



Written submission
to the United Nations Committee on the Rights of Persons with Disabilities
for reference to the draft guidelines on addressing multiple and
intersectional forms of discrimination against women and girls with
disabilities

– 2 –

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SUBMITTING ORGANISATIONS

Validity Foundation – Mental Disability Advocacy Centre

Mailing address: 1365 Budapest, Pf. 693, Hungary

Email: validity@validity.ngo; Website: www.validity.ngo

Africa Albinism Network

Address: ZO Spaces Building, New Bagamuyo Road, Dar es Salaam, Tanzania

Email: info@africaalbinismnetwork.org; Website: www.africaalbinismnetwork.org

Pan African Network of Persons with Psychosocial Disabilities

Address: Office 2, Malawi Housing Corporation, Chiwembe, Blantyre, Malawi

Email: info.panppd@gmail.com

Women's Probono Initiative (WPI)

Address: Plot 7, Suuna Road, Ntinda Village 14, Kampala, Uganda

Email: info@womenprobono.org; Website: www.womenprobono.org

Plena Inclusión

Address: Avda. General Perón 32, 1 right. 28021, Madrid, Spain

Email: info@plenainclusion.org; Website: <https://www.plenainclusion.org/>

Mental Health Perspectives (Psichikos sveikatos perspektyvos – PSP)

Address: Vasaros g. 3, Vilnius, Lithuania

Email: vilnius@perspektyvos.org; Website: www.perspektyvos.org

PIC – Legal center for the protection of human rights and the environment

Mailing address: Metelkova 6, 1000 Ljubljana, Slovenia

Email: pic@pic.si; sanja.jablanovic@pic.si; Website: <https://pic.si/>

Inclusion Czech Republic - Společnost pro podporu lidí s mentálním postižením v České republice, z. s.

Address: Karlínské náměstí 12, 186 00 Praha 8, Czechia

Email: camille.latimier@spmpcr.cz; Website: www.spmpcr.cz

Kera Foundation

Address: 2 Hristo Botev Str., Veliko Tarnovo 5000, Bulgaria

Email: kera.foundation@gmail.com; Website: www.kerafoundation.com

Network of Independent Experts – NIE

Address: 20 Serdika Str., fl. 2, Sofia 1000, Bulgaria

Email: nie@nie.expert; Website: www.nie.expert

National Federation of Cooperatives and Social Solidarity - FENACERCI

Address: Rua Augusto Macedo, 2 A 1600-794 Lisboa, Portugal

Email: fenacerci@fenacerci.pt; Website: www.fenacerci.pt

The Alliance of Organisations for Persons with Disabilities of the Republic of Moldova

Address: 40 fl 2., Serghei Lazo str., Chişinău, MD 2004, Republic of Moldova

Email: galina.climov@aopd.md; Website: www.aopd.md

Advocate for Dignity

Under registration, Romania

Email: pascu.elena.georgiana@gmail.com

Partnership for Human Rights

Address: Aleksidze 1, block 2, April 26. 0193 Tbilisi, Georgia.

Email: phr.georgia@gmail.com; Website: www.phr.ge

The Platform for New Opportunities

Address: Nioradze str. 22a, Tbilisi, Georgia

Email: pno.georgia@gmail.com

Alliance of Women with Disabilities

Address: Lermontovi str. 68, Batumi, Georgia.

Email: info@aowd.ge ; Website: www.aowd.ge

INTRODUCTION

1. This written submission aims to provide the UN Committee on the Rights of Persons with Disabilities (*hereinafter*: “CRPD Committee”) with key information on the two specific topics of (1) Groups of women and girls with disabilities facing the greatest risks of multiple and intersectional discrimination, and (2) Areas of life in which women and girls with disabilities exposed to multiple and intersecting forms of discrimination are more excluded from the access and enjoyment of their rights.

SPECIFIC REMARKS

Question 4: Groups of women and girls with disabilities facing the greatest risks of multiple and intersectional discrimination.

