



Pan African Network for Persons with Psychosocial Disabilities (PANPPD)



**Written Submission to the  
United Nations Committee on the Rights of Persons with Disabilities**

**for reference to the Draft Guidelines on Identifying and Addressing Intersectional  
Discrimination against Women and Girls with Disabilities**

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## I. INTRODUCTION

1. This written submission aims to provide the United Nations Committee on the Rights of Persons with Disabilities (hereinafter “CRPD Committee”) with a contribution on the draft Guidelines on Intersectionality on the implementation of the United Nations Convention on the Rights of Persons with Disabilities (hereinafter “CRPD Convention”), with respect to intersectional discrimination against women and girls with disabilities.

## II. GENERAL REMARK

2. We welcome the CRPD’s Committee’s development of these draft Guidelines as a critical advancement in addressing the multiple and intersectional forms of discrimination experienced by women and girls with disabilities. The Guidelines offer practical guidance to state parties and other duty bearers to fulfil their obligations under the Convention, close persistent implementation gaps, and ensure the full and effective realisation of the rights of women and girls with disabilities.

## III. SPECIFIC COMMENTS

3. In the following section, we aim to provide specific textual proposals for the consideration of the Committee.
4. Paragraph 2 - proposed additional text:

*The Committee further notes that such backlash disproportionately affects persons at the intersection of multiple and compounded forms of discrimination, including persons with disabilities—particularly those with psychosocial and intellectual disabilities—who continue to face legal and social barriers to the exercise of legal capacity, forced institutionalisation, and heightened exposure to violence, coercion and abuse, including in healthcare and care settings. These intersecting forms of discrimination undermine equal recognition before the law, bodily autonomy, and access to justice and remedies.*

### Rationale:

5. The submitting organisations are guided by the work they undertake whereby intersectionality requires naming those that have been systematically excluded from gender equality.
6. Proposed additional paragraph before paragraph 5:

*States parties must address multiple and intersectional discrimination against persons with disabilities. Multiple discrimination occurs when discrimination is based on two or several grounds, resulting in compounded or aggravated disadvantages. It arises where different forms of discrimination combine and intensify exclusion. Intersectional discrimination: occurs when two or several grounds of discrimination interact simultaneously in such a way that the resulting discrimination cannot be separated into*

*individual grounds. This creates a unique and compounded form of disadvantage and discrimination.*<sup>1</sup>

Rationale:

7. In paragraph 5 the Guidelines mention multiple and intersecting discrimination generally, the submitting organisations see the need for distinguishing the two because intersectional discrimination is distinct from multiple discrimination in that it involves the interaction of grounds in ways that create unique and compounded forms of disadvantage, requiring tailored legal recognition and response.

8. Proposed additional text under paragraph 7:

...requiring States parties to address structural and compounded discrimination in law and in practice and allowing the interpretation of discrimination as arising from the interaction of multiple protected characteristics. *The Committee therefore calls on States parties to move beyond formal recognition of multiple grounds of discrimination and to adopt substantive, intersectional frameworks in law, policy and practice, including in the design of remedies and accountability mechanisms, in order to capture the nature, scope and impact of violations and to ensure effective protection and redress.* This approach is also reflected in the jurisprudence of regional human rights mechanisms...

Rationale:

9. This addition is directly built on our suggested additional paragraph before paragraph 5.

10. In paragraph 20, proposed additional text to include:

... Anti-discrimination frameworks should recognize the diversity of women with disabilities, paying particular attention to the most marginalized such as women who are deafblind and women *and girls* with intellectual and/or psychosocial disabilities, *older women, and women and girls with albinism.*

Rationale:

11. This addition focuses a) specifically on age by recommending the inclusion of *girls and older women* with intellectual and/or psychosocial disabilities, and b) on women and girls with albinism who face serious marginalisation in societies.

12. In paragraph 30, proposed additional text to include:

Submissions further underscore that women and girls with albinism face intersecting forms of discrimination on the basis of gender and disability, often compounded by other factors such as *age, color, health status, rural location*, race, ethnicity, and socio-economic status. These forms of discrimination are shaped by harmful cultural

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<sup>1</sup> CRPD Committee, General Comment No. 6, para. 19; UN Human Rights Council, Report of the Office of the High Commissioner for Human Rights on Multiple and Compounded Forms of Discrimination against Women, A/HRC/26/39, 2014, paras. 9–12.

practices, entrenched stereotypes, stigma, and misinformation. Such deeply rooted beliefs contribute to their social exclusion and heightened vulnerability to violence and abuse. Testimonies document cases of ritual killings and mutilations, as well as abductions, trafficking, and attacks targeting body parts for so-called “witchcraft” purposes. Women and girls with albinism are also exposed to sexual and gender-based violence, including harassment and exploitation, alongside discrimination in access to education, healthcare, and employment, *and denial of the right to marry*.

