



A just world for all women and girls

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**RE: CRPD-Call for written submissions on the draft guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities.**

Dear Distinguished Committee Members,

Equality Now respectfully makes this submission in response to the Call for Submissions<sup>1</sup> by the Committee on the Rights of Persons with Disabilities (“the Committee”) to develop Guidelines to address the implementation gaps and collect a repository of good practices in addressing multiple and intersecting forms of discrimination against women and girls with disabilities.<sup>2</sup> We appreciate the Committee for recognising the need to provide actionable guidance to ensure that States uphold their international obligations under the Convention on the Rights of Persons with Disabilities (“the Convention”). This submission will focus on the experiences of women and girls with disabilities who are victims/survivors of sexual violence in many countries of Eurasia (including Kazakhstan, Kyrgyzstan, Uzbekistan, Azerbaijan, and Georgia) and more broadly, the Latin American and Caribbean region.

**Equality Now** is a worldwide human rights organisation dedicated to securing the legal and systemic change needed to end discrimination against all women and girls, everywhere in the world. Since its inception in 1992, it has played a role in reforming 130 discriminatory laws globally, positively impacting the lives of hundreds of millions of women and girls, their communities and nations, both now and for generations to come. Working with partners at national, regional and global levels, Equality Now draws on deep legal expertise and a diverse range of social, political and cultural perspectives to continue to lead the way in steering, shaping and driving the change needed to achieve enduring gender equality, to the benefit of all.<sup>3</sup>

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<sup>1</sup> <https://www.ohchr.org/en/calls-for-input/2025/call-written-submissions-draft-guidelines-addressing-multiple-and>

<sup>2</sup> Equality Now hereby waives any claim of confidentiality to which we may be entitled in the communication process.

<sup>3</sup> For more information about Equality Now, visit [www.equalitynow.org](http://www.equalitynow.org).

## Introduction

Many States continue to demonstrate a lack of understanding about the experiences and specific needs of women and girls with disabilities in a variety of areas, often either treating them as one homogenous group without appreciating the different forms of disabilities and the variety of intersectional experiences they may have, or failing to consider them altogether when developing law, policy, or other processes.

Women and girls with disabilities face a heightened risk of sexual violence, yet face systemic barriers to accessing justice due to gaps in legal and policy responses. Whilst many countries in Eurasia - countries of the former Soviet Union - as well as many States in Latin America and the Caribbean (LAC),<sup>4</sup> have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention, not all have ratified the Optional Protocols to these Conventions, which further limits the mechanisms available for accountability and redress.

## Lack of Disaggregated Data Collection

1. In many States in Eurasia, such as Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, and Latin America, such as Colombia, Mexico, Chile, Costa Rica, Peru, and Bolivia, official data on violence against women and girls with disabilities remains fragmented, incomplete, and complex to access.<sup>5</sup> Official statistics often fail to take into account either disability or gender dimensions, let alone other intersecting factors.
2. For example, authorities may collect general statistics on violence against persons with disabilities without disaggregating the data by sex, making it impossible to identify specific patterns of violence against women with disabilities. In other cases, broader gender-based violence statistics may exist, but they often lack disability-specific breakdowns, which prevents understanding the prevalence, forms,

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<sup>4</sup> Nor the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities which is applicable to countries in LAC.

<sup>5</sup> These are the only countries in Latin America and the Caribbean identified as having specific disability surveys that include at least one question related to violence against women.

Source: Marques Garcia Ozemela, Luana, Diana Ortiz, and Anne-Marie Urban. Violence against Women with Disabilities in Latin America and the Caribbean. IDB Policy Brief No. 302. Inter-American Development Bank (IDB), 2018.

and contexts of violence experienced by women and girls with disabilities.<sup>6</sup> When reporting on specific forms of violence against women, States often provide very low figures, which reveal significant barriers to access to justice for women and girls with disabilities.<sup>7</sup>

3. The lack of disability-disaggregated data on gender-based violence contributes directly to the invisibility of women and girls with disabilities in law and policy. When data systems fail to capture the intersection of sex and disability, the scale and nature of the violence remain hidden, undermining prevention efforts, resource allocation and the development of effective, rights-based responses. Collecting comprehensive disaggregated data is also essential for informing the provision of services and ensuring that proper procedures and accommodations are in place.