2. **Women and girls with disabilities living in rural or remote areas:** Based on Validity’s and WPI’s litigation and legal advocacy work, **across Africa**, women and girls with disabilities living in rural and remote areas tend to face significant challenges due to intersecting forms of discrimination, including gender, disability and geographical marginalisation. They experience more barriers, are excluded from receiving services, particularly in cases involving sexual and gender-based violence and abuse. These barriers are deeply rooted in harmful stereotypes, pervasive discrimination, and systemic exclusion.¹ For rural women and girls with disabilities, access to health services, sexual and reproductive health, social protection, inclusive education, and political participation is deeply constrained due to the high rise of poverty levels and neglect in such areas.² These factors all combined result in limiting the ability of women and girls with disabilities to seek and obtain justice, despite the fact that state parties are obligated to take into account this population and address their needs.³
3. Similar patterns of exclusion can be documented in Europe. For instance, entire rural regions in **Bulgaria** lack accessible support services for women and girls who are victims of gender-based violence. In these areas, survivors often have no access to shelters, psychosocial support, legal assistance or advocacy. Although some donor-funded projects, such as mobile legal aid units, have attempted to reach remote communities, there is no comprehensive national policy to guarantee sustained coverage in rural areas. Official data confirm that, in 2023, 11 regions of the country had no crisis centre at all and 21 had no centre for adult victims of violence. Research carried out in 2024 under the DIS-CONNECTED project confirmed that this structural gap remains unresolved. Consequently, women and girls with disabilities living in rural Bulgaria face compounded discrimination based on gender, disability, and geographical isolation.⁴
4. **Women and girls with intellectual or psychosocial disabilities, including older women, living in institutions:** Institutionalisation is not only a discriminatory practice, contrary to Article 5 of the CRPD, but is a form of violence against persons with disabilities that must be recognised as such by the State Parties.⁵ Women and girls with intellectual and psychosocial disabilities are often locked away in institutions, leaving them at a heightened risk of gender-based violence and harmful practices such as forced contraception, forced

¹ Validity Foundation, Equality Now, The Women’s Probono Initiative, ‘[NGO information submitted to the UN Committee on the Elimination of Discrimination against Women for reference to the draft General Recommendation on Gender Stereotypes](#)’, 2025, paras 16-19, 26 (last accessed 7 October 2025).

² Cf. UN Women, ‘[Mapping of Discrimination against Women and Girls with Disabilities in East & Southern Africa](#)’, Kenya (last accessed 7 October 2025).

³ CRPD Committee, ‘[General Comment No.6 \(2018\) on equality and non-discrimination](#)’, CRPD/C/GC/6, 26 April 2018, para 33. (last accessed 7 October 2025).

⁴ See, e.g. Ministry of Labour and Social Policy, ‘[Crisis Centres in All 28 Regions Planned by the Social Assistance Agency](#)’ (mentioning that as of 2023, 11 regions had no crisis centre and 21 had no centre for adult victims).

⁵ CRPD Committee, ‘[Guidelines on deinstitutionalization, including in emergencies](#)’, CRPD/C/5, 10 October 2022, para 6. (last accessed 7 October 2025).

