



General Recommendation of the  
Committee of Experts of the MESECVI (No.4)

# **GENDER-BASED VIOLENCE AGAINST GIRLS AND WOMEN WITH DISABILITIES**



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***Gender violence against girls and women with disabilities.*** Approved by the Committee of Experts of the MESECVI, during its Nineteenth Meeting, held on November 12, 2022.

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# Introduction

1. The forms of violence against girls, teenagers and women with disabilities in the framework of the Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belém do Pará Convention) are covered by the definition of violence against women included in the treaty (Art. 1). This must be interpreted comprehensively in light of every woman's right to be free from discrimination and stereotypes (Art. 6) and to incorporate the perspective of intersectional discrimination and disability (Art. 9). To this end, it can be stated that, in the context of the Convention, violence against girls, teenagers and women with disabilities covers any action or conduct that is jointly based on gender or disability which causes death, physical, sexual or psychological harm or suffering to a disabled girl or woman, whether in the public or private sphere. It addresses a broad concept that covers the forms of violence against women with disabilities by the intersectionality of gender and disability, as well as the actions that could disproportionately affect them, taking into account stereotypes and gender and disability-based challenges, as well as other vulnerability factors that affect women's lives.
2. This approach must also be applied to the interpretation of the due diligence obligations set out in the Belém do Pará Convention. This means that the measures to prevent, respond to and protect from violence against women must, generally, include women, teenagers and children with disabilities, so as to take into account the support they require to exercise their rights on an equal basis with the others and ensure that they can access existing services and programmes. The measures should also, adopt reasonable accommodations and acknowledge their legal capacity so as to eliminate discrimination and reduce their risk of violence given the intersectionality of gender and disability.
3. Disability has traditionally been approached through a biomedical and healthcare perspective based on charity, exclusion and the denial of rights, as well as, the need to correct people's supposed impairments. However, in recent decades, progress has been made in recognising and guaranteeing the rights of disabled persons.<sup>1</sup>
4. The first international treaty on this matter was the Inter-American Convention on the Elimination of all Forms of Discrimination Against Persons with Disabilities (CEDPWD, OAS, 1999). Although it was adopted several years after the Belém do Pará Convention, it does not refer to the gender perspective, nor does it specify the matter of gender-based violence.

5. The most important international standard in this regard is the United Nations (UN) Convention on the Rights of Persons with Disabilities (UNCRPD, UN, 2006), which advocates a model of disability based on inclusion and adaptation of the environment. In accordance with the treaty, “persons with disability include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others” (Art. 1). Thus, the UNCRPD highlights the point that disability is not an intrinsic condition of the person, but that it is caused by a society that imposes barriers and is not able to acknowledge the persons with disabilities as part of the human diversity.
6. In its preamble, the UNCRPD recognises that women, teenagers and girls with disabilities are often more exposed to violence and discrimination, and includes equality between women and men among its general principles. It also recognises the need to adopt measures so that women with disabilities can have the benefit of full and equal enjoyment of all human rights and fundamental freedoms (Art. 6) and requires States to take gender into account in policies aimed at protecting against abuse, exploitation and violence (Art. 16). This gender mainstreaming calls for States to prioritise the rights of women and girls with disabilities in all measures aimed at implementing the Convention.<sup>2</sup>
7. General Comment no. 3 (2016), on women and girls with disabilities issued by the United Nations Committee on the Rights of Persons with Disabilities, recognizes the concept of intersectional discrimination and ensures that “people do not suffer discrimination as members of an homogeneous group, but as individuals with multidimensional identities, conditions and life circumstances.”<sup>3</sup> Additionally, the Report of the Special Rapporteur on the rights of persons with disabilities (2017) states that in international and national work related to the rights of persons with disabilities, the gender perspective has been set aside too often. There is, then, an urgent need to pay attention to the discrimination and marginalization that are multiple and aggravated by the human rights violations that women and girls with disabilities face in most societies<sup>4</sup>.
8. Eliminating these barriers is an obligation that States Parties undertake on ratifying the Belém do Pará Convention or the UN’s Convention on the Rights of Persons with Disabilities. Below is a summary of the obligations included in Chapter 3 of the Belém do Pará Convention<sup>5</sup>:
  - a. Firstly, the States Parties must ensure the rights of all women to be free from violence and discrimination (Art. 6). To this end, States must condemn all forms of violence against women and take measures to ensure access to justice with full procedural guarantees and the required procedural accommodations (Art. 7). This obligation must be fulfilled “by all appropriate means” and “without