#### Suggested Guideline:

- States should establish coordinated, cross-sectoral systems to collect, analyse and publish comprehensive administrative data on sexual and other forms of gender-based violence against women and girls with disabilities, disaggregated at minimum by age, sex and disability, including through the annual publication of disability-disaggregated justice-chain attrition reports tracking complaints, investigations, prosecutions, convictions and sentencing outcomes to identify systemic barriers and reform priorities.
- States should ensure the active participation of organizations of women with disabilities in the design and monitoring of these systems, as well as safeguard the confidentiality and security of all collected information. Annual disability-disaggregated justice-chain attrition reports—tracking complaints, investigations, prosecutions, convictions, and sentencing outcomes—should be published to identify systemic barriers and guide policy and institutional reform.

#### **Discrimination through Lack of Reasonable Accommodations and Inadequate Support**

4. Ensuring access to justice for women and girls with disabilities who are victims of sexual violence requires both **reasonable and procedural accommodations** (which

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<sup>6</sup> For example, in Kyrgyzstan, while government agencies collect data on domestic violence, this data is not disaggregated by disability (e.g., Ministry of Internal Affairs of the Kyrgyz Republic, “Information on Domestic Violence for 10 Months of 2024,” official portal of the MIA KR, accessed October 13, 2025, <https://mvd.gov.kg/rus/domesticViolence/reports/40>).

<sup>7</sup> For instance, the Government of Azerbaijan reported that only 13 sentences were passed between 2014 and 2018 in cases of sexual violence against women and girls with disabilities (Combined second and third reports submitted by Azerbaijan to the CRPD Committee, para. 62)

are not limited by the concept of “disproportionate or undue burden”<sup>8</sup>) and the provision of **accessible assistance and support services, including those tailored to different types of disabilities.**

5. Women, adolescents and girls with disabilities in the LAC region and Eurasia face significant communication and accessibility barriers. A critical lack of reasonable accommodations, such as sign language interpretation for Deaf women and support persons for those with intellectual and psychosocial disabilities, contributes to this issue. Moreover, many law enforcement officers, prosecutors, and magistrates lack the necessary training to handle complaints and testimonies from individuals with disabilities effectively. Physical accessibility remains a major concern, as many police stations and courts are not designed to accommodate those with mobility challenges.
6. In Kazakhstan, Kyrgyzstan, and Uzbekistan, for example, the following challenges persist (which are also common in many other countries of the region, including Georgia and Azerbaijan):
  - a. **There is a systemic over-reliance on the “average survivor” model.** Police, forensic, and court procedures are designed without a gender-sensitive approach and are based on the assumption of a non-disabled complainant. Survivors with disabilities are often expected to travel to inaccessible facilities, communicate without interpretation or alternative formats, and testify repeatedly without safeguards against retraumatisation.
  - b. **Victim assistance and protection services – such as shelters, crisis centres, and psychological aid – remain few, unevenly distributed, and poorly equipped to meet the needs of women and girls with disabilities survivors of sexual violence.** Services for survivors with intellectual or psychosocial disabilities are almost entirely absent. Available support is heavily NGO-driven, with insecure donor funding and limited sustainability.
  - c. **There are legislative gaps and the scope of guarantees remains narrow.** Criminal procedure codes and victim-protection laws in the three countries hardly go beyond very basic safeguards. These typically include measures such as sign language interpretation,<sup>9</sup> the presence of a psychologist or teacher

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<sup>8</sup> OHCHR, International Principles and Guidelines on Access to Justice for Persons with Disabilities (2020), “Glossary of Terms”; CRPD Committee, General comment No. 6, CRPD/C/GC/6, para. 25(d)

<sup>9</sup> Criminal Procedure Code of Kyrgyzstan, Article 198(3); Criminal Procedure Code of Uzbekistan, Article 71(1)(1); Criminal Procedure Code of Kazakhstan, Article 81

(often without irrelevant specialisation) when questioning minors, and limits on interrogation time.<sup>10</sup> Broader and more meaningful accommodations, such as access to independent intermediaries and facilitators, systematic procedural adjustments and modifications, and tailored communication support,<sup>11</sup> are largely absent.