- abortion, and sterilisation. They are denied the right more often than men with disabilities and more often than other women to exercise their legal capacity, leading to a gendered denial of access to justice, choice, and autonomy.⁶ Our research finding also shows that often, older women are disproportionately represented in institutions. In **Czechia**, they represented 75 % of clients in residential facilities for older persons, and 70 % of clients in ‘special regime facilities’, which predominantly institutionalise older persons.⁷
5. Across much of Africa, the lack of investment in mental health systems continues to leave women and girls with psychosocial disabilities without access to quality, community-based services. While global frameworks emphasise deinstitutionalisation and rights-based approaches, implementation remains limited in African contexts due to resource constraints, policy gaps, and the absence of culturally grounded models. Peer-led support structures are rare, and stigma prevents open dialogue and early intervention. To ensure no one is left behind, it is critical that States and international actors prioritise African-led solutions, fund grassroots initiatives, and meaningfully include African voices in shaping global mental health policy.
 6. The case of *the Women’s Probono Initiative (WPI) & CG v Attorney General & Others* is a landmark case WPI and Validity are currently litigating on in **Uganda**,⁸ that touches on how women with psychosocial disabilities who have been institutionalised, experience gender-based violence, with law enforcement doubting their credibility, dismissing their experience as less and not deserving of legal redress, therefore violating their right to access to justice.
 7. While the matter is pending at the Court of Appeal, C.G. points out that, *“Instead of ensuring my protection and access to justice, the hospital authorities dismissed my testimony, claiming that because of my diagnosis of bipolar mood disorder I was fabricating the incident or experiencing hallucinations. Despite medical evidence of harm, including a urinary tract infection and the need for HIV and pregnancy testing, my testimony was systematically discredited on the basis of my disability. This experience illustrates how women with psychosocial disabilities face compounded discrimination: we are not only exposed to heightened risks of gender-based and sexual violence in institutions, but are also routinely denied credibility, dignity, and access to justice on the basis of disability.”*
 8. Women and girls with disabilities who have experienced gender-based violence in the community, often do not receive adequate community-based support, as services for survivors of gender-based violence are inaccessible to them. Instead, they are placed in institutions and under guardianship leading to further victimisation and violation of their rights to legal capacity and liberty, amongst others.
 9. In **Bulgaria**, for example, Article 36d of the Child Protection Act permits the placement of child victims of violence, including those of gender-based violence, in residential social services as a “protective” measure. Although this is intended to safeguard children, it often results in “double victimisation” – first through the violence and then through institutionalisation – which has particularly harmful effects for children, including girls with disabilities. The Committee should therefore urge States parties to ensure that community-based, gender-, age- and disability-sensitive support becomes the primary response to violence, while eliminating institutionalisation as a systemic measure.
 10. **Women with albinism:** Albinism is a condition that can affect individuals and their families medically, socially, and psychologically. For some, the social and psychological issues may be more of a burden than the actual medical complaints.⁹ Women with albinism

⁶ Ibid., para 42.

⁷ Anna Hofschneiderová, Maroš Matiaško, ‘[Institutionalisation, Disability and Ageing: Institutional care for older persons with disabilities in the Czech Republic](#)’, Forum for Human Rights and Validity Foundation, 2021, p.1. (last accessed 7 October 2025). For a definition of ‘special regime facilities’, see pp V-VI of the report.

⁸ *The Women’s Probono Initiative (WPI) & CG v Attorney General & Others* (last accessed 7 October 2025).

⁹ See, for example, Esther S Hong, Hajo Zeeb & Michael H Repacholi, ‘[Albinism in Africa as a public health issue](#)’, *BMC Public Health* 6, 212 (2006) (last accessed 7 October 2025).

often face intersecting and multiple forms of discrimination, both gender-based as well as due to their identity as people with albinism.¹⁰ They are often targets of sexual violence. This is frequently due to fetishes, myths and misbeliefs that result in rape and sexual assaults. In some countries, it is also due to the prevalent myths that sexual intercourse with women with albinism can cure AIDS¹¹ and can confer good luck. Their right to sexual and reproductive health is often denied due to stigma and harmful practices relating to so-called witchcraft, a phenomenon that has led to attacks against,¹² ritual killings, and ritual rape of women with albinism.

11. Women and girls with albinism face multiple, intersecting risks that differ from those of other women with disabilities. These include:

- **Heightened medical risk:** Increased lifetime risk of sun-related skin damage and skin cancers if protective measures are unavailable; combined visual impairment that affects learning and mobility.
- **Barriers to health care:** Limited access to affordable, continuous dermatological and ophthalmic care; lack of provision or subsidy for high-SPF sunscreen and protective clothing.
- **Gender-based violence amplified by harmful beliefs:** In some contexts, myths or beliefs about albinism contribute to fetishisation, sexual assault, ritualistic attacks, and forced or coerced sexual relations, with women and adolescent girls frequently targeted.
- **Educational and economic exclusion:** Visual impairment and lack of protective environments (no shaded classrooms, inability to attend in hottest hours) reduces school attendance and employment opportunities; appearance-based stigma and discrimination limit hiring and promotion.
- **Intersecting vulnerabilities:** Adolescent girls with albinism, rural women with albinism, women with albinism who belong to ethnic minorities or who have psychosocial disabilities, and institutionalised women are at particular risk.

States should therefore adopt targeted prevention and protection measures, including guaranteed access to sunscreen and UV-protective clothing, school and workplace shade and timetable adaptations, accessible eye care and learning materials, and specialist GBV response pathways for survivors with albinism.

