Montenegro*, ¶ 24, U.N. Doc. E/C.12/MNE/CO/1 (2014); *Nepal*, ¶ 26, U.N. Doc. E/C.12/NPL/CO/2 (2008).
- ⁷⁰ ESCR Committee, *Concluding Observations to: Israel*, ¶ 19, U.N. Doc. E/C.12/ISR/CO/3 (2011); *Netherlands*, ¶ 27, U.N. Doc. E/C.12/NDL/CO/4-5 (2010); *Former Yugoslav Republic of Macedonia*, ¶ 46, U.N. Doc. E/C.12/MKD/CO/1 (2008).
- ⁷¹ CRPD Committee, *Concluding Observations: Colombia*, ¶¶ 56-57, U.N. Doc. CRPD/C/COL/CO/1 (2016).
- ⁷² L. 1098/06, NOVIEMBRE 8, 2006, DIARIO OFICIAL [D.O] 46,446, (Colom.); L. 115/94, FEBRERO 8, 1994, DIARIO OFICIAL [D.O]. (Colom.); L. 361/97, FEBRERO 7, 1997, DIARIO OFICIAL [D.O] 42,978, (Colom.).
- ⁷³ Testimony of Mónica Cortés, director of Asdown Colombia, on file with authors.
- ⁷⁴ MINISTERIO DE EDUCACIÓN, EDUCACIÓN PARA TODOS, ALTABLERO, 2007 <http://www.mineducacion.gov.co/1621/article-141881.html>.
- ⁷⁵ *Id.*
- ⁷⁶ MINISTRY OF EDUCATION, INTEGRATED REGISTRATION SYSTEM FOR 2014 AND 2015.
- ⁷⁷ ALCALDÍA MAYOR DE BOGOTÁ – SECRETARÍA DISTRITAL DE LA MUJER (2014) TERCER ENCUENTRO DISTRITAL DE MUJERES CON DISCAPACIDAD Y CUIDADORES “BUSCANDO LA EQUIDAD Y TRABAJANDO POR LA DIVERSIDAD.”
- ⁷⁸ General Law of Education (Act 115 of 1993).
- ⁷⁹ WORLD BANK, TEEN PREGNANCY AND OPPORTUNITIES IN LATIN AMERICA AND THE CARIBBEAN (2012), available at <http://documents.worldbank.org/curated/en/983641468238477531/pdf/831670WP0SPANIOBox0382076B00PUBLIC0.pdf>.
- ⁸⁰ *Id.*
- ⁸¹ National Institute for Legal Medicine and Forensic Sciences, Forensis, 2016.
- ⁸² WORLD BANK, *supra* note 79.
- ⁸³ International Covenant on Economic, Social and Cultural Rights, art.13, adopted Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 3 (entered into force Jan. 3, 1976) [hereinafter ICESCR].
- ⁸⁴ CRPD, *supra* note 61, art. 24(2).
- ⁸⁵ ESCR Committee, *General Comment No. 22: Sexual and reproductive Rights*, ¶ 47, U.N. Doc. E/C.12/GC/22 (2016).
- ⁸⁶ *Id.*, ¶ 49(f).
- ⁸⁷ See, e.g., ESCR Committee, *Concluding Observations to: Thailand*, ¶ 30, U.N. Doc. E/C.12/THA/CO/1-2 (2015); *Serbia*, ¶ 33, U.N. Doc. E/C.12/SRB/CO/2 (2014); *Armenia*, ¶ 22, U.N. Doc. E/C.12/ARM/CO/2-3 (2014); *Bosnia and Herzegovina*, ¶ 32, U.N. Doc. E/C.12/BIH/CO/2 (2013); *Jamaica*, ¶ 29, U.N. Doc. E/C.12/JAM/CO/3-4 (2013); *New Zealand*, ¶ 28, U.N. Doc. E/C.12/NZL/CO/3 (2012); *Argentina*, ¶ 22, U.N. Doc. E/C.12/ARG/CO/3 (2011); *Israel*, ¶ 19, U.N. Doc. E/C.12/ISR/CO/3 (2011); *Dominican Republic*, ¶ 28, U.N. Doc. E/C.12/DOM/CO/3 (2010); *Angola*, ¶ 37, U.N. Doc. E/C.12/AGO/CO/3 (2008); *India*, ¶ 77, U.N. Doc. E/C.12/IND/CO/5 (2008); *China*, ¶ 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Chile*, ¶ 54, U.N. Doc. E/C.12/1/Add.105 (2004); *Benin*, ¶ 42, U.N. Doc. E/C.12/1/Add.78 (2002); *Bolivia*, ¶ 43, U.N. Doc. E/C.12/1/Add.60 (2001); *Ukraine*, ¶ 31, U.N. Doc. E/C.12/1/Add.65 (2001).
- ⁸⁸ ESCR Committee, *Concluding Observations to: Monaco*, ¶ 21, U.N. Doc. E/C.12/MCO/CO/2-3 (2014); *Tanzania*, ¶ 24, U.N. Doc. E/C.12/TZA/CO/1-3 (2012); *Argentina*, ¶ 22, U.N. Doc. E/C.12/ARG/CO/3 (2011).
- ⁸⁹ ESCR Committee, *Concluding Observations to: Honduras*, ¶ 54, U.N. Doc. E/C.12/HND/CO/2 (2016); *Burkina Faso*, ¶ 47, U.N. Doc. E/C.12/BFA/CO/1 (2016); *Poland*, ¶ 49, U.N. Doc. E/C.12/POL/CO/6 (2016); *Chile*, ¶ 29,