Rationale:

13. We suggest explicitly adding additional significant protected grounds to the list used in this paragraph since women and girls with albinism experience disability-related discrimination linked to age, color, health status, rural location, too. Women with albinism are often denied the right to marriage or family life due to myths, and exclusion from services.
14. Proposed additional paragraph after paragraph 30:

*States parties should recognize that discrimination against women and girls with albinism is not limited to ritual attacks, abductions and mutilations. It also includes denial of reasonable accommodation, limited access to skin cancer prevention and treatment, exclusion from education and employment, sexual and gender-based violence linked to harmful myths, family and community rejection, and barriers to justice. States parties should respond through public education, community-based protection, prompt investigation and prosecution, legal aid, psychosocial support, reparations, and accessible health, education and social protection services.*

Rationale:

15. Paragraph 30 rightly recognises ritual killings, mutilations, abductions, trafficking and attacks against women and girls with albinism. However, their experience of intersectional discrimination is broader and includes health, education, employment, family life, access to justice and social participation. The Guidelines should therefore encourage States parties to adopt a holistic response that addresses both violence and the structural conditions that expose women and girls with albinism to discrimination.
16. Paragraph 34 – proposed additional text:

Intersectional discrimination significantly restricts access to justice for women and girls with disabilities. Barriers include denial of legal capacity; lack of procedural and reasonable accommodation; inaccessible judicial procedures and information; absence of sign language, interpretation, *intermediaries, and accessible information including information in easy-to-read format*.

Rationale:

17. The submitting organisations suggest explicitly including intermediaries (a trained professional who facilitates communication between the persons with disabilities and the court in order to allow them to participate effectively) as a distinct form of

communication aid, functioning alongside interpreters to support persons with disabilities with diverse communication needs.<sup>2</sup>

18. While the Committee has listed barriers to also include information, the submitting organisations emphasis that accessibility of information must include the provision of information in Easy-to-Read formats, as part of States parties' obligations to ensure equal access to information and participation for all persons.
19. The submitting organisations consider this to be particularly essential for women and girls with intellectual disabilities, who continue to face significant barriers in accessing, understanding and using information presented in standard or overly complex formats. The absence of accessible information effectively excludes them from exercising their rights on an equal basis with others, including access to justice. Ensuring information is in Easy-to-Read formats is therefore not merely a matter of accessibility, but a prerequisite for the exercise of legal capacity. Without such measures, women and girls with intellectual disabilities are disproportionately exposed to substitute decision-making and abuse, particularly in institutional and healthcare settings.
20. Proposed additional paragraph after paragraph 34:

*Access to justice barriers are particularly acute for women and girls with albinism who experience attacks, sexual violence, trafficking, harmful practices or family and community-based violence. These barriers may include failure by police and justice actors to treat cases as serious human rights violations, reliance on harmful myths or cultural explanations, lack of accessible complaint mechanisms, lack of protection for survivors and witnesses, and limited access to legal aid, psychosocial support and remedies.*

Rationale:

21. Women and girls with albinism often face serious barriers when seeking justice for violence and harmful practices. These barriers are compounded by other disabilities, gender, stigma, poverty, rural location and fear of reprisals. The Guidelines should therefore call for gender-sensitive, disability-inclusive and albinism-responsive justice systems, including trained police, prosecutors and judges, accessible procedures, survivor-centred investigations, protection measures and effective remedies.
22. Paragraph 35 – proposed additional text:

*In particular, women and girls with psychosocial and intellectual disabilities as they are more likely to be subjected to institutional placement on the basis of discriminatory assumptions about their decision-making abilities.*

Rationale:

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<sup>2</sup> For the role of intermediaries see: Karolína Babická, Cristina Giacomini, Tim Fish and Ian Seiderman, 'Model Benchbook on the Rights of Persons with Disabilities in Criminal Proceedings', August 2024, available at: <https://validity.ngo/wp-content/uploads/2024/09/ENABLE-Model-disability-benchbook-1.pdf> (last accessed 24 June 2026).

