Convention on the Rights of Persons with Disabilities

Distr.: General
27 August 2026
ADVANCE UNEDITED VERSION

Original: English

Committee on the Rights of Persons with Disabilities

Guidelines on identifying and addressing intersectional discrimination against girls, adolescents, women and older women with disabilities*

Chapter I
Intersectional discrimination

I. Introduction

1. The present Guidelines provide practical guidance to States parties and other duty bearers, including national human rights institutions, independent monitoring mechanisms, regional organizations, organizations of persons with disabilities, women's organizations/groups, service providers, businesses and United Nations entities, on implementing the Convention to address intersectional discrimination against women with disabilities of all ages. They reflect the Convention's approach to equality and non-discrimination, recognizing that intersectional discrimination arises from the interaction of disability with other grounds and that barriers to the equal enjoyment of human rights are produced and sustained by systems of discrimination, oppression and unequal power relations. They further recognize that the lived experiences of persons with disabilities should inform the interpretation and implementation of the Convention.[1]

2. The Committee issues these Guidelines amid growing challenges to gender equality, disability rights and the multilateral human rights system. It is concerned by regressive laws, policies and narratives, as well as increasing restrictions on organizations working to advance these rights, including through surveillance, threats, restrictions on their activities and limitations on funding. Women and girls with disabilities are disproportionately affected because longstanding structural discrimination continues to limit their participation and leadership. The Committee therefore urges States parties to strengthen multilateral engagement to protect and advance their rights by resisting and reversing measures that undermine gender equality, disability inclusion and the Convention.

3. These Guidelines were developed through a participatory process, including written submissions from women with disabilities from diverse regions, identities and backgrounds and their representative organizations in response to the Committee's call for submissions of November 2025 and June 2026. They are informed by their lived experiences and expertise and the structure of these Guidelines is organized around them.

* Adopted by the Committee at its thirty-fifth session (12–27 August 2026).

[1] The Committee wishes to acknowledge the valuable contribution of Professor Shreya Atrey, University of Oxford.

II. Scope and interpretation

4. Women with disabilities are not a homogeneous group. They experience intersectional discrimination on the grounds of several characteristics, identities or statuses, including disability, gender, age, caste, citizenship, colour, culture, descent, gender identity and expression, sexual orientation, health status, Indigenous or social origin, language, membership of a linguistic, racial, religious or cultural minority, marital, migrant or refugee status, nationality, national origin, provenance from the Global North or Global South, political or other opinion, race, ethnicity, region, religion and sex characteristics. Submissions received by the Committee further highlighted intersectional discrimination affecting, *inter alia,* Adivasi, asylum-seeking, Bahujan, Dalit, internally displaced, poor, queer, lesbian, bisexual, transgender, Roma and Traveller women with disabilities, autistic women and girls, blind and low-vision women and girls, Deaf, hard of hearing and deafblind women, and women with disabilities living in conflict-affected, rural, remote, nomadic, peripheral urban, suburban or informal settlement contexts. These examples are non-exhaustive and should be interpreted broadly, including women with multiple disabilities, women with multiple chemical sensitivity and women whose experiences are shaped by the interaction of visible and non-visible disabilities.

5. Consistent with the Convention's guarantees of equality and non-discrimination, these Guidelines should be interpreted inclusively to encompass women and girls with disabilities across the life course, including older women and those who acquire disabilities later in life, as well as transgender, intersex, non-binary and other gender-diverse persons with disabilities. Likewise, “organizations of women and girls with disabilities” refers to organizations led, directed and governed by women and girls with disabilities themselves and representing their rights and interests, including grassroots and self-help groups.

III Sources

6. Intersectional discrimination is prohibited under international human rights law as part of the guarantees of equality and non-discrimination. The open-ended and non-exhaustive formulation of prohibited grounds of discrimination in international human rights treaties allows for the recognition of discrimination arising from the interaction of multiple protected characteristics. This interpretation has been progressively affirmed by United Nations treaty bodies, which have clarified that States parties must address intersectional discrimination. It is also reflected in the jurisprudence of regional human rights systems, including the African, European and Inter-American systems, which recognize the legal relevance of intersecting grounds in establishing violations and determining State responsibility.

A. Convention

7. As recognized in General Comment No. 6 (2018), intersectionality is inherent in the Convention’s guarantees of equality and non-discrimination. The preamble recognizes the diversity of persons with disabilities, the heightened risk of multiple and aggravated forms of discrimination, particularly against women and girls with disabilities, and the need to incorporate a gender perspective in promoting the full enjoyment of disability rights. Read together with the broad definition of discrimination on the basis of disability in article 2 of the Convention, these provisions encompass intersectional discrimination.

8. The general obligations under article 4 (1) of the Convention require States parties to ensure and promote the full realization of all human rights for persons with disabilities without discrimination of any kind. Article 5 guarantees equality before and under the law and equal protection against discrimination on all grounds. These provisions confirm that intersectionality is inherent in the interpretation and implementation of the Convention requiring attention to the diverse identities, statuses and circumstances of persons with disabilities.

B. General comments

9. The Committee has consistently recognized that intersectionality is embedded throughout its jurisprudence and reflected in all eight General Comments adopted to date. General Comment No. 1 (2014) on equal recognition before the law recognizes that denial of legal capacity may be based on gender, race or disability. General Comment No. 2 (2014) on accessibility affirms that accessibility must be ensured without discrimination on any prohibited ground. General Comment No. 4 (2016) on the right to inclusive education recognizes intersectional discrimination as a barrier to inclusive education. General Comment No. 5 (2017) on the right to independent living recognizes the heightened risks of institutionalization, violence, abuse, isolation and dependence faced by women and girls with disabilities. General Comment No. 7 (2018) on the participation of persons with disabilities in the implementation and monitoring of the Convention emphasizes the diversity of persons with disabilities, including women and children with disabilities, and the obligation to ensure their meaningful participation through close consultation, co-design and shared decision-making. General Comment No. 8 (2022) on work and employment recognizes that women with disabilities are disproportionately affected by intersectional discrimination in the field of work and employment[2].

10. In General Comment No. 3 (2016), the Committee affirmed that women and girls with disabilities face discrimination based on gender, disability and other intersecting grounds. It further clarified that multiple discrimination refers to discrimination based on two or more grounds that compound or aggravate disadvantage, whereas intersectional discrimination arises from the interaction of inseparable grounds, producing distinct forms of discrimination that cannot be understood or addressed by examining each ground in isolation.

11. In General Comment No. 6 (2018), the Committee observed that national laws and policies often fail to recognize multiple and intersectional discrimination. It clarified that effective protection against discrimination on all grounds requires the explicit recognition of multiple and intersectional discrimination in law and policy, access to effective remedies and sanctions, the collection of disaggregated data across intersecting categories, awareness-raising and training, and the interpretation of articles 6 and 7 as cross-cutting obligations illustrating the Convention's broader requirement to address intersectional discrimination.

C. Individual communications

12. The Committee has addressed intersectional discrimination in its jurisprudence under the Optional Protocol, including in *Z v Tanzania*[3] and *Bellini v Italy*.[4] In *Z,* the Committee examined the case of a single mother with albinism who was subjected to severe violence. Having found violations of several provisions of the Convention, the Committee observed that the author's status as a pregnant single mother with albinism, the miscarriage suffered as a direct consequence of the attack she survived and her subsequent social isolation were intrinsically linked to her status as a woman with albinism and amounted to gender- and disability-based discrimination. It further held that the "invisibilization" of the specific impacts of the attack constituted discrimination contrary to article 6 of the Convention.