12. **Women and girls with intellectual or psychosocial disabilities belonging to ethnic minorities:** The experiences of the submitting organisations are that in Central and Eastern Europe, discrimination affects women and girls with psychosocial and intellectual disabilities even more severely if they belong to an ethnic minority, especially the Roma community. Roma children are institutionalised at a high rate, a pattern documented in multiple reports and studies.¹³ This affects both Roma children with and without disabilities. Once placed in institutions – often under the guise of “protective” measures – these children face additional risks of neglect, abuse, and violations of their rights. This systemic practice reflects multiple and intersectional discrimination at the intersection of ethnicity, disability, age and socioeconomic status, with long-term consequences for Roma children with disabilities as they grow into adulthood.
13. **Trans and intersex women with disabilities:** Trans and intersex women (and other LBTQIA+ women) face disproportionately high mental health challenges compared to the

¹⁰ UN Independent Expert on the enjoyment of human rights by people with albinism, ‘[Report on Women and Children impacted by albinism](#)’, A/HRC/43/42, 24 December 2019 (last accessed 7 October 2025).

¹¹ African Court of Human and People’s Rights, ‘[Centre for Human Rights and Others v United Republic of Tanzania](#)’ (Application No. 019/2018, Judgment of 5 February 2025) (last accessed 7 October 2025).

¹² See, CRPD Committee, ‘[Z v. United Republic of Tanzania](#)’ (Communication No. 24/2014, Decision of 19 September 19), CRPD/C/22/D/24/2014, 15 October 2019 (last accessed 7 October 2025).

¹³ See, Disability Rights International, ‘[A Dead End for Children: Bulgaria’s Group Homes](#)’, 2019; European Roma Rights Centre, ‘[Blighted Lives: Romani Children in State Care](#)’, 2021; ERRC, ‘[Forgotten Futures: Romani Children in State Care in Bulgaria](#)’, 2024; Network of Independent Experts- NIE, ‘[FURI – Bulgaria Report: Fundamental Rights in EU Funds](#)’, 2024, pp. 37-38 (last accessed 7 October 2025).

general population.¹⁴ They encounter intersecting forms of minority stress, stigma, discrimination, and violence, as well as an elevated risk of experiencing multiple overlapping forms of discrimination. Rates of violence against them are particularly high, including being victims of homicide, with trans women among those most at risk.¹⁵ Addressing these inequities requires rights-based approaches, inclusive policies, supportive and affirming social environments, access to gender-affirmative mental health care, and continued research into both minority stressors and protective factors.

Question 6: Areas of life in which women and girls with disabilities exposed to multiple and intersecting forms of discrimination are more excluded from the access and enjoyment of their rights.

14. **Reproductive rights:** The CRPD Committee has already explained that the barriers women with disabilities face when they seek to enjoy sexual and reproductive health and rights include a series of human rights violations.¹⁶ They are often denied sexual and reproductive health rights based on the assumption that they lack the capacity to make informed decisions about their bodies, which goes against Article 12 of the CRPD. These misconceptions perpetuate exclusion and justify coercive practices, including forced sterilisation¹⁷ and forced use of contraceptives on the basis of disability.¹⁸
15. According to our research findings, women with disabilities face intersectional discrimination through forced sterilisation and contraception practices that target them specifically because they are women and have disabilities.¹⁹ These practices reflect both eugenic attitudes towards disability and decision-making capacity, as well as gendered assumptions about parenthood and sexuality.
16. Women with disabilities who are institutionalised are at a heightened risk of having their decision-making removed in the field of reproductive rights. The power dynamics resulting from institutionalisation, where the male employees are figures of authority, coupled with the lack of any form of monitoring system for such places of detention result in the impossibility of filing any complaints and exposing the acts of sexual abuse. At the same time, with the aim of concealing those crimes, persons with disabilities are forcibly sterilised. If the abuse has resulted in pregnancies, persons with disabilities are often not entitled to decide on the continuation of the pregnancies and forced abortions are carried out. This fact pattern existed in the case of *G.M. and others v Moldova*,²⁰ where Validity submitted a third-party intervention. Here, the applicants had been raped by a doctor in a psychiatric hospital and subsequently forced by the staff to abort or take birth control. The European Court of Human Rights (the “ECtHR”) highlighted that this conduct constituted inhuman treatment prohibited by Article 3 of the European Convention on Human Rights. The ECtHR also noted the intersectional elements of the case in light of the victims’ disability, gender, and institutionalisation. Intersectional discrimination exacerbated the position of inferiority and powerlessness experienced by persons confined to a psychiatric hospital.