- d. **Access to justice for persons with disabilities continues to be hindered by physical and communication barriers.** The provision of reasonable accommodation is often limited to physical accessibility and even this is inconsistently implemented.
  - e. **Women with disabilities frequently remain dependent on guardians or caregivers,** relying on relatives or institutional staff to file complaints, attend proceedings, or access services. This creates conflicts of interest where family members are the perpetrators or where institutions prioritize their own protection over that of survivors.
7. In the **LAC region**, similar challenges persist, compounded by structural discrimination and the persistence of substituted decision-making regimes. Many women and girls with disabilities remain under guardianship or require third-party authorization to file complaints, testify, or access justice services, which undermines their autonomy and violates their right to legal capacity. Furthermore, barriers in health and sexual and reproductive services — including lack of accessible information, discriminatory attitudes, and absence of reasonable accommodations — prevent survivors from obtaining medical evidence and support essential for pursuing justice. These barriers are especially severe for women with intellectual or psychosocial disabilities, who often face disbelief, stigma, or paternalistic treatment by justice and health professionals.
8. Assistance is often linked to recognition of “disability status” through medical commissions, excluding survivors who have not undergone formal registration or whose impairments are not officially acknowledged. In numerous countries in the LAC region, establishing one’s status as a person with disabilities can be both challenging and costly, which should not be a barrier to accessing justice. Without recognized disability status, women and girls are deprived of proper assessments of their needs and adequate treatment within the justice system.

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<sup>10</sup> Criminal Procedure Code of Kyrgyzstan, Article 197; Criminal Procedure Code of Uzbekistan, Article 121; Criminal Procedure Code of Kazakhstan, Article 209

<sup>11</sup> OHCHR, International Principles and Guidelines on Access to Justice for Persons with Disabilities (2020), Principle 3

### Suggested Guidelines:

- Ensure that reporting mechanisms and services are physically accessible and accessible through diverse communication tools, including adapted language, Easy-to-Read materials, sign language and Braille.
- Create and maintain multi-channel, accessible reporting pathways (e.g. 24/7 hotlines, SMS, online chat, in-person one-stop centres) with integrated referral systems for medical, legal and psychosocial support.
- Guarantee reasonable and procedural accommodations, such as physical accessibility, adjusted language, assistive communication tools, support persons, and flexible interview protocols, throughout all stages of proceedings.
- Provide accessible support services, such as shelters, trauma-informed services, psychosocial assistance, and legal aid, tailored also to the diverse needs of women with disabilities survivors of sexual violence.

### **Absence of Consent-Based Definitions of Rape and the Reinforcement of Stereotypes about Women with Disabilities**

9. A 2021 report by Equality Now revealed that in 23 of the 43 jurisdictions surveyed in the penal codes of Latin America and the Caribbean, sexual violence offenses are defined based on the use of force rather than the absence of consent.<sup>12</sup> Notably, countries such as Barbados, Belize, Grenada, and St. Kitts and Nevis still have penal codes that label women and girls with mental or intellectual disabilities as "idiots" or "imbeciles." Such legislation contradicts the Convention, which underscores the importance of considering each individual's evolving capacity in all aspects of life. In some countries, like Guatemala, laws exclude entirely the possibility for a person with a disability, in a non-coercive and consensual relationship, where they can understand their sexuality, to give consent for sexual relations.
10. Similarly, the Criminal Codes in many countries of Eurasia, including in Azerbaijan, Georgia, Kyrgyzstan, Kazakhstan, and Uzbekistan, continue to define rape based on physical force, threats, or the victim's "helplessness" rather than the absence of consent, contrary to CEDAW and other international standards. This narrow framing, while applicable to both persons with and without disabilities, overlooks the essence

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<https://equalitynow.org/resource/reports/failure-to-protect-how-discriminatory-sexual-violence-laws-and-practices-are-hurting-women-girls-and-adolescents-in-the-americas/>

of rape and other forms of sexual violence and risks leaving many acts of rape unaccounted for, particularly those involving women with disabilities, who face compounded forms of discrimination.