13. In *Bellini*, the Committee found that the State party had failed to provide adequate support to a family caregiver of persons with disabilities. The care requirements of the author's daughter and partner compelled her to leave her employment while rendering her ineligible for social security benefits, resulting in serious consequences for her health, financial security, socioeconomic situation, and personal and social life, as well as for her family members. In finding violations of multiple provisions of the Convention, the Committee assessed the case not solely from the perspective of disability but also in light of

[2] The various Committee Guidelines further support the need to address intersectional discrimination against women with disabilities of all ages.

[3] Committee on the Rights of Persons with Disabilities, Views adopted by the Committee under article 5 of the Optional Protocol, concerning communication No. 24/2014, CRPD/C/22/D/24/2014 (15 October 2019).

[4] Committee on the Rights of Persons with Disabilities, Views adopted by the Committee under article 5 of the Optional Protocol, concerning communication No. 51/2018, CRPD/C/27/D/51/2018 (31 January 2023).

the author's gender and situation of forced poverty, thereby recognizing the intersectional nature of the discrimination experienced.

D. Other Human Rights Treaty Bodies

14. The Committee further notes that other United Nations human rights treaty bodies have also addressed the intersection of disability and gender in their jurisprudence and general comments.

D.1. Human Rights Committee

15. The Human Rights Committee has recognized and applied the concept of intersectional discrimination in its jurisprudence under the Optional Protocol. In cases such as *Seyma Türkan v. Turkey*[5], *Miriana Hebbadj v. France*[6], *Sonia Yaker v. France*[7] and *X v. Sri Lanka*[8], the Human Rights Committee has embraced the analytical framework of intersectionality. In *Sonia Yaker v. France*, it expressly characterized the ban on the full-face veil as a form of intersectional discrimination based on gender and religion, in violation of article 26 of the Covenant on Civil and Political Rights. In *Susana v. Nicaragua*, the Human Rights Committee recognized the intersection of gender, age, poverty and rural residence as contributing to discrimination.

D.2. Committee on the Elimination of Discrimination against Women (CEDAW Committee)

16. The Committee notes that the CEDAW Committee contains references reflecting intersecting forms of discrimination, including in relation to mothers and wives, rural women and women living in poverty.[9] The CEDAW Committee has progressively elaborated an intersectional approach in its General Recommendations. In General Recommendation No. 18[10], it recognized that women with disabilities experience "double discrimination" linked to their living conditions. General Recommendations 19[11], 24 and 26[12] further acknowledged the differentiated impact of discrimination and gender-based violence on poor, unemployed, rural and migrant women, while General Recommendation No. 27 [13] described discrimination against women as "multidimensional". General Recommendations No. 28, No. 35 and No. 39 further elaborate the intersectional dimensions of discrimination against women, recognizing that women with disabilities and other groups of women, including Indigenous women and girls, may experience gender-based violence and discrimination in compounded and differentiated ways[14]. The CEDAW Committee explicitly articulated the concept of intersectionality and has since applied it consistently in its General

[5] CCPR/C/123/D/2274/2013/Rev.1.
[6] (2018) CCPR/C/123/D/2807/2016.
[7] (2018) CCPR/C/123/D/2747/2016.
[8] (2017) CCPR/C/120/D/2256/2013.
[9] CEDAW, arts 5(b), 7, 11(2), 16(1), 14(1).
[10] General Recommendation No. 18: Disabled Women, U.N. GAOR, Comm. on Elim. Of Discrim. Against Women, 10th Sess., pmbl., U.N. Doc. A/46/38 (1993).
[11] General Recommendation No. 19: Violence Against Women, U.N. GAOR, Comm. On Elim. of Discrim. Against Women, 11th Sess., paras 14, 15, 21, U.N. Doc. A/47/38 (1993).
[12] General Recommendation No. 24: Women and Health, U.N. GAOR, Comm. on Elim. Of Discrim. Against Women, 20th Sess., paras 7, 25, 28, U.N. Doc. A/54/38 (1999); General Recommendation No. 26: Women Migrant Workers, U.N. GAOR, Comm. on Elim. Of Discrim. Against Women, 32d Sess., paras 6, 7, 8, 14, U.N. Doc. CEDAW/C/2009/WP.1/R (2008).
[13] General Recommendation No. 27: Older Women and Protection of Their Human Rights, U.N. GAOR, Comm. on Elim. of Discrim. Against Women, 42d Sess., para 13, U.N. Doc. CEDAW/C/GC/27 (2010).
[14] General Recommendation No. 28: Core Obligations of States Parties Under Article 2, U.N. GAOR, Comm. on Elim. of Discrim. Against Women, 47th Sess., para 18, U.N. Doc. CEDAW/W/C/GC/28 (2010); General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19, U.N. GAOR, Committee on the Elimination of Discrimination against Women, U.N. Doc. CEDAW/C/GC/35 (2017); and General Recommendation No. 39 on the rights of Indigenous women and girls, U.N. GAOR, Committee on the Elimination of Discrimination against Women, U.N. Doc. CEDAW/C/GC/39 (2022).

Recommendations[15] and views on individual communications to address discrimination based not only on gender but also on intersecting grounds.

17. The CEDAW Committee has applied an intersectional analysis in its views on individual communications, including in *Kell v. Canada*, and *RPB v. Philippines*. In *Kell*, it explicitly used the term intersectional discrimination, finding that an Indigenous woman experienced discrimination arising from domestic violence that also undermined her property rights. In *RPB*, the Committee elaborated this framework in the context of intersectional gender-based violence, finding discrimination on the grounds of sex, age and disability against a young deaf girl subjected to prejudice and stereotyping during rape judicial proceedings. In its reasoning, it acknowledged both the general patterns of gender-based violence affecting women, including women with disabilities, and the specific and compounded harms experienced by the claimant.

18. More recent jurisprudence further consolidates the CEDAW Committee's approach to intersectionality. In *C.Y. and B.Y. v. Cambodia*, a case concerning sexual violence against a girl with a perceived disability, the Committee found that failures in investigation, prosecution and sentencing were shaped by intersectional discrimination based on sex, gender, age and disability, amounting to a denial of effective justice. In the case *Patricia Melo Tapia, et. al., v Mexico* concerning women in pretrial detention, the Committee addressed claims of institutional discrimination, recognizing that legal frameworks and detention practices had disproportionate and differentiated impacts on women, particularly when compounded by factors such as socioeconomic status, caregiving roles and limited access to health care and family support.[16] Similar approaches are reflected in *Ciobanu v. Republic of Moldova*, concerning the intersection of gender and disability, and in *L.A. et al.* and *S.N. and E.R. v. North Macedonia*, on intersectional discrimination based on age, sex and ethnic origin against young Roma girls.

IV. Intersectional discrimination against women with disabilities

19. The Committee recalls, as clarified in General Comment No. 6 (2018), that a qualitative distinction exists between multiple and intersectional discrimination. Multiple discrimination is generally better understood than intersectional discrimination, which is the focus of these guidelines.[17] Intersectional discrimination arises from the inseparable interaction of several grounds, producing distinct and compounded patterns of disadvantage that cannot be understood by examining each ground in isolation. This distinction is not merely conceptual; it has practical legal implications for identifying discrimination, assessing evidence, determining State responsibility, designing effective remedies and reparations, and addressing structural inequality.