¹⁴ Mattia Marchi et al. [Mental Health in Sexual and Gender Minority Populations: A Systematic Review of Systematic Reviews with Narrative Synthesis and a Network Meta-Analysis of Suicide Attempts](#). *International Journal of Social Psychiatry*, 2025 (last accessed 7 October 2025).

¹⁵ See, ‘[Trans Murder Monitoring Update](#)’, 2024; TGEU, ‘[Will the cycle of violence ever end?](#)’, 2024 (last accessed 7 October 2025).

¹⁶ CRPD Committee, ‘[General comment No 3 \(2016\) Article 6: Women and Girls with Disabilities](#)’, CRPD/C/GC/3, 25 November 2016, paras 38–46. (last accessed 7 October 2025).

¹⁷ UN Special Rapporteur on the Rights of Persons with Disabilities, ‘[A/73/161 Report](#)’, 16 July 2018, para 40. (last accessed 7 October 2025).

¹⁸ ‘[NGO information submitted to the CEDAW Committee](#)’ (supra at fn. 1), paras 28–31.

¹⁹ Sarah Rocha, ‘[Ending Violence, Ensuring Inclusion: Strengthening Protections Against Gender- and Disability-Based Violence](#)’, Validity Foundation and others, 2025 (last accessed 7 October 2025).

²⁰ European Court of Human Rights, *G.M. and others v Moldova* (Application No 44394/15, judgment of 22 November 2011) (last accessed 7 October 2025).

17. **Sexual and gender-based violence:** It has been widely established that women with disabilities are twice as likely to experience domestic violence and other forms of sexual violence as women without disabilities.²¹ The risk is further compounded for persons with intellectual disabilities, with a multiplier of 10.²² Women and girls with disabilities face violence at rates two to five times higher than those reported by women without disabilities.²³ Moreover, women with disabilities can be highly dependent on their abusers for everyday personal support, which can increase their vulnerability and also expose them to violence specifically targeting their disability.²⁴
18. The sexuality of women with disabilities is often ignored and overlooked and they are not given information or education about sexual health issues, which puts them at a greater risk of sexual and gender-based violence.
19. Through the DIS-CONNECTED project,²⁵ we have found that women and girls with disabilities face specific forms of violence that reflect their intersectional identity. They experience both disability-based violence (such as withholding of medication, chemical restraint, denial of mobility aids) and gender-based violence (such as sexual assault and coercive control), often simultaneously and in conjunction with removals of their legal capacity – contrary to Article 12 of the CRPD. Institutional environments often reinforce such discrimination, with girls and young women with disabilities being subjected to highly restrictive and abusive regimes of control.²⁶ However, legal frameworks are not structured in such a way as to be capable of identifying and addressing these forms of compound harm.
20. The DIS-CONNECTED project findings revealed that in **Bulgaria**, disability is used as a means of control to keep women with disabilities, including mothers, in environments of domestic violence. This is achieved through legal proceedings initiated by the perpetrator (often the husband or father of the children) to enforce compulsory psychiatric placement and treatment or placement under guardianship, and threats that the mother will lose her parental rights due to her disability.²⁷
21. Sexual and gender-based violence against women with psychosocial disabilities in **Uganda** remains a deeply entrenched and inadequately addressed human rights violation. 15% of women in Uganda live with disabilities as opposed to 10% of men. Women are also disproportionately affected by violence, with over 58% of women reporting suffering violence,²⁸ where they have a disability. Such women find it even harder to access justice.
22. Validity is currently supporting four women with psychosocial disabilities in three strategic litigation cases in Uganda, in partnership with WPI, aimed at addressing violations of their rights to health and access to supportive community services, upon experiencing sexual violence, which often resulted in pregnancy. These cases highlight how gender and psychosocial disability made the victims more vulnerable to sexual violence and why state

²¹ Stephanie Ortoleva, Hope Lewis, '[Forgotten Sisters – A Report on Violence against Women with Disabilities: An Overview of its Nature, Scope, Cause and Consequences](#)', Northeastern University School of Law, 2012. (last accessed 7 October 2025).