23. The submitting organisations note that the Committee has highlighted how denial of legal capacity leads to institutionalisation. However, we consider that the draft Guidelines do not address broadly how institutionalisation frequently operates through substituted decision-making regimes, enabling the removal of legal capacity and facilitating placement in institutional settings without free and informed consent. Once institutionalised, women and girls with intellectual and psychosocial disabilities face heightened barriers to challenging their detention, accessing legal remedies, or exercising autonomy over key aspects of their lives. Therefore, the submitting organisations would urge the Committee to emphasise that state parties addressing institutionalisation requires not only deinstitutionalisation measures but also the recognition of legal capacity on an equal basis with others, alongside development of community-based support systems that respect autonomy, dignity and the will and preferences of the individual.<sup>3</sup>
24. Proposed additional paragraphs after paragraph 36:

*In applying these Guidelines, particular attention should be paid to the pervasive influence of gender bias within judicial reasoning and practice. Emerging jurisprudence has revealed troubling instances in which judgments reflect elements of victim-blaming and stereotypical assumptions about women with psychosocial disabilities' credibility in cases of sexual violence. Such reasoning is often characterised by a dismissive tone that fails to meaningfully engage with the intersecting experiences of disability, trauma and gender-based violence.*

*The Committee therefore calls on States parties to take immediate and concrete measures to eliminate discriminatory judicial practices, including by:*

- (a) prohibiting the use of gender and disability stereotypes in judicial reasoning;*
- (b) ensuring mandatory, ongoing training for judges, prosecutors and law enforcement officials on intersectional discrimination, disability rights and trauma-informed approaches;*
- (c) guaranteeing the legal capacity of women and girls with disabilities on an equal basis with others, including in the context of giving evidence and participating in proceedings;*
- (e) establishing effective oversight, accountability and disciplinary mechanisms to address judicial conduct that perpetuates discrimination or bias. States parties should further ensure that evidentiary standards and credibility assessments do not disproportionately disadvantage women and girls with intellectual and psychosocial disabilities, and that complaints of violence are investigated and adjudicated without prejudice, delay or undue interference. Failure to address these systemic biases risks entrenching impunity and perpetuating structural discrimination at the intersection of gender and disability.*

Rationale:

25. Based on the experiences of the submitting organisations, we suggest highlighting and addressing the widespread gender bias within judicial reasoning and practice.<sup>4</sup>

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<sup>3</sup> CRPD Committee, *Guidelines on Deinstitutionalisation, including in emergencies*, para 22-28. (2022).

<sup>4</sup> See for example a [Testimony from Uganda, 2025](#) / The facial part of the video has been intentionally blurred to protect personal and confidential rights.

26. Proposed additional text after paragraph 38:

[...] Both formal and informal deprivation of legal capacity disproportionately impact women with psychosocial and intellectual disabilities, *who are frequently subjected to involuntary detention including in psychiatric facilities, in violation of the right to liberty.*<sup>5</sup>

Rationale:

27. The submitting organisations welcome the recognition by the Committee on the issue of guardianship or other substitute decision-making regimes, it could go further in addressing by specifically calling on the elimination of such systems by States in furtherance of their obligations to dismantle discriminatory norms. This is because while in places of detention, women and girls with disabilities are exposed to heightened risk of sexual violence, exploitation, forced treatment, forced contraception, and forced abortion, along with other coercive and abusive practices such as body shaving, concealment of treatment, and detention in settings with men.<sup>6</sup> This is particularly the case in countries that maintain residential institutional settings as a primary form of service provision, and is also true in countries where private, religious or non-profit institutions run institutional services, including prayer camps.

28. Proposed additional paragraphs after paragraph 41:

*States parties should ensure that health services for women and girls with disabilities include the specific health-related needs of women and girls with albinism, including access to affordable or free sunscreen, protective clothing, dermatological care, regular skin cancer screening and treatment, eye care, low-vision services, assistive devices, accessible health information and sexual and reproductive health services free from stigma and discrimination.*

*Mental health services, social care services – especially residential services – and guardianship systems often replicate the power and control dynamics of gender-based violence, resulting in the retraumatization and further disempowerment of women and girls with disabilities. States parties often regard mental health and residential social care institutions as the "homes" of women and girls with disabilities and guardians as their "quasi-family members". These systems, including the coercive practices used against women and girls with psychosocial and/or intellectual disabilities within them, should therefore be recognized as causing serious human rights violations that disproportionately affect women and girls with disabilities who have survived gender-based violence perpetrated by private actors. Therefore, these systems should further*

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<sup>5</sup> Committee on the Rights of Persons with Disabilities, *Guidelines on Article 14 of the Convention on the Rights of Persons with Disabilities (Liberty and security of the person)* (2015).