20. The practical operation of intersectional discrimination may be illustrated by the experiences of a deaf migrant woman. While she may experience discrimination associated

[15] General Recommendation No. 34: Rights of Rural Women, U.N. GAOR, Comm. On Elim. of Discrim. Against Women, 56th Sess., paras 14, 15, U.N. Doc. CEDAW/C/GC/34 (2016); General Recommendation No. 35: Gender-Based Violence Against Women, Updating General Recommendation No. 19, U.N. GAOR, Comm. on Elim. of Discrim. Against Women, 68th Sess., paras 12, 23, 28, 37b, 41, 43, 48–50, U.N. Doc. CEDAW/C/ GC/35 (2017); General Recommendation No. 37: Gender-Related Dimensions of Disaster Risk Reduction in the Context of Climate Change, U.N. GAOR, Comm. On Elim. of Discrim. Against Women, 69th Sess., paras 1, 29, U.N. Doc. CEDAW/C/GC/37 (2018); General Recommendation No. 39: Rights of Indigenous Women and Girls, U.N. GAOR, Comm. On Elim. of Discrim. Against Women, 82nd Sess., paras 15, 29, U.N. Doc. CEDAW/C/GC/39 (2022); General Recommendation No. 40: Equal and Inclusive Representation of Women in Decision-Making Systems, U.N. GAOR, Comm. On Elim. of Discrim. Against Women, 89th Sess., paras 34, 37, U.N. Doc. CEDAW/C/GC/40 (2024).

[16] See, e.g., Views adopted by the Committee under article 7 (3) of the Optional Protocol, concerning communication No. 187/2022 and communication No. 189/2022. Committee on the Elimination of Discrimination against Women, views adopted under the Optional Protocol, Session 86, available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/SessionDetails1.aspx?SessionID=2861&Lang=en.

[17] For the definition of "multiple discrimination", see General Comment No. 6 (2018).

with disability, gender or migration separately, or through the interaction of two of these grounds, it is the inseparable interaction of all three that gives rise to a distinct and compounded form of intersectional discrimination requiring a holistic assessment.

21. Anti-discrimination frameworks should recognize the diversity of women with disabilities and ensure that no single group's experiences are treated as representative of all and acknowledge that power, visibility and representation shape those experiences. States parties should treat disability equality not as a subsidiary component of gender equality but as a governing principle across legislation, public policies and implementation, and ensure that decision-making processes reflect the diversity of women with disabilities without reproducing exclusion.

22. Intersectional discrimination is structural in nature. Consistent with the Convention's human rights model of disability, it arises through environmental, attitudinal, social, economic and cultural barriers that impede the full and effective participation of women with disabilities. These barriers are relational rather than inherent to disability itself and manifest across all areas of life. States parties are therefore required not only to prohibit this discriminatory treatment, but also to identify, prevent, remove and transform the formal and informal barriers that produce and sustain intersectional discrimination.

23. The Committee further recalls that such barriers do not arise in isolation but are produced and reinforced through interconnected systems of discrimination, oppression and unequal power relations that shape laws, institutions, policies, practices, resource allocation, social norms and decision-making. These may include structural ableism, sexism, patriarchy, racism, colonialism, xenophobia, caste-based discrimination, ageism, sanism, audism, homophobia and transphobia. Such systems have historical and contemporary dimensions; for example, colonialism has influenced legal systems and social norms affecting persons with disabilities, including through eugenic ideologies associated with institutionalization and forced reproductive interventions. References to these systems do not establish new prohibited grounds of discrimination or additional obligations under the Convention but provide an interpretative framework for identifying and addressing the historical and structural origins of barriers to the implementation of the Convention.

24. The Committee notes that different terms—such as "aggravated", "combined", "compound", and "overlapping" discrimination—have been used in different contexts, creating confusion and hindering the recognition and redress of intersectional discrimination. It therefore recommends that States parties and other duty bearers harmonize their terminology and consistently use the terms "intersectionality" and "intersectional discrimination".

Chapter II
Differentiated impacts arising from intersectional discrimination against women with disabilities of all ages

25. This chapter illustrates, through written submissions and testimonies shared with the Committee, how intersectional discrimination affects women with disabilities across the life course and different spheres of life.

I. Freedom from violence, exploitation and abuse (articles 15 and 16)

26. Violence against women with disabilities arises from unequal power relations and intersecting systems of discrimination, including ableism, sexism and patriarchy. Women with disabilities of all ages experience a continuum of gender- and disability-based violence across public and private spheres, including in institutional, closed and segregated settings, where such violence may also amount to gender-based violence. Intersecting stereotypes concerning women's sexuality, submissiveness and dependency, together with ableist and ageist assumptions about incapacity and vulnerability, operationalized through institutionalization, the denial of legal capacity and supported decision-making, heighten

exposure to sexual violence, exploitation, coercion and abuse by intimate and dating partners, family members, caregivers, service providers and humanitarian actors.

27. Evidence received by the Committee demonstrates that women with disabilities continue to experience severe and compounded forms of violence in institutional, educational, family and community settings, including coercive practices, restraints, sexual and gender-based violence, forced marriage, conversion practices, reproductive violence and femicide. It further shows that historical and structural racism, together with the enduring legacies of slavery and colonialism, intensify violence against Black women with disabilities. Testimonies also reveal systemic failures to identify, prevent and respond to abuse, including inaccessible or hostile reporting mechanisms and barriers to justice, communication and long-term support, perpetuating impunity and exclusion.

28. Information received by the Committee further demonstrates that harmful practices, stigma, misinformation and discriminatory beliefs expose women with albinism to extreme forms of violence, including ritual killings, mutilation, abductions, trafficking, sexual and gender-based violence, attacks targeting body parts, harassment and exploitation.

I.1. Online/Digital violence

29. The increasing use of artificial intelligence and digital technologies exacerbates intersectional discrimination against women with disabilities. Algorithmic systems used in employment, health care, social protection, education and digital platforms may reproduce or amplify gender-, disability- and age-based biases, resulting in the denial of rights, entitlements and services, misdiagnosis, surveillance, profiling and online abuse. These risks are particularly acute for women with disabilities whose lived experiences remain underrepresented or misrepresented in data-driven systems. The lack of accessibility, transparency and effective human oversight of platforms and the absence of women with disabilities' participation in the governance and oversight of these technologies further compounds these harms.

30. Women with disabilities also face heightened exposure to technology-facilitated gender-based violence, including cyberviolence, deepfakes, image-based sexual abuse, AI-generated intimate content, online grooming, cyberbullying and other forms of abuse by intimate partners, family members, caregivers and others. Digital technologies may also be used as tools of coercive control through surveillance, interference with assistive technologies or communication devices, spyware, GPS tracking, restrictions on access to digital accounts and essential services, and the non-consensual recording or sharing of images to undermine credibility or influence legal proceedings, including child custody cases.

31. These harms are reinforced by inaccessible digital environments, digital exclusion, unequal access to digital literacy, and the lack of safe and disability-inclusive reporting and redress mechanisms. Discriminatory assumptions concerning disability, age, sexuality, legal capacity and autonomy further increase vulnerability, particularly for women who rely on digital technologies for communication or support or who are subject to guardianship, curatorship or other substitute decision-making regimes.

II. Legal capacity and access to justice (articles 12 and 13)

32. Access to justice for women with disabilities is undermined by intersecting stereotypes and structural barriers affecting their credibility, autonomy and equal recognition before the law. Gender-, disability- and age-based stereotypes, compounded by discrimination based on race, ethnicity, poverty, migration status and other intersecting grounds, often prevent women with disabilities from reporting violations, participating effectively in legal proceedings and obtaining justice.

33. These barriers are reinforced by the denial of legal capacity, the inaccessibility of justice systems, including the lack of communication accommodations such as sign-language interpretation, captioning and other accessible formats, and the failure to ensure age-appropriate, gender-sensitive and trauma-informed procedures. Structural racism, xenophobia and discriminatory practices in policing, prosecution, prison management and

the judiciary, particularly affecting women with disabilities from racialized, Indigenous, Afro-descendant, migrant and other marginalized communities, which further compound these barriers.

34. Institutionalization is not gender-neutral. It deprives women from legal capacity, entrenches the exclusion of women with disabilities from decision-making, justice and effective remedies, while reinforcing intersecting gender-, age- and disability-based stereotypes. These harms are particularly acute for older women and women with intellectual and psychosocial disabilities in nursing homes and other residential settings, who face heightened risks of isolation, abuse and barriers to accessing protection, accountability and redress.