11. In **Kazakhstan** for example, the concept of a "helpless state" is understood as the *"inability of the victim, due to their physical or mental condition, to resist the perpetrator (eg young age, advanced age, physical disabilities, mental disorders, other debilitating or unconscious states, etc), with the perpetrator being aware that the victim is in such a state while committing rape or other acts of sexual violence."*<sup>13</sup> In **Kyrgyzstan**, the notion of a "helpless condition" is explained as *"where, by reason of the victim's physical state (intellectual disability or another mental disorder, physical impairments, any other painful or unconscious state, very young or advanced age, etc), the victim could neither understand the nature and significance of the acts being performed nor resist the offender, while the offender, for their part, was aware that the victim was in such a helpless condition."*<sup>14</sup> In **Uzbekistan**, a "helpless state" should be understood as a *"condition in which the victim, due to their physiological, physical, or mental condition (such as physical disabilities, mental disorders, being under the age of 14 (minors), advanced age, illness or unconscious state, or severe intoxication caused by alcohol, narcotics, their analogs, or psychotropic substances), was unable to protect themselves, actively resist the perpetrator, or comprehend the nature and significance of the actions being committed against them, or was unable to control their actions"*.<sup>15</sup>
12. While intended to protect vulnerable groups, this focus on "helplessness" may harm survivors with disabilities in several ways. Firstly, it reinforces the stereotype that women and girls with disabilities are "naturally" helpless. Branding a person with a disability as inherently helpless to secure a conviction entrenches stigma and contradicts the human-rights model of disability. Article 13 of the Convention affirms an unqualified right of access to justice and does not predicate that right on a prior declaration of "vulnerability", nor does it even refer to that term.
13. Secondly, it shifts a disproportionate burden of proof onto the survivor and fuels compulsory 'capacity' examinations. As the prosecution must demonstrate "helplessness", investigators seek proof of total incapacity rather than proof of lack of consent. Survivors are therefore often forced into a humiliating position. Instead of the

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<sup>13</sup> <https://sud.gov.kz/rus/legislation/CAT01/79692/2007>

<sup>14</sup> <https://admin-sot.sot.kg/public/sites/4/2024/12/2.-polov.neprikasn.17.10.24.-26.pdf>, p. 11

<sup>15</sup> <https://lex.uz/docs/2414124>

criminal justice process establishing that the acts committed against survivors were non-consensual, survivors are put in a position where they must prove their own “complete helplessness”. However, the same stereotype that women with disabilities are automatically “helpless” is then wielded to attack the survivor’s credibility, implying that she cannot give reliable testimony.

14. Consent must always be voluntary and assessed in context. A verbal “yes,” passive submission, or the absence of resistance or visible injury cannot be treated as valid consent where fear, dependency, pressure, or other coercive circumstances are present. A contextual approach, grounded in international human rights and criminal law, requires recognising situations in which women with disabilities may appear to have consented while, in reality, having no genuine choice, and that such circumstances must be understood as involving coercion.<sup>16</sup>

#### Suggested Guidelines:

- Introduce a consent-based definition of rape, in which, based on the international human rights framework, consent should be given voluntarily as the result of a person’s free will, assessed in the context of the surrounding circumstances.
- Ensure that judicial and investigative authorities adopt a contextual approach to assessing consent in cases of sexual violence. In cases of sexual violence against women with disabilities, this means moving away from evaluating a survivor’s cognitive or intellectual attributes and instead putting more focus on the alleged perpetrator’s actions and surrounding circumstances, including, among others, specific vulnerabilities related to disability, power imbalances, dependencies, institutionalisation, communication barriers, or prior patterns of coercion or control.
- Require thorough training and procedural guidance that investigators, prosecutors, and judges identify, document, and assess situational factors such as the nature of the relationship and the presence of fear, dependency or other contextual indicators, as well as the availability of support or accommodations, which would allow the survivor to participate fully in the proceedings.

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<sup>16</sup> The Hague Principles on Sexual Violence, part 5. Factors affecting whether an act of a sexual nature is committed without genuine, voluntary, specific and ongoing consent, available at: <https://4genderjustice.org/ftp-files/publications/The-Hague-Principles-on-Sexual-Violence.pdf>, in particular 1(g); A framework for legislation on rape (Model Rape Law): report of the Special Rapporteur on Violence against Women, Its Causes and Consequences, A/HRC/47/26/Add.1, Article 6(20)-(21)

- Ensure that sexual acts committed in contexts of dependency, institutionalisation, or control over essential services are legally recognised as occurring without genuine consent. This includes situations where the perpetrator is a caregiver, service provider, family member, or authority figure who exploits the survivor’s reliance on them.
- Explicitly clarify in law and practice that apparent acquiescence, absence of resistance, or verbal agreement does not constitute valid consent when obtained through fear, manipulation, or structural coercion.