delay”, which implies that actions must be performed immediately, deploying all the required resources, so there is no excuse for not fulfilling the set obligations. In the case of girls, adolescents and women with disabilities, access to justice must be complemented by the obligation to provide adjustments in the procedure<sup>6</sup> and adequate for the age<sup>7</sup> (Art. 13 CRPD). In other words, all processes and procedures must be adapted to respond to the different requirements of users with disabilities.

- b. Measures must also be adopted to ensure access and availability of quality services linked to helping victims and survivors of violence: this implies creating accessibility and availability conditions<sup>8</sup> as per Art. 9 of the CRPD. Likewise, they have to undertake measures related to eliminating gender-based stereotypes, in accordance with Art. 8b of the CRPD and Art. 8 of the Belém do Pará Convention. In this case, States Parties undertake to “progressively” adopt respective measures. For the Committee of Experts this means undertaking to take bold, permanent and sustainable steps to achieve structural changes in institutions and society, in general, significantly increasing States’ political commitment to due diligence in a coordinated manner to ensure protection against violence against women.
  - c. When these measures are adopted, the associated obligations must be interpreted within the context of intersectionality and disability (Art. 9), which takes into account several situations of vulnerability to violence. Consideration shall be given to girls or women with disabilities, their race or ethnic background or their status as migrants, refugees or displaced persons, being pregnant, a minor, an elder, LGTBQ+ women, in a socio-economically disadvantaged situation, affected by armed conflict, or deprived of freedom.
9. The Follow-up Mechanism to the Belém do Pará Convention (MESECVI) mandates the monitoring of the measures adopted to comply with the Belém do Pará Convention, through which States Parties must act with due diligence to prevent, investigate, punish and redress all forms of violence against women. In so doing, special account should be taken of the vulnerability to violence due to disability (Art. 9). The Convention directs the efforts of MESECVI towards addressing gender-based violence and disability-based violence.
  10. The Committee of Experts is therefore responsible for addressing acts of violence against women that are committed due to their disability and their gender, identifying patterns and measures to address them. Drawing attention to the disability factor enables progress in promoting the right of women to be free from violence by including this matter as an aggravating factor.

# Context

## Rights of women, teenagers, and girls with disabilities

11. This model of disability entails a number of obligations, including the duty to ensure a fair and equal trial and the right to participate in the administration of justice as an intrinsic element of the right of access to justice. Within these obligations, the provision of procedural and age-appropriate accommodations should be understood as “all judicial and administrative proceedings”, and should be based on the free choice and preference of the person concerned. Examples of procedural accommodations are: sign language interpretation, availability of legal and judicial information in accessible formats, multiple media, easy-to-read versions of documents, Braille and remote participation and testimony by video link, provision of assistive technologies, personal assistance, procedural flexibility to accommodate specific participation requirements, change of venue of a court, the ability for sign language interpreters to participate in confidential jury discussions, extension or adjustment of procedural time limits and other procedural formalities and time limits<sup>9</sup>.
12. Another particularly relevant obligation is the duty to ensure accessible environments that allow adequate access to services, which duty relates to changes in procedures to ensure that persons with disabilities can access and participate in them on an equal basis with others. Persons with disabilities - and especially women and girls - may encounter physical barriers, communication barriers, or may be deprived of the opportunity to access the courts and claim their rights because they are institutionalized or isolated at home, without recourse to outside contacts to file complaints, or because they lack information about their rights<sup>10</sup>.