35. Gender stereotypes portraying women as less credible or responsible for the violence they experience, together with ableist assumptions concerning dependency and legal capacity, contribute to their systemic disbelief within justice systems. As a result, violence against women with disabilities remains underreported, under-investigated and under-prosecuted, perpetuating impunity, while the lack of disability-inclusive protection and support services, including for victims and witnesses of trafficking, further restricts access to justice and increases the risk of institutionalization and re-institutionalization.

36. Women with intellectual and/or psychosocial disabilities, as well as autistic women, face additional barriers throughout criminal and civil justice proceedings. Discriminatory assumptions concerning credibility, communication, legal capacity and capacity to consent frequently result in their testimony being dismissed or afforded reduced evidentiary weight. Often, communication differences are wrongly interpreted as indicators of reduced credibility, reliability or legal capacity. Many also face heightened risks of institutionalization, substitute decision-making and the loss of parental rights when seeking protection or justice.

37. Women with disabilities subject to guardianship or other substitute decision-making regimes whether through formal or informal means face severe barriers to accessing justice on an equal basis with others, including the denial of the right to initiate legal proceedings, pursue claims or testify in their own name. These barriers are particularly acute for women with intellectual and/or psychosocial disabilities, multiple disabilities, those who are blind, have low-vision and who are Deaf or deafblind. Women with disabilities may be further affected by the lack of sign language interpretation, tactile, augmentative and alternative communication supports, preventing them from reporting violations, communicating effectively with justice actors and participating fully in judicial proceedings. The absence or inadequacy of supported decision-making systems perpetuates dependency, exclusion and barriers to the exercise of legal capacity and other rights. Recognition of legal capacity is therefore an essential prerequisite for the exercise of all other rights under the Convention.

38. Women with disabilities face disproportionate risks of criminalization, detention and incarceration arising from intersecting discrimination based on race, ethnicity, poverty and migration status, reinforced by structural racism, xenophobia and other systems of oppression. Women deprived of liberty frequently lack accessibility measures, reasonable accommodation and gender- and disability-responsive safeguards, exposing them to neglect, violence, abuse and other human rights violations. Migrant, refugee and internally displaced women with disabilities, and those belonging to racialized and ethnic minority communities, face additional barriers, including discrimination within immigration and criminal justice systems and legal uncertainty.

III. Bodily autonomy, sexual and reproductive health and rights, and family life (articles 17, 23 and 25)

39. Women with disabilities experience intersectional discrimination in relation to bodily autonomy, sexual and reproductive health and rights, and family life, driven by intersecting gender- and disability-based stereotypes. While women are often expected to fulfil caregiving roles, women with disabilities are simultaneously perceived as incapable of parenting or making decisions about their bodies, sexuality and reproductive lives. These stereotypes underpin discriminatory laws, policies and practices that restrict autonomy, informed consent and reproductive choice. As one self-advocate explained after being subjected to forced

sterilization following sexual violence: *"I didn't want it, but to obey my mother, I had to do it."*

40. Women with disabilities are disproportionately subjected to violations of bodily autonomy, including forced sterilization, contraception and abortion, growth attenuation treatment, denial of access to assisted reproductive technologies, and abuse by intimate partners, family members and health professionals, often enabled by institutionalization and guardianship. Rooted in patriarchal, ableist and, in many contexts, eugenic ideologies, these practices deny autonomy over their bodies, sexuality and reproductive lives. In its jurisprudence, the Committee has consistently affirmed that forced sterilization and other non-consensual medical interventions constitute serious human rights violations that may amount to torture or cruel, inhuman or degrading treatment.

41. Restrictive laws, policies and practices undermine the bodily autonomy and sexual and reproductive rights of women with disabilities by criminalizing abortion, homosexuality or gender identity or expression, pathologizing sexual orientation or gender diversity, restricting marriage or consensual relationships, and barriers to sexual and reproductive health information. These restrictions disproportionately affect adolescent girls and young women, who are frequently excluded from age-appropriate and accessible sexuality education because of stigma, overprotection and ableist assumptions concerning their sexuality and autonomy.

42. Health systems continue to present significant barriers to affordable and accessible health services for women with disabilities, including maternal health care, family planning, assisted reproductive technologies, abortion services, cancer screening and menopause care. Women living in rural and remote areas, women with intellectual and/or psychosocial and sensory disabilities, and women with high support needs encounter additional barriers to health information, digital health services, and psychosocial support and adequate referral mechanisms for cases of gender-based violence. Women with disabilities living in nomadic and pastoralist communities face additional and often overlooked barriers to health, particularly sexual and reproductive health services, compounded by the limited evidence on and availability of culturally appropriate interventions.

43. Testimonies also describe forced sterilization, forced abortion and forced contraception following gender-based violence, abuse during pregnancy, childbirth and the postnatal period, and systemic medical neglect arising from gender inequality, the medicalization of disability and ableist assumptions, including in relation to women with multiple chemical sensitivity and other non-visible disabilities. These forms of discrimination are further compounded by colonialism, structural racism and other systems of oppression, disproportionately affecting Indigenous, Black, Brown and Afro-descendant women with disabilities. Women with diverse sexual orientations, gender identities and sex characteristics also experience intersecting discrimination, including criminalization, pathologization, coercive medical practices and barriers to respect for family life, and respectful disability-inclusive health care.

44. Women with disabilities, particularly those with intellectual and/or psychosocial or multiple disabilities, are disproportionately subjected to restrictions on legal capacity in matters relating to marriage, divorce, adoption and parenting. In child protection, custody and family law proceedings, they may be presumed to lack parenting capacity, denied parenting supports or separated from their children on the basis of disability-related stereotypes. Guardianship and other substitute decision-making regimes may further result in the loss of parental rights and third-party control over family life. Laws automatically prohibiting women with disabilities, including women with physical disabilities and Deaf, blind, and women with intellectual and/or psychosocial disabilities, from adopting children further perpetuate discrimination and undermine the right to found a family on an equal basis with others. Overprotective practices by family members, caregivers and institutions may also restrict communication, intimate relationships and access to digital technologies, particularly for adolescent girls and young women, limiting their autonomy, privacy and participation in family, social and public life.

IV. Institutionalization (articles 14 and 19)

45. Institutionalization may amount to grave human rights violations and creates conditions for gender-based violence. Institutional, closed and segregated settings facilitate sexual exploitation, forced medical interventions, restrictions on bodily autonomy and reproductive decision-making, neglect, abuse, loss of privacy, and exclusion from education, community life and independent living. Driven by ableism, paternalistic attitudes and gendered assumptions concerning vulnerability, dependency and incapacity, and operationalized through guardianship and substitute decision-making, it disproportionately affects women with disabilities, including older women, who already face heightened risks of violence, poverty and isolation.

46. Institutionalization should be understood through an intersectional lens. As the Committee has emphasized in its Guidelines on deinstitutionalization, it is not merely a question of placement but of systems that deny autonomy, legal capacity, choice and community inclusion. States parties should therefore ensure that deinstitutionalization and preventive measures are gender- and age-responsive and address the specific experiences of women and girls with disabilities in institutions.

V. Education (article 24)

47. Girls and adolescents with disabilities face heightened risks of exclusion from inclusive education, particularly at puberty, owing to sexual harassment, bullying, inaccessible menstrual hygiene facilities, lack of menstrual products and discriminatory gender norms. Adultism and stereotypes portraying girls with disabilities as dependent or destined for unpaid caregiving and domestic roles further reinforce these barriers, resulting in higher dropout rates, lower educational attainment and fewer opportunities for economic independence, leadership and social participation. Delayed or denied access to national Sign Languages further limits educational attainment for Deaf girls. Older women with disabilities also encounter ageism and ableism that restrict access to lifelong learning, vocational training, digital literacy and other educational opportunities essential for autonomy, participation and inclusion.