## Women in institutions

15. Women with disabilities in institutional care facilities face some of the most severe and intersecting forms of discrimination and violence. They are exposed to heightened risks of abuse.<sup>17</sup> In psychiatric hospitals, residential care homes, or other closed settings, the imbalance of power between staff and residents is extreme. Survivors may be unable to report abuse due to communication barriers, fear of retaliation, or lack of external oversight. Societal stigma also contributes to disbelief of their testimonies, further silencing victims. The institutionalisation of women and girls with disabilities remains widespread in many countries of Eurasia, including in Kazakhstan, Kyrgyzstan and Uzbekistan, reflecting systemic discrimination and the persistence of medical and paternalistic models of disability. The lack of community-based alternatives and accessible complaint mechanisms prevents women and girls in institutions from exercising their rights to freedom from violence, legal protection, and access to justice.
16. The CRPD Committee expressed serious concerns about the treatment of persons with disabilities in institutional settings in **Kazakhstan**. Concerns extend to the administration of medical and mental health treatments without free and informed consent, including coercive measures imposed by court orders. Additional issues include the lack of access to information and communication technologies, restrictions on contact with relatives, poor sanitary conditions and inadequate privacy protections. Women and girls with disabilities in institutions face heightened risks of gender-based violence, including physical, psychological and sexual abuse, as well as forced sterilisation and abortion.<sup>18</sup>

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<sup>17</sup> CRPD Committee, General Comment No. 5 (2017), paras. 72 and 83

<sup>18</sup> CRPD/C/KAZ/CO/1, para. 33

17. In **Kyrgyzstan**, women and girls in psychiatric and psychoneurological institutions, social care homes and other residential facilities are at heightened risk of sexual violence, with significant barriers to reporting abuse due to institutional power imbalances and a lack of supportive procedures.<sup>19</sup> The National Preventive Mechanism's reports reveal poor living conditions and inadequate documentation of abuse, which hampers accountability.<sup>20</sup>
18. In **Uzbekistan**, the institutionalisation of persons with disabilities, particularly women and girls, is similarly a critical issue. The approach used in all these institutions is purely medical in nature, giving rise to multiple forms of extreme social isolation. The deinstitutionalisation of children or adults with disabilities is not a national priority recognised in current laws, strategies or other policy documents.<sup>21</sup>
19. Across the **LAC region**, similar patterns persist. Disability Rights International (DRI) has documented, over three decades and across more than thirty countries, grave human rights abuses against institutionalised women and girls with disabilities, including systematic physical and sexual abuse, forced sterilisation and contraception (often to conceal sexual violence), prolonged physical and chemical restraints, isolation, and indefinite detention in inhumane and degrading conditions.

#### Suggested Guidelines:

- Adopt a comprehensive strategy to phase out residential care institutions for persons with disabilities, with concrete timelines and indicators.
- Until full deinstitutionalisation is achieved, mandate unannounced, independent monitoring of all residential and psychiatric institutions, with civil society participation and the authority to refer cases directly to prosecutors. Ensure the existence of accessible, safe, and effective mechanisms that allow residents and staff to confidentially report cases of violence, abuse, or neglect.
- Mandate independent, unannounced monitoring of all psychiatric and social care institutions by oversight bodies that include women with disabilities and civil society

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<sup>19</sup><https://equalitynow.org/resource/submissions/kyrgyzstan-information-for-consideration-by-the-committee-against-torture-at-its-81st-session-june-2024/>, p. 8

<sup>20</sup> <https://npm.kg/wp-content/uploads/2024/03/NTSPP-ED-2023.pdf>,  
<https://npm.kg/wp-content/uploads/2017/03/Soblyudeniye-prav-polzovatelej-uslug-v-sotsialnyh-statsionarnyh-uchrezhdeniyah-Ministerstva-truda-i-sotsialnogo-razvitiya-KR.pdf>  
<https://npm.kg/wp-content/uploads/2017/03/Spetsdoklad-po-soblyudenyu-prav-cheloveka-v-psihiatricheskikh-uchrezhdeniyah-Ministerstva-zdravoohraneniya-KR-2019.pdf>

<sup>21</sup> <https://documents1.worldbank.org/curated/en/099052223112035849/pdf/P1783520faee9f09d0a46307d56768f9126.pdf>,

representatives. Monitors must have the authority to access all areas, conduct confidential interviews, and directly refer cases of abuse to judicial authorities.

- Abolish guardianship systems that deprive women and girls with disabilities of legal capacity, and replace them with supported decision-making frameworks.
- Urgently investigate reports about conditions and practices in residential care institutions that could amount to cruel, inhumane or degrading treatment, impose appropriate sanctions and provide effective remedies to victims.<sup>22</sup>

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<sup>22</sup> For further information, please see: A/HRC/58/56/Add.1, para. 104