<sup>6</sup> See, for example: Mental Disability Advocacy Centre (MDAC) and Mental Health Uganda (MHU), *Psychiatric hospitals in Uganda: A human rights investigation* (2014), available at <https://tinyurl.com/4x84nd3v>; MDAC and MHU, *"They don't consider me as a person": Mental health and human rights in Ugandan communities* (2014), available at <https://tinyurl.com/tkznww4h>; Validity Foundation and the Network of Independent Experts (NIE), "Poor her, for having dreams": Monitoring report on torture and ill-treatment of persons with disabilities in Bulgarian institutions, including small group homes (2024), available at: <https://tinyurl.com/2wvwhpm6>. See also Equality Now, *Seeking justice: Sexual violence against women with disabilities in Kazakhstan, Kyrgyzstan and Uzbekistan* (2025), available at <https://equalitynow.org/resource/reports/seeking-justice-sexual-violence-against-women-with-disabilities-in-kazakhstan-kyrgyzstan-and-uzbekistan/>, from p. 38.

*be recognized as forms of intersectional discrimination, gender-based violence, including domestic violence, and criminal offences.*

Rationale:

29. Women and girls with albinism face specific and preventable health risks, including skin cancer and visual impairment-related barriers. These risks are often aggravated by poverty, rural location, lack of public health information, discrimination in healthcare settings and limited access to dermatological and eye care services. Including albinism-specific health measures would strengthen the practical relevance of the Guidelines.
30. In General Recommendation No. 24 on Article 12 of the CEDAW Convention (Women and Health), paras. 15 and 25, the CEDAW Committee recommended that States parties ensure: (a) the effective enforcement of laws and the formulation of policies, including health-care protocols and hospital procedures, to address violence against women and the sexual abuse of girls, as well as the provision of appropriate health services; (b) gender-sensitive training to enable health-care workers to detect and address the health consequences of gender-based violence, together with fair and protective procedures for hearing complaints and imposing appropriate sanctions on health-care professionals guilty of the sexual abuse of women patients; and (c) measures to ensure that health services are responsive to the needs of women with disabilities and respectful of their human rights and dignity. Building on the CEDAW Committee's approach, the suggested paragraph demonstrates the need to recognise mental health services, residential social care services, and guardianship systems, and especially the coercive practices used within them, as forms of intersectional discrimination against women and girls with disabilities and as gender-based violence, including domestic violence.
31. Proposed additional text in paragraph 43:

Women, adolescents and girls with disabilities in institutional, closed and segregated settings are *systematically subjected* to gender-specific *violence*, including sexual exploitation, *forced and non-consensual* medical procedures and sterilization, denial of or forced contraception and abortion, and other restrictions on reproductive autonomy. *These practices are facilitated by legal and social frameworks that deny legal capacity and legitimize substitute decision-making.*

Rationale:

32. While paragraph 43 rightly emphasises the violations undergone by women and girls in institutions, the submitting organisations consider it necessary to emphasise that institutionalisation is inherently linked to the denial of legal capacity and functions as a site of heightened risk of abuse, and exclusion from justice, where women and girls with intellectual and psychosocial disabilities are deprived of the ability to make decisions, report violations, or access remedies. These systems are frequently justified through paternalistic and gendered assumptions of vulnerability, dependency and incapacity, which disproportionately affect women and girls with disabilities, particularly those with psychosocial and intellectual disabilities. The submitting organisations emphasise that such practices constitute structural discrimination at the intersection of gender and disability and are incompatible with the rights to equal recognition before the law, bodily autonomy and freedom from violence.

33. While paragraph 44 is already strong, the submitting organisations propose that it should be more directive to State parties by reading as follows:

*The Committee has consistently affirmed in its jurisprudence that forced sterilization and non-consensual medical interventions constitute grave human rights violations, which may amount to torture or ill-treatment, and that guardianship and substituted decision-making regimes enable and perpetuate these abuses. The Committee therefore calls on States parties to abolish forced sterilization and all non-consensual medical procedures, ensure the requirement of free and informed consent in all health-related interventions, and repeal guardianship regimes in favour of supported decision-making frameworks that respect the autonomy, will and preferences of women, adolescents and girls with disabilities. States parties must further ensure access to community-based supports, accessible shelters, adequate housing and comprehensive sexual and reproductive health services, on an equal basis with others, as part of a broader obligation to dismantle institutionalization and guarantee independent living and the right to live in the community.*

Rationale:

34. The submitting organisations suggest using the above text to strengthen the wording of the paragraph and provide States parties with more concrete guidance on how to fulfil their obligations under articles 5, 6, 14, 19, 25 and 28.