48. States parties must eliminate structural barriers preventing women with disabilities of all ages from accessing education on an equal basis with others. Inclusive education requires transforming education systems so that accessibility and reasonable accommodation are embedded by design in legislation, governance, curricula, infrastructure, pedagogy, assessment and school culture, rather than just relying on individual accommodations to overcome systemic barriers. This includes safe, inclusive and gender-responsive learning environments; the promotion of national Sign Languages, Indigenous languages and stereotype-free educational materials; and targeted measures addressing intersecting barriers faced particularly by women with disabilities living in rural areas or belonging to Indigenous, racialized and other marginalized communities.

VI. Economic rights (articles 27 and 28)

49. Intersecting gender and disability discrimination entrenches labour market inequalities, resulting in lower labour force participation, particularly in the formal economy, wider gender pay gaps, limited access to employment-related benefits and social protection, and heightened risks of poverty, especially for older women and women with intellectual and/or psychosocial disabilities. Audism and discriminatory recruitment practices lead employers to disregard the qualifications of Deaf women, deny reasonable accommodation and reject them solely because they are Deaf, often without assessing their ability to perform the job. As a result, some feel compelled to conceal their disability.

50. Gender stereotypes, occupational segregation and ableist assumptions continue to channel women with disabilities into low-paid, informal, precarious and care-related work, limiting access to vocational training, supported employment, career progression, leadership and male-dominated sectors. These barriers are reinforced by discriminatory recruitment

practices, inaccessible workplaces, ableist and disability-exclusive productivity assessments and social protection systems that fail to account for intersecting discrimination and disability-related costs, further restricting women's career advancement and economic independence.

51. Gender norms assigning caregiving and domestic responsibilities disproportionately to women with disabilities restrict their economic autonomy, increase unpaid care and domestic work, and heighten risks of financial abuse, exploitation, poverty and forced domestic servitude. These structural inequalities reinforce economic dependence throughout the life course, including for women who acquire disabilities later in life, and make it more difficult for women experiencing intimate partner violence to leave abusive situations.

52. Women with disabilities who provide care, including for persons with disabilities, face heightened risks of poverty because unpaid caregiving limits income, pension contributions and long-term economic security. Laws and policies often fail to recognize, redistribute and value care work, further reinforcing these inequalities. Women with disabilities may also face discriminatory barriers to accessing disability certification, social protection and income support, while older women experience cumulative disadvantages arising from lifelong discrimination and inadequate social protection systems.

53. Intersecting discrimination disproportionately restricts the rights of women with disabilities to own, inherit, control and use property and land, enter into contracts and secure sustainable livelihoods on an equal basis with others. Patriarchal norms concerning women's economic dependency, reinforced by discriminatory laws and the denial of legal capacity, frequently exclude women with disabilities from inheritance, property and land rights, including where laws, policies or customary practices restrict these rights on the basis of marital status. For Bahujan, Dalit and Adivasi women, caste-based discrimination restricts access to land, livelihoods and community decision-making, while Indigenous women are frequently denied collective rights relating to land, culture and self-determination.

VII. Participation (article 29)

54. Women with disabilities are frequently overlooked by disability policies that lack a gender perspective and by gender policies that overlook disability. This dual exclusion contributes to their underrepresentation in policymaking and leadership, including within organizations of persons with disabilities and women's organizations, while data gaps obscure their experiences and priorities.

55. Women with disabilities face additional barriers to their full, effective and meaningful participation in public and political life, including inaccessible consultations, political and electoral processes, disability-exclusive practices within political parties and electoral processes and unequal access to resources and public office. Political and gender-based violence, limited access to campaign financing, harassment and intimidation, together with legal and administrative barriers, including denial of legal capacity, further restrict their participation. Combined with ableism and stigma, these barriers contribute to their exclusion from decision-making and persistent underrepresentation as candidates, elected representatives and leaders.

VIII. Humanitarian assistance and disaster risk reduction (articles 11, 25 and 28)

56. Women with disabilities of all ages are disproportionately excluded from humanitarian assistance and disaster risk reduction because of inaccessible information, infrastructure, distribution systems and emergency services, limiting access to life-saving assistance. Their exclusion from preparedness, response and decision-making further weakens protection systems, particularly where accessibility and gender- and age-responsive measures are not ensured. Testimonies describe women with disabilities, particularly older women, being left behind during evacuations.

57. Emergencies and disasters exacerbate pre-existing inequalities affecting women with disabilities. Gender stereotypes portraying women with disabilities as dependent on male relatives or caregivers heighten their exposure to sexual exploitation, abuse and neglect during emergencies. Pre-existing economic marginalization and unequal access to property, income and recovery resources deepen poverty and dependency, while disruptions to health care, including sexual and reproductive health services, and the loss of assistive devices, personal assistance and support networks undermine autonomy, recovery and resilience, thereby increasing the risk of institutionalization.

58. In conflict and post-conflict settings, women with disabilities face heightened risks of sexual violence, forced displacement, trafficking, institutionalization and the denial of essential health care, including sexual and reproductive health services. Armed conflict, rooted in patriarchal, militarized and hierarchical systems based on submissiveness and unequal power relations, further undermine their rights. Evidence received by the Committee also documents forced deportations, extrajudicial killings and other serious human rights violations against them. Migrant, refugee and internally displaced women with disabilities face additional legal, linguistic and administrative barriers, together with heightened risks of abuse, neglect, institutionalization and exclusion from protection and support systems.

59. Women with disabilities remain largely excluded from the Women, Peace and Security agenda, peacebuilding and post-conflict processes and responses to contemporary forms of conflict, including violence by criminal organizations, gangs, organized crime and other non-State actors, democratic transitions and transitional justice. National Action Plans and security frameworks frequently fail to mainstream disability or adopt disability-inclusive and gender-responsive measures across prevention, protection, participation, relief and recovery. Consequently, their expertise and experiences are excluded from the design, implementation and monitoring of peacebuilding, humanitarian and security initiatives, while their expertise and experiences of conflict-related violence are frequently omitted from truth-seeking, reparations, guarantees of non-repetition and other transitional justice processes.

IX. Climate change (articles 11, 25 and 28)

60. Climate change and environmental degradation are not gender-neutral. They amplify existing structural gender inequalities by increasing unpaid care responsibilities, food and water insecurity, economic vulnerability, displacement and exposure to gender-based violence. For women with disabilities, these impacts are compounded by disability-related barriers, particularly for women with multiple chemical sensitivity, whose health and daily lives may be disproportionately affected by air pollution and exposure to hazardous chemicals, including indoors. Indigenous and rural women with disabilities are further affected by the loss of ancestral lands and disruption of cultural practices.

61. Climate governance continues to be designed and implemented without the full participation and expertise of women with disabilities, despite their knowledge and lived experience, perpetuating structural inequalities and undermining their rights to equality, participation and protection under the Convention. Discriminatory gender norms, together with disability-related barriers limit their ability to shape climate policies and measures affecting their lives.

Chapter III
Identifying and addressing intersectional discrimination in law, policy and practice.

62. This chapter sets out the general obligations of States parties to identify, prevent and eliminate intersectional discrimination against women with disabilities of all ages. It provides non-exhaustive guidance on the legislative, policy and other measures required to implement the Convention in a manner that addresses intersectional discrimination.