²² Karen Hughes et al., '[Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies](#)', The Lancet, Volume 379, Issue 9826, 1621 - 1629, 2012. (last accessed 7 October 2025).

²³ Ugnė Grigaitė, '[Responses to the Mental Health Care Needs of Survivors of Intimate Partner Violence by Mental Health Services in Lithuania and Portugal](#)', 2025 (last accessed 7 October 2025).

²⁴ Ugnė Grigaitė et al., '[Experiences of Women with Disabilities in Lithuania when their Gender, Disability, Domestic Violence, and Mental Health Services Intertwine](#)', *Disability and Health Journal*, 2025 (last accessed 7 October 2025).

²⁵ See, '[Disability-based Connected Facilities and Programmes for Prevention of Violence against Women and Children](#)' (101049690 - DIS-CONNECTED) (last accessed 7 October 2025).

²⁶ Sarah Woodin, '[The CHARM Toolkit Piloted Findings from Monitoring Visits: Bulgaria, Czech Republic, Hungary and United Kingdom, Final Report](#)', Mental Disability Advocacy Centre and others, 2017 (last accessed 7 October 2025).

²⁷ DIS-CONNECTED, '[National Findings Report: BULGARIA](#)', Kera Foundation, 2024, p. 57. (last accessed 7 October 2025).

²⁸ UNFPA, '[Disability inclusion in Uganda: What you need to know](#)', 2021 (last accessed 7 October 2025).

- institutions failed to respond appropriately. This reflects gender and disability-based discrimination and reveals a systemic pattern of neglect and exclusion.
23. Concerning **Moldova**, the European Court of Human Rights developed its reasoning on intersectionality and the power imbalances connected to disability and gender in the recent case of *I.C. v The Republic of Moldova*.²⁹ Here the Court stressed that domestic authorities have positive obligations to investigate allegations of rape against a woman with a disability, who was placed in a very vulnerable situation, and that such an investigation should offer procedural guarantees to offset the power imbalances.³⁰
 24. The findings of the Response project³¹ in **Spain** confirmed the prevalence of gender-based violence against women with disabilities. Many women with disabilities remain silent under the weight of trauma, or do not speak out until some time has passed. Of those who did speak out, many reported negative feelings about the way they were supported following the assaults. They report humiliation, pain and fear, for example. Some are not believed by their social circle when they share what they have experienced. There is often no follow-up or adequate support when a person reports an assault, even when the incident is reported to the police. There is also a lack of information and means of action: none of the ten women with disabilities who participated in the Response project, mentioned the 112-emergency telephone number.
 25. There is no specific, sufficiently focused or detailed strategy in **Slovenia** for preventing all forms of violence against persons with disabilities, especially women with disabilities. Similarly, there is a general lack of strategy for protection against domestic and gender-based violence, and consequently, there are no appropriate early warning mechanisms in place to identify and report the risks of violence. The state does not provide easily accessible information on preventing violence, including in easy-to-read format.³²
 26. **Respect for home and family**: The right to family life for women and girls with psychosocial disabilities is frequently undermined by discriminatory assumptions about their capacity to parent, often resulting in forced separation from their children instead of supporting them.
 27. In an ongoing case of Validity in **Uganda**, a young woman with a psychosocial disability was separated from her children based on perceived incapacity, without being offered any community-based support, psychosocial assistance, or accessible information on parenting or reproductive health. Despite being a survivor of sexual violence and a mother of three, she has never received any counselling, mental health care, or support services on how to care for her children. Instead of being supported to thrive as a parent, she was subjected to punitive state action that effectively stripped her of her right to family life.
 28. Validity is currently engaged in litigation in **Hungary** on behalf of a woman with disabilities whose right to marry is solely denied on account of her disability. In this case, the woman has already been living for many years with a man whom she wants to marry; however, given that she has been deprived of her legal capacity she is not able to consent to marriage. In these types of cases, the legal systems fail to put in place CRPD-compliant supported decision-making possibilities to enable women with disabilities to exercise their rights on an equal footing with others.
 29. According to Plena Inclusión's research in **Spain**, 'We can also be Mothers',³³ many women with intellectual disabilities are afraid of pregnancy and childbirth due to a lack of information and support and they have not received adequate sex education. Health and

²⁹ European Court of Human Rights, *I.C. v The Republic of Moldova* (Application No 36436/22, judgment of 27 February 2025).