35. Paragraph 45 - proposed additional text:

*States parties should ensure that inclusive education measures address the specific barriers faced by girls and adolescents with albinism, including disability-based bullying, stigma, unsafe school environments, denial of reasonable accommodation, lack of large-print materials, inappropriate classroom seating, inaccessible teaching methods, lack of low-vision support, and exposure to harmful sun without adequate protection.*

Rationale:

36. Girls with albinism may be excluded from education because of stigma, bullying, harmful beliefs, visual impairment-related barriers and lack of protection from sun exposure. Reasonable accommodation and inclusive school environments are therefore essential to prevent dropout and ensure equal access to education.

37. Proposed additional text in paragraph 51:

*This intersectional invisibility is not merely a gap in representation, but reflects structural failures in legal, policy and institutional frameworks that do not recognise or respond to the lived realities and experiences of women and girls with disabilities. As a result, their rights are frequently inadequately protected, and measures adopted in both disability and gender equality frameworks fail to address the compounded and distinct forms of discrimination they experience. The absence of disaggregated and intersectional data, including data reflecting disability, gender, age and other relevant*

*characteristics, further perpetuates their exclusion and limits the ability of States parties to design and implement effective, evidence-based policies and remedies.*

38. Proposed additional text in paragraph 52:

*These barriers are further exacerbated by the lack of accessible information, reasonable accommodation and support services, which are essential to enable meaningful participation on an equal basis with others. Without such measures, participation remains formal rather than substantive, and women and girls with disabilities are effectively excluded from shaping decisions that directly affect their lives*

Rationale:

39. Concerning these two suggested paragraphs, the submitting organisations request that the Committee emphasises that the full and effective participation of women and girls with disabilities requires the recognition of legal capacity, the provision of supported decision-making, and the removal of procedural, social and economic barriers, including through targeted measures to ensure safe and inclusive participation in public, political and civic life. This approach is consistent with that of the Committee on the Elimination of Discrimination against Women, which in its General Recommendations No. 23 (1997)<sup>7</sup> and No. 25 (2004)<sup>8</sup> has identified temporary special measures, as a necessary strategy for redressing structural and historical discrimination in political and public life, and not as an exception to the principle of non-discrimination.

40. Proposed additional paragraph after paragraph 69:

*In addressing harmful practices and stereotypes, States parties should adopt specific measures to eliminate harmful myths and beliefs targeting women and girls with albinism, including myths that lead to sexual violence, ritual attacks, trafficking in body parts, abduction, abandonment or social exclusion. Such measures should include sustained awareness-raising, community engagement, involvement of traditional, religious and media actors, school-based education, and accountability for perpetrators and those who incite or facilitate such practices.*

Rationale:

41. Harmful myths and stereotypes against persons with albinism are a major driver of violence, exclusion and discrimination. Women and girls with albinism are particularly affected because these myths often intersect with gender-based violence, harmful practices, poverty and lack of protection. The Guidelines should therefore make clear that harmful practices against women and girls with albinism require prevention, prosecution, protection and community-level transformation.

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<sup>7</sup> UN Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 23: Political and Public Life, A/52/38, 1997, <https://www.refworld.org/legal/general/cedaw/1997/39377> [accessed 23 June 2026]

<sup>8</sup> UN Committee on the Elimination of Discrimination Against Women (CEDAW), General recommendation No. 25, on article 4, paragraph 1, of the Convention on the Elimination of All Forms of Discrimination against Women, on temporary special measures, 2004, <https://www.refworld.org/legal/general/cedaw/2004/87588> [accessed 23 June 2026]

42. Proposed additional paragraph after paragraph 82:

*Intersectional data systems should include women and girls with albinism, where safe and appropriate, through data disaggregated by sex, age, disability, albinism, location and other relevant grounds, while ensuring privacy, dignity, informed consent and protection from misuse. States parties should also ensure the meaningful participation of women with albinism and organizations representing persons with albinism in the design, collection, interpretation and validation of data.*

Rationale:

43. Women and girls with albinism often remain invisible in disability, gender, health, education, justice and violence-related data. This invisibility limits the ability of States parties to design targeted policies and remedies. Data collection must, however, be conducted in a way that protects privacy and safety, given the risks of stigma, violence and targeting.

#### **IV. FINAL REMARK**

44. We confirm that this submission can be posted on the OHCHR website for public information purposes.