I. Identification of intersectional discrimination

63. In accordance with articles 4, 6 and 33 of the Convention, States parties should:

(a) Adopt a legal and policy framework to identify and address interconnected systems of discrimination, oppression and unequal power relations—including, amongst others, ableism, sexism, racism, casteism, ageism and audism—that produce, maintain and reinforce barriers impeding the equal enjoyment of rights by women with disabilities of all ages;

(b) Develop measures to advance substantive equality, in close consultation with and with the active involvement of women with disabilities, through their representative organizations, ensuring that their diverse lived experiences inform such measures and that they recognize and respond to their diversity;

(c) Ensure effective coordination across branches and levels of government in implementing laws, policies and programmes to prevent and eliminate intersectional discrimination and ensure coherent implementation of the Convention;

(d) Strengthen international and regional cooperation on human rights-based regulation of digital platforms and artificial intelligence systems to address technology-facilitated violence, algorithmic bias and discrimination against women with disabilities.

II. Prevention and early intervention

64. States parties should adopt comprehensive, adequately resourced and monitored strategies to prevent intersectional discrimination against women with disabilities of all ages through early intervention and preventive measures, including:

(a) Mainstream a preventive approach throughout the policy and legislative cycle to address intersectional discrimination before laws and policies are adopted, through ex ante human rights or equality impact assessments and screening for structural barriers and discriminatory impacts;

(b) Embed preventive measures across all branches and levels of government to identify and address barriers that place women with disabilities at heightened risk of intersectional discrimination, through the early identification of structural barriers, including those associated with place of residence affecting women in rural, remote, maritime and other underserved areas and informal settlements, and the integration of accessibility and universal design by default in laws and policies;

(c) Establish disability-, gender- and age-responsive mechanisms to identify and prevent violence, exploitation, abuse and harmful practices, through awareness-raising and public policies that address structural barriers and interconnected systems of discrimination, oppression and unequal power relations that produce and sustain such violence and harms;

(d) Promote disability- and age-inclusive, gender-responsive education throughout the life course, through inclusive curricula that recognize the history, rights, leadership and contributions of women with disabilities and adequately resourced education systems designed to prevent exclusion, stigma, stereotypes, bullying and violence;

(e) Recognize that institutionalization is not gender-neutral and disproportionately affects women with disabilities, and prevent institutionalization by progressively reallocating financial, human and technical resources from institutions to community-based support, gender equality and disability inclusion.

III. Sectorial policies

65. States parties should ensure that sectoral laws, policies and programmes give effect to the Convention through coordinated, disability-, gender- and age-responsive measures that address intersectional discrimination.

A. National policies, participation and decision-making (articles 1-4)

66. Disability inclusion should not be treated as a subsidiary component of gender equality policies, nor gender equality as a subsidiary component of disability policies. They should both be treated as governing principles across laws, policies and programmes. States parties should therefore:

(a) Ensure that regional and national disability and gender equality frameworks and strategies are mutually reinforcing and explicitly address the rights of women with disabilities, and establish clear inter-institutional mechanisms so that authorities jointly address issues rather than defer responsibility to another institution;

(b) Ensure the realization of the rights of women with disabilities through a twin-track approach that combines the inclusion of their rights in laws, policies and programmes with targeted measures addressing the barriers they experience;

(c) Adopt concrete measures, including temporary special measures where appropriate, such as quotas, parity targets, preferential appointments, targeted financial support, capacity-building to ensure the full, equal and effective participation and representation of women with disabilities in decision-making at all levels;

(d) Ensure that women with disabilities are closely consulted and actively involved through co-design and shared decision-making in law and policymaking, recognizing them as rights holders and experts in their own lives, consistent with the Committee's general comment No. 7 (2018). Such participation should be adequately resourced and expertise or professional contributions fairly remunerated.

B. Stereotypes (article 8)

67. States parties should:

(a) Eliminate the stereotypes, stigma and prejudicial attitudes that sustain intersectional discrimination against women with disabilities through institutional reform, disability-inclusive education, public awareness and social and behavioral change, while promoting their equal recognition, visibility, leadership and representation in public life;

(b) Ensure that legislation, policies, administrative practices and public communications do not perpetuate discriminatory stereotypes of women with disabilities, or reproduce systems of discrimination, oppression and unequal power relations, and accurately reflect their diversity, lived experiences and contributions.

C. Harmful practices and violence (articles 8 and 16)

68. Harmful practices and violence against women with disabilities are manifestations of structural and intersectional discrimination and constitute serious violations of the Convention. States parties should establish integrated, adequately resourced and time-bound disability-, gender- and age-responsive measures to prevent and respond to such violations by addressing their root causes, while ensuring accessible protection, support and effective remedies.

D. Awareness-raising (article 8)

69. States parties should:

(a) Design, implement and regularly assess sustained awareness-raising and public education initiatives on the rights of women with disabilities, including disability-inclusive digital literacy and empowerment measures, ensuring their recognition as rights holders, leaders, experts and active members of society. Such initiatives should be developed in close consultation with and with the active involvement of women with disabilities, through their representative organizations;

(b) Engage public institutions, educational establishments, businesses, community, customary, religious and media actors in raising awareness and promote respect for the rights of women with disabilities, and supporting lasting social and institutional change.

E. Humanitarian action, conflict and displacement (article 11)

70. States parties should:

(a) Ensure that conflict prevention, humanitarian response, disaster risk reduction, security policies, democratic transitions, peacebuilding and post-conflict recovery frameworks, and climate change responses are disability, age-inclusive and gender-responsive, and provide for the full, effective and meaningful participation of women with disabilities throughout their design, implementation, monitoring and evaluation. This includes mainstreaming disability across all pillars of National Action Plans on Women, Peace and Security, National Action Plans on Climate Change and providing disability-inclusive training and awareness-raising for relevant actors, including law enforcement and the military;

(b) Adopt targeted measures to prevent and respond to exploitation, abuse and neglect in humanitarian, conflict and displacement settings, including through climate change related displacement by ensuring disability-inclusive, age-appropriate and gender-responsive protection, reporting and support services; continuity of health care, including mental health care and rehabilitation; access to assistive devices, including their replacement when lost or damaged during emergencies, personal assistance, easy-to-read information, alternative communication and interpretative supports for those who have high support needs and support networks; and disability-inclusive, trauma-informed and culturally responsive asylum, migration, border and displacement policies, including measures to prevent family separation;

(c) Protect women with disabilities from institutionalization during conflict, displacement and humanitarian emergencies. Ensure that disability inclusion is embedded throughout humanitarian action, recovery and reconstruction as a legal obligation rather than a discretionary policy choice, and that these processes address pre-existing patterns of discrimination rather than reproducing systems that excluded women with disabilities, especially for Indigenous women;

(d) Ensure that artificial intelligence used in disaster preparedness, emergency response and humanitarian settings is accessible, subject to effective human oversight and does not reinforce bias or discrimination against women with disabilities or deprioritize them in evacuation and access to humanitarian assistance.

F. Access to justice (article 13)

71. States parties should:

(a) Ensure effective access to justice, remedies and reparations for women with disabilities and adopt targeted measures to address systemic disbelief, underreporting and impunity. Justice systems should recognize their legal capacity and be disability-inclusive, gender-sensitive, age-appropriate, culturally responsive and trauma-informed, while preventing their disproportionate criminalization, detention and incarceration;

(b) Provide women with disabilities with accessible legal aid and other support throughout judicial and administrative proceedings. Justice and complaints mechanisms should be disability-inclusive, trusted by victims and survivors, staffed with trained personnel, and equipped to respond effectively to women with disabilities in all their diversity.

(c) Remedies and reparations should be effective, adequate and proportionate to the harm suffered and, where appropriate, include individual and collective measures that address the root causes of intersectional discrimination and dismantle structural barriers, systems of oppression and unequal power relations. States parties should ensure the close consultation and active involvement of women with disabilities through their representative organizations in the design, implementation and monitoring of such measures, guided by the International Principles and Guidelines on Access to Justice for Persons with Disabilities.