³⁰ Ibid., paras 196-203.

³¹ See, <https://www.plenainclusion.org/conocenos/proyectos/ficha/proyecto-response/> (last accessed 7 October 2025).

³² 'Special report of the Advocate of the principle of equality of the Republic of Slovenia 2024' p. 163. (last accessed 7 October 2025).

³³ See, https://www.plenainclusion.org/wp-content/uploads/2025/07/ESTUDIO-maternidad_-Plena-inclusion-Ok.pdf (last accessed 7 October 2025).

maternity support services are not adapted to their needs, making it difficult for them to access information and resources. For example, none of the mothers with intellectual disabilities reported receiving disability-specific support with regard to pregnancy, childbirth and breastfeeding. Support is also essential because the absence of a partner during parenting is common for this group. Despite this, these women express pride in being mothers and in overcoming any obstacles.

30. Women with intellectual disabilities face a social system that perpetuates prejudices and stereotypes, constantly questioning their ability to care for their children and fulfil the role of good mothers. This stigma is exacerbated by a lack of employment opportunities for women with intellectual disabilities. Furthermore, they are often treated as if they were still little girls. The lack of role models of mothers with intellectual disabilities perpetuates the stigma. In the absence of positive examples of motherhood among women with intellectual disabilities, the idea that it is impossible to be a mother is reinforced. However, the women with intellectual disabilities who participated in this study had no doubts about their ability to care for their children or their status as 'good mothers', emphasising the importance and necessity of adequate support for successfully caring for their offspring.
31. **Access to justice:** According to the Guideline on Principle 3 of the International Principles and Guidelines on Access to Justice for Persons with Disabilities, “to avoid discrimination and guarantee the effective and equal participation of persons with disabilities in all legal proceedings, States shall provide gender and age-appropriate individualized procedural accommodations for persons with disabilities.”³⁴
32. When cases are reported, complaints from women and girls with disabilities may be dismissed due to discriminatory, stereotype-based laws and practices. For example, in many jurisdictions worldwide, women and girls with disabilities are often presumed to be incapable of providing reliable testimony.³⁵ This harmful assumption frequently leads to the wrongful dismissal of their statements, inadequate investigations into the abuses they endure, and unwarranted acquittals of perpetrators.
33. Even when cases proceed, discriminatory practices and lack of gender-, disability-, and age-sensitive protocols often result in re-traumatisation of survivors, loss of evidence and high attrition rates. This was evident in the exemplary case *The Women’s Probono Initiative (WPI) & CG v Attorney General & Others* whereby the High Court of **Uganda** found that the applicants had not adduced enough evidence to support their claim.³⁶ Furthermore, the said judgment reflects deeply entrenched gender biases and harmful stereotypes that undermine the lived realities of women with psychosocial disabilities who experience gender-based violence. The language and reasoning used in the judgment suggest a lack of awareness about the intersecting forms of discrimination faced by women with psychosocial disabilities. Instead of recognising the heightened vulnerability of these women to violence and exploitation, the judgment appears to reinforce patriarchal narratives that cast doubt on their credibility, dismissing their experiences as less deserving of legal redress.³⁷
34. In *I.C. v The Republic of Moldova* (mentioned above), the **Moldovan** law enforcement authorities questioned the credibility of I.C.’s testimony on the ground of her disability. The authorities mentioned her disability and isolation to justify the acquittal of the perpetrator. The questioning by law enforcement reinforced stereotypes against women with disabilities and revictimised I.C. In finding that I.C. had been discriminated on the ground of gender and disability, the European Court of Human Rights condemned the

³⁴ Special Rapporteur on the rights of persons with disabilities: ‘[International Principles and Guidelines on Access to Justice for Persons with Disabilities](#)’, Geneva, 2020 Guideline on Principle 3. (last accessed 7 October 2025).