U.N. Doc. E/C.12/CHL/CO/4 (2015); *Guyana*, ¶ 51, U.N. Doc. E/C.12/GUY/CO/2-4 (2015); *Uganda*, ¶ 35, U.N. Doc. E/C.12/UGA/CO/1 (2015); *Romania*, ¶ 22, U.N. Doc. E/C.12/ROU/CO/3-5 (2014); *Slovakia*, ¶ 25, U.N. Doc. E/C.12/SVK/CO/2 (2012); *Tanzania*, ¶ 24, U.N. Doc. E/C.12/TZA/CO/1-3 (2012); *Russian Federation*, ¶ 30, U.N. Doc. E/C.12/RUS/CO/5 (2011); *Sri Lanka*, ¶ 34, U.N. Doc. E/C.12/LKA/CO/2-4 (2010); *Uruguay*, ¶ 24, U.N. Doc. E/C.12/URY/CO/3-4 (2010); *Netherlands*, ¶ 27, U.N. Doc. E/C.12/NDL/CO/4-5 (2010); *Switzerland*, ¶ 20, U.N. Doc. E/C.12/CHE/CO/2-3 (2010); *Kazakhstan*, ¶ 33, U.N. Doc. E/C.12/KAZ/CO/1 (2010); *Poland*, ¶ 31, U.N. Doc. E/C.12/POL/CO/5 (2009); *Korea*, ¶ 31, U.N. Doc. E/C.12/KOR/CO/3 (2009); *Madagascar*, ¶ 30, U.N. Doc. E/C.12/MDG/CO/2 (2009); *Kenya*, ¶ 33, U.N. Doc. E/C.12/KEN/CO/1 (2008); *India*, ¶ 77, U.N. Doc. E/C.12/IND/CO/5 (2008); *Nicaragua*, ¶ 27, U.N. Doc. E/C.12/NIC/CO/4 (2008); *El Salvador*, ¶ 44, U.N. Doc. E/C.12/SLV/CO/2 (2007); *China*, ¶ 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Guatemala*, ¶ 43, U.N. Doc. E/C.12/1/Add.93 (2003); *Senegal*, ¶ 47, U.N. Doc. E/C.12/1/Add.62 (2001).

⁹⁰ ESCR Committee, *Concluding Observations to: Poland*, ¶ 49, U.N. Doc. E/C.12/POL/CO/6 (2016); *Guyana*, ¶ 51, U.N. Doc. E/C.12/GUY/CO/2-4 (2015).

⁹¹ ESCR Committee, *Concluding Observations to: Netherlands*, ¶ 27, U.N. Doc. E/C.12/NDL/CO/4-5 (2010); *Korea*, ¶ 31, U.N. Doc. E/C.12/KOR/CO/3 (2009).

⁹² CRPD Committee, *Concluding Observations: Ethiopia*, ¶ 55, U.N. Doc. CRPD/C/ETH/CO/1 (2016); *Cook Islands*, ¶ 35, U.N. Doc. CRPD/C/COK/CO/1 (2015); *Gabon*, ¶ 54, U.N. Doc. CRPD/C/GAB/CO/1 (2015); *Belgium*, ¶ 34, U.N. Doc. CRPD/C/BEL/CO/1 (2014).

⁹³ CRPD Committee, *Concluding Observations to: Uganda*, ¶ 51, U.N. Doc. CRPD/C/UGA/CO/1 (2016); *Cook Islands*, ¶ 36, U.N. Doc. CRPD/C/COK/CO/1 (2015); *Gabon*, ¶ 55, U.N. Doc. CRPD/C/GAB/CO/1 (2015); *Belgium*, ¶ 35, U.N. Doc. CRPD/C/BEL/CO/1 (2014); *China*, ¶ 66, U.N. Doc. CRPD/C/CHN/CO/1 (2012).

⁹⁴ Vernor Muñoz, *Report of the Special Rapporteur on the right to education: comprehensive sexual education*, ¶ 32, U.N. Doc. A/65/162 (2010).

⁹⁵ Ministry of Education, INTEGRATED REGISTRATION SYSTEM, data current as of December 31, 2015, as cited in the State reply to the List of Issues during the CRPD Committee review, CRPD Committee, *List of issues in relation to the initial report of Colombia: Addendum. Replies of Colombia to the list of issues*, CRPD/C/COL/Q/1/Add.1 at p. 17.

⁹⁶ *Id.*

⁹⁷ Arthur O’Riely, *The Right to Decent Work of Persons With Disabilities*, IFP/Skills Working Paper No. 14, *International Labor Organization* 32 (2013), available at http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_bk_pb_93_en.pdf.

⁹⁸ This study does not include a disability perspective. Ministry of Health. *Violence Against Women in Colombia* 89 (2013), available at <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/INEC/INV/7%20-%20VIOLENCIA%20CONTRA%20LAS%20MUJERES%20EN%20COLOMBIA.pdf>.

⁹⁹ *Id.*

¹⁰⁰ ICESCR, *supra* note 83, art. 7.

¹⁰¹ ESCR Committee, *General Comment No. 23: On the Right to just and favorable conditions of work*, ¶ 32, U.N. Doc. E/C.12/GC/23 (2016).