G. Education. (article 24)

72. States parties should adopt targeted, adequately resourced and time-bound measures to:

(a) Prevent and address the exclusion and dropout of women with disabilities from education and ensure equal access to inclusive, quality and safe education and lifelong learning, by removing enrolment, attendance, participation and completion;

(b) Ensure that education systems are structurally designed to be disability-inclusive and age- and gender-responsive, and responsive to the needs of Indigenous women and those belonging to ethnic and racial minorities through individualized support, reasonable accommodation, appropriate teaching methods and languages of instruction, accessible learning environments, assistive technologies, accessible materials and formats for blind and low-vision women and girls, including women and girls with albinism (Braille, tactile, augmentative and alternative communication supports), low-vision support where required, and disability-inclusive methods of evaluation;

(c) Eliminate discriminatory stereotypes from curricula and address barriers to inclusive education, including bullying and inaccessible school transport; ensure accessible water, sanitation and hygiene (WASH) and menstrual health and hygiene management; promote the equal participation and educational achievement of women with disabilities; and support the early acquisition of sign language for Deaf girls as an essential element of education;

(d) Adopt no-rejection policies to ensure that no child is excluded from inclusive education on the basis of disability or any other prohibited ground and that segregated classrooms and special schools are not presented as forms of inclusive education. Curricula should promote disability history, rights, identity, leadership and justice;

(e) Establish independent monitoring and accountability mechanisms to assess compliance with the right to inclusive education at all levels, in close consultation with and with the active involvement of women with disabilities, through their representative organizations.

H. Health, including sexual and reproductive health and rights (article 25)

73. States parties should:

(a) Adopt comprehensive legislative, policy and budgetary measures to ensure the realization of the right to the highest attainable standard of physical and mental health for women with disabilities throughout the life course. Health systems should address diagnostic overshadowing, gender bias and the discriminatory misuse of psychiatric diagnoses and health records, which contribute to delayed diagnosis, misdiagnosis, denial of support and other barriers experienced by women with disabilities;

(b) Repeal discriminatory laws, policies and practices restricting bodily autonomy or discriminating against women with disabilities and ensure equal access to the full range of health information, goods and services, including contraception, abortion, maternal health care, menopause care, assistive reproductive technologies and cancer care, gender-affirming health care and comprehensive sexuality education. Information and services should be available in accessible, age-appropriate and culturally responsive formats, including through digital technologies. States parties should protect the right of women and girls with disabilities to preserve their fertility and prohibit interventions affecting it without their free and informed consent;

(c) Decriminalize abortion, including the decriminalization of those providing support to women seeking abortion services, and respect the right of women with disabilities to make decisions for themselves on the number, spacing and timing of their children, by ensuring that laws, policies and practices relating to abortion do not discriminate on the basis of disability, including actual or perceived disability of pregnant women and projected or perceived fetal impairment, or perpetuate stereotypes that devalue the lives of persons with disabilities; and prevent obstetric violence by ensuring respectful, accessible and rights-based pregnancy, childbirth and postnatal care for women with disabilities. States parties should also ensure access to comprehensive sexuality education that is age-appropriate, disability-inclusive and gender-responsive, while promoting bodily autonomy, informed decision-making and consent, and respectful and non-violent relationships;

(d) Establish support systems enabling women with disabilities to make their own decisions regarding health, sexuality, relationships and reproduction, consistent with the recognition of their legal capacity on an equal basis with others. They should eliminate, in law and practice, forced sterilization, forced contraception, forced abortion, growth attenuation treatment and all non-consensual or coercive medical interventions, including in end-of-life care, ensuring that free and informed consent is obtained directly from the person concerned, updated as appropriate, and never replaced by third-party authorization. They should also ensure that access to health and support services is never made conditional upon contraception, sterilization or any other medical intervention affecting their sexual and reproductive autonomy.

(e) Challenge, through laws and policies, stereotypes portraying women with disabilities as asexual, hypersexual or incapable of making decisions about their own health and promote digital literacy to support informed decision-making, bodily autonomy and protection from technology-facilitated gender-based violence. The refusal by a woman with disabilities to consent to a particular medical intervention in a health-care context should not be interpreted as a refusal of care or of the right to health altogether, but as the basis for dialogue, supported decision-making and respect for her will and preferences;

(f) Prohibit and prevent psychiatric violence including the pathologization of disability, sexual orientation, gender identity and sex characteristics, chemical restraint, coercive or forced behavioral interventions and other coercive medical practices. States parties should prioritize community-based, rights-based and voluntary crisis responses, including peer support and support within families and communities as alternatives to involuntary psychiatric interventions. In end-of-life care and access to life-sustaining treatment States Parties must ensure, respect for the agency of women with disabilities, ensuring that decision are not based on discriminatory assumptions or beliefs concerning disability, dependency, support requirements or the perceived quality or value of the life of a woman with disabilities;

(g) Ensure that health systems are disability and age-inclusive, gender-responsive and adequately resourced to guarantee women with disabilities equal access to all forms of health care, including routine and specialized screening, diagnosis, treatment, rehabilitation, mental health care, menopause care and sexual and reproductive health services. They should ensure that women with disabilities living in rural, remote, nomadic and pastoralist communities have equitable access to health, including sexual and reproductive health services, through culturally appropriate, community-based and evidence-informed interventions. This includes accessible water, sanitation and hygiene (WASH), including menstrual health and hygiene management; disability-inclusive and gender-based violence prevention and response services, including the clinical management of rape, psychosocial support and shelters; and close consultation with and active involvement of women with disabilities, through their representative organizations in the development, implementation and monitoring of health laws, policies and programmes;

(h) Promote the inclusion of women with disabilities as health professionals and researchers; in the design and governance of medical, pharmaceutical and health research; and in the education and employment of health professionals, researchers and service providers, and provide training to eliminate discriminatory attitudes, stigma and stereotypes among health professionals. Health facilities and other public services should ensure accessible and safe environments, including by preventing avoidable environmental exposures that may cause harm because of the interaction with particular impairments for women with multiple chemical sensitivity, and by ensuring access to dermatological care, skin cancer prevention, low-vision services and other health services required by women with albinism.

I. Work and employment (article 27).

74. States parties should:

(a) Prohibit and sanction employment discrimination against women with disabilities, including sexual harassment, pregnancy-related discrimination and dismissal, and ensure equal pay for work of equal value. Adopt targeted, adequately resourced measures

to advance economic autonomy by eliminating occupational segregation and sheltered employment; ensuring disability-inclusive workplaces, recruitment, retention, promotion and performance assessments, with equal opportunities for career development and leadership; expanding lifelong learning, vocational training, maternity protection, childcare and community-based support; and ensuring complaints and remedies.

(b) Promote entrepreneurship and self-employment for women with disabilities through access to business development services, training, microcredit and financial literacy programmes, and by ensuring that banking and financial systems are disability-inclusive and free from discrimination. Employment should not result in the loss of essential disability-related income support, health care or social protection benefits. Social protection systems should accommodate fluctuating employment patterns, flexible working arrangements and underemployment to support the economic autonomy and labour market participation of women with disabilities.

J. Adequate standard of living and care (article 28)

75. States parties should:

(a) Ensure adequate social protection and income support for women with disabilities and caregivers, including mothers with disabilities, spouses and other caregivers of persons with disabilities, to prevent poverty and ensure an adequate standard of living, including access to food, clothing, WASH, housing and other disability-related support required for independent living and full participation in society. States parties should also ensure adequate social protection and support for persons providing care and support to persons with disabilities, without assuming or reinforcing women's disproportionate responsibility for unpaid care. They should also recognize and support caregivers with disabilities, including older women caring for spouses, children or grandchildren with disabilities, and protect them from forced domestic servitude, financial exploitation, elder abuse, poverty and other forms of economic and gender-based violence;

(b) Adopt disability-inclusive and gender-responsive care policies that recognize, reduce, redistribute and support unpaid care work, dismantle stereotypes assigning caregiving responsibilities to women, and recognize women with disabilities as both recipients and providers of care. Such policies should ensure adequate income and social protection, respite care and community-based support, so that caregiving responsibilities do not reinforce poverty, institutionalization or exclusion from education, employment, public life and independent living.