³⁵ See, for example, ‘[Enabling inclusion and access to justice for defendants with intellectual and psychosocial disabilities](#)’ Project (ENABLE) and [ENABLE Model Benchbook on the Rights of Persons with Disabilities in Criminal Proceedings](#) (last accessed 7 October 2025).

³⁶ See also paras 5 and 6 of this submission. The judgment was dated and delivered on 19 January 2024.

³⁷ Cf. ‘[NGO information submitted to the CEDAW Committee](#)’ (supra at fn. 1), paras 13-19.

- government for failure to offer procedural accommodations, for relying on stereotypes and for exposing her to secondary victimisation.
35. **Equality before the law:** The right to legal capacity is an important and cross-cutting issue that affects women and girls with disabilities in several aspects including the right to marry, the right to found a family and be a parent, the right to own or inherit property, to control their own financial affairs and to have equal access to bank loans, right to liberty and security of person, the right to live independently and be included in the community.
36. Concerning the placement of women with disabilities under guardianship-type regimes, General Comment No.1 of the CRPD Committee highlights that “certain jurisdictions also have higher rates of imposing substitute decision-makers on women than on men. Therefore, it is particularly important to reaffirm that the legal capacity of women with disabilities should be recognised on an equal basis with others.”³⁸
37. **Participation in political and public life:** We would like to highlight some of the most recent, gender-related concerns of the CRPD Committee from this field:
- The low level of participation of persons with disabilities, including women with disabilities, in the political life, including in high-level decision-making positions³⁹
 - The lack of measures to ensure the effective representation of persons with disabilities, including women with disabilities, in political and public decision-making positions at the federal, regional, community and municipal levels.⁴⁰
38. Despite legal protections against discrimination and formal commitments to gender equality, women with disabilities in **Slovenia** continue to be significantly under-represented in leadership and decision-making structures. Existing data shows that while women as a group are making gains in leadership in the public sector, senior positions, and supervisory boards, these gains largely omit or fail to include women with disabilities. Further, even leadership structures in disability organisations are largely dominated by men with disabilities, as only 3 organisations out of 24 are led by a woman with disability.⁴¹
39. **Inclusive education:** Education plays a vital role in combating traditional notions of gender that perpetuate patriarchal and paternalistic societal frameworks.⁴²
40. Stereotypes about the perceived ‘ineducability’ of women and girls with disabilities limit their access to education, leading to lifelong exclusion. Intersectional discrimination and exclusion pose significant barriers to the realisation of the right to education for women and girls with disabilities.⁴³
41. The CRPD Committee has addressed the need for measures to be put in place to raise awareness and challenge stereotypes, prejudices and harmful practices relating to persons with disabilities, targeting in particular practices affecting women and girls with disabilities (...). Stereotypes, prejudices and harmful practices constitute barriers that impede both access and effective learning within the education system.⁴⁴

³⁸ CRPD Committee, ‘[General Comment No. 1 \(2014\) Article 12: Equal recognition before the law](#)’, CRPD/C/GC/1, 19 May 2014, para 35. (last accessed 7 October 2025).

³⁹ CRPD Committee, ‘[Concluding observations on the initial report of Belarus](#)’, CRPD/C/BLR/CO/1, 26 September 2024, para 57 (a) (last accessed 7 October 2025).

⁴⁰ CRPD Committee, ‘[Concluding observations on the combined second and third periodic reports of Belgium](#)’, CRPD/C/BEL/CO/2-3, 30 September 2024, para 60 (d) (last accessed 7 October 2025).

⁴¹ See, <https://www.rtvsllo.si/dostopno/polozej-zensk-z-invalidnostjo-v-druzbi/700869> (last accessed 7 October 2025).

⁴² Cf. Committee on the Elimination of Discrimination against Women, ‘[General recommendation No. 36 \(2017\) on the right of girls and women to education](#)’, CEDAW/C/GC/36, 27 November 2017, para 51. (last accessed 7 October 2025).

⁴³ CRPD Committee, ‘[General Comment No.4 \(2016\) on the right to inclusive education](#)’, CRPD/C/GC/4, 25 November 2016, para 46. (last accessed 7 October 2025).

⁴⁴ Ibid. Para 48.