K. Participation and data governance (article 29 and 31)

76. States parties should ensure the full, effective and meaningful participation of women with disabilities in political and public life and:

(a) Ensure that participation extend beyond consultation and tokenistic participation to include close consultation, active involvement, co-design and shared decision-making, recognizing women with disabilities as experts in their own lives and holders of diverse forms of knowledge and lived experiences. States parties should proactively include women with disabilities who are often absent from representative structures and ensure that participation enables them to meaningfully influence priorities, decision-making and outcomes;

(b) Guarantee that participatory processes are disability-inclusive, including through accessible and adapted communication methods and sensory-inclusive environments where required; and free from legal, physical, digital and administrative barriers, including through accessible visa and travel procedures where required. States parties should ensure that information, consultation materials and participatory processes are developed, tested and validated in close consultation with and with the active involvement of women with disabilities, through their representative organizations to ensure their effectiveness in practice. They should also protect women with disabilities, particularly women human rights defenders, from reprisals, intimidation, harassment, violence, stigma and economic retaliation, online and offline;

(c) Adopt participatory approaches to data governance and monitoring that combine disaggregated quantitative data with qualitative research reflecting lived experiences to inform legislation, policies, budgets and services. They should collect and analyze data disaggregated by disability, age, race, territory and other relevant characteristics, including maternal mortality and other health outcomes, to identify and eliminate intersectional inequalities;

(d) Promote disability-led research, including through academic funding mechanisms; support community-led data collection where official data fail to capture marginalized communities and inclusive methodology approaches; and ensure the close consultation and active involvement of organizations of persons with disabilities, particularly organizations led by women with disabilities, throughout the data cycle. Data governance should protect privacy, autonomy and personal data, and support the identification of structural discrimination, inform decision-making, strengthen accountability, facilitate access to remedies and reparations, and prevent data from being used in ways that reinforce discrimination or exclusion;

(e) Encourage the leadership of women with disabilities, including within organizations of persons with disabilities and women's rights organizations; foster cross-movement partnerships among organizations of persons with disabilities, women's rights organizations and other equality movements; and guarantee an enabling environment in which these organizations can operate independently and free from surveillance, intimidation and legal reprisals.

L. International cooperation (article 32)

77. States parties should ensure adequate, sustainable and accessible funding for organizations of women with disabilities including:

(a) Ensure that international cooperation, feminist foreign policies and regional initiatives systematically integrate the rights of women with disabilities and that it strengthens the long-term capacity, leadership and institutional sustainability of organizations, including through disability-led research, accessible knowledge production, peer learning, South-South, triangular and regional cooperation, and technical assistance that responds to priorities identified by women with disabilities themselves;

(b) Promote funding modalities that are flexible, predictable, multi-year and accessible, support institutional strengthening rather than project-based activities alone, reduce unnecessary administrative barriers, and enable organizations of women with disabilities to respond to evolving contexts and crises. International cooperation programmes, financing mechanisms and partnerships should be designed, implemented, monitored and evaluated in close consultation with and with the active involvement of women with disabilities, through their representative organizations. Financing mechanisms should ensure that resources reach organizations led by women with disabilities directly and equitably, including grassroots and historically underrepresented groups.

IV. Framework for accountability and implementation

78. States parties bear primary responsibility for the full and effective implementation of these Guidelines. They should establish coherent frameworks for accountability and implementation, which are consistent with the 2030 Agenda for Sustainable Development. States parties should:

(a) Adopt comprehensive anti-discrimination legislation that explicitly recognizes and prohibits intersectional discrimination; review, repeal or amend discriminatory laws, policies and practices, including mental health legislation and those rooted in institutionalization, segregation, substitute decision-making, the denial of legal capacity and disability-, age- and gender- stereotypes. Such measures should systematically identify, review and transform the structural barriers that create, reinforce or perpetuate intersectional discrimination. All laws, policies, programmes and services should be available, accessible, acceptable and of good quality (AAAQ);

(b) Recognize that States parties that have benefited from historical and structural systems of discrimination, oppression and unequal power relations, or continue to perpetuate them, including colonialism and enslavement, bear a particular responsibility to address their historical and ongoing effects through structural measures that identify, remove and transform the barriers sustaining intersectional discrimination against women with disabilities;

(c) Establish independent and adequately resourced accountability frameworks to prevent, investigate, prosecute and provide redress for intersectional discrimination, including in institutional, closed and segregated settings. National human rights institutions, equality bodies and the independent mechanisms established pursuant to article 33 of the Convention should provide accessible complaints, monitoring and redress mechanisms. States parties should also establish due diligence and oversight mechanisms to prevent, investigate, punish and redress intersectional discrimination by non-State actors, including institutions, nursing care centers, businesses and service providers;

(d) Establish accountability mechanisms to ensure that judges, prosecutors and other justice actors comply with their obligations under the Convention by exercising due diligence to identify, prevent, remedy and provide redress for intersectional discrimination against women with disabilities, as appropriate, and that failures to do so are subject to effective oversight and corrective measures, supported by sustained capacity-building on substantive equality, intersectional discrimination and the rights of women with disabilities developed and delivered in close consultation and with the active involvement of women with disabilities, through their representative organizations;

(e) Ensure that legal and policy frameworks comprehensively address all forms of violence against women with disabilities, including online violence, elder abuse, exploitation and harmful practices, and establish effective accountability mechanisms for State and non-State actors. States parties should ensure that responses to technology-facilitated gender-based violence do not restrict access to digital technologies essential for communication, health care and independent living;

(f) In relation to article 23, adopt or amend legislation, policies and support systems to ensure full respect for the legal capacity of women with disabilities, including through supported decision-making, in matters relating to marriage, divorce, family life, child custody, inheritance, adoption, sexuality and reproductive rights. Laws and decisions in these areas should be free from discriminatory stereotypes, including laws or practices that prohibit adoption, restrict marriage, divorce or permit the annulment of marriage on the basis of disability;

(g) Recognize in law and implement the right of women with disabilities to live independently and be included in the community by adopting time-bound deinstitutionalization strategies, strengthening community-based support systems, protecting rights relating to housing, land, property and inheritance especially for Indigenous and racialized women with disabilities, and establishing independent, accessible and confidential complaints, reporting and monitoring mechanisms in institutional, residential, humanitarian and long-term care settings, including nursing care facilities, with survivor-centered safeguards against sexual and gender-based violence. States parties should recognize that deinstitutionalization is essential to achieving substantive gender equality and eliminating intersectional discrimination;

(h) Regulate digital platforms and artificial intelligence systems to prevent algorithmic discrimination and technology-facilitated disability-based and gender-based violence. Women with disabilities and their representative organizations should be closely consulted and actively involved in the development, implementation, monitoring and oversight of digital governance and artificial intelligence frameworks;

(i) Ensure sufficient, sustainable and accountable public financing for the rights of women with disabilities, including their representative organizations. Fiscal and budgetary policies should address intersectional discrimination, adequately resource implementation of the Convention and avoid retrogressive measures. States parties should assess the impact of budgetary decisions on women with disabilities and progressively reallocate resources from

institutional, military and carceral systems towards disability inclusion, gender equality and community-based support;

(j) Collect, analyze and regularly publish data disaggregated by disability, age, race, gender, territory, socioeconomic status and other relevant characteristics to identify patterns of intersectional discrimination, structural barriers and unequal power relations affecting women with disabilities, and to inform evidence-based measures to eliminate them. States parties should develop indicators and monitoring frameworks that measure not only outcomes but also the structural conditions producing inequality, and use such data to strengthen accountability, public reporting and the implementation of the Convention.