## Violence against girls and women with disabilities

13. The link between disability and gender-based violence is twofold. On one hand, many girls, teenagers and women acquire short-term or permanent disabilities due to the gender-based violence to which they are subjected. In this sense, many circumstances of disability are directly or indirectly due to acts of physical or sexual violence, as well as structural violence, such as teenage maternity, childbirth in poor conditions or female genital mutilation.<sup>11</sup> On the other hand, girls, teenagers and women with disabilities are more likely to face situations of gender-based violence due to their disability.
14. In addition to being disproportionately exposed to different forms of gender-based violence, girls, teenagers and women with disabilities also face other forms of disability-based violence. Among these, it is worth mentioning the consequences

derived from the restrictions of rights and the denial of legal capacity, the coercive imposition of treatment and forced institutionalisation. The latter is also known as institutional violence and is evidenced in psychiatric centres, residences, among other institutions that provide seminal services. In these cases, the women report, among other things, being undressed by male personnel against their will or the forced administration of psychiatric medication that can reduce their ability to remember an act of violence. In addition, by being in a controlled space, they have serious difficulties in accessing complaint channels.

15. Another type of violence particular to women with disabilities is that committed by the persons that provide personal care tasks, who not only violate the dignity of women with actions, but also with omissions in care-giving tasks. They are also affected by acts such as the mistreatment of service animals, breaking of assistive devices, hindering access to their necessities or living spaces or promoting a sense of burden or culpability.<sup>12</sup>
16. Additionally, girls and young women with disabilities are disproportionately subjected to forced sterilisation procedures. Among the main reasons for performing the procedures are eugenics, menstrual hygiene or pregnancy prevention. The practices are often based on the argument that they are in no condition to deal with motherhood. The 2017 report of the Special Rapporteur on the rights of Persons with Disabilities states that “forced sterilisation is an inadmissible practice that has lifelong consequences on the physical and mental integrity of girls and young women with disabilities and must be eradicated and be classified as a crime immediately”<sup>13</sup>.
17. Another challenge faced by girls and women with disabilities is being subjected to medical interventions or procedures without their free and informed consent. Mainly, they face forced contraception and abortion. The first is intended to control conception and is performed at the request of health professionals or parents. The second is done because of negative stereotypes about their ability to raise children and because of eugenic concerns that they give birth to a child with a disability<sup>14</sup>.
18. Additionally, in the case of girls with disabilities, the Committee on the Rights of the Child has indicated that there are three most frequent forms of violence that this group faces: i) forced sterilisations; ii) violence in the context of medical treatment (such as electroconvulsive therapy or other techniques to “control” behavior); and iii) deliberate generation of disability so that they practise begging. Similarly, the 2017 report of the Special Rapporteur on the rights of Persons with Disabilities has drawn attention to the practices of forced sterilization, forced contraception, hysterectomy without consent and forced abortion of girls and adolescents with disabilities<sup>15</sup>.

19. To this end, more than a specific gender-based violence category, violence against girls, teenagers and women with disabilities is an intersectional form of violence, involving both gender and disability— two factors that increase the risk of vulnerability to violence.<sup>16</sup> In turn, the impact of violence and discrimination against girls, teenagers and women with disabilities can be aggravated when there are other factors of potential discrimination, which could be poverty, race or ethnic background, age and gender identity.
20. One of the main issues associated with designing effective policies aimed at improving the conditions in which persons with disabilities can exercise their rights is the lack of information and disaggregated and systematic records on disability and its impact on human rights (art. 31 of the UNCRPD). In any case, the diagnoses of different human rights mechanisms indicate that violence and discrimination against girls and women with disabilities is a serious problem in all regions of the world, including Latin American and Caribbean countries.
21. A considerable number of the States in the region have ratified the CEDPWD and the UNCRPD and many have taken the first steps to adapt their laws and design policies. However, as the respective committees highlight in their review of the country reforms, the already scarce measures often lack effective implementation.<sup>17</sup> Given that Article 6 of the UNCRPD mainstreams the gender perspective, the United Nations Committee on the Rights of Persons with Disabilities (CRPD) is responsible for specifically addressing discrimination and violence against girls, teenagers and women with disabilities. CRPD's general conclusions about the countries of this hemisphere point to the fact that the monitoring mechanisms and services that help gender-based violence victims and survivors are not often adapted to the needs of women with disabilities, nor are their staff prepared to assist them with reporting instances of violence. The general conclusions also note that disability policies and services lack a gender perspective. Similarly, structural violence is identified throughout the region, including the coercive treatment without free and informed consent, as well as, other violations of rights, such as forced sterilisation, isolation and mistreatment of institutionalised persons.
22. In this sense, it is relevant that, among others, access to health, justice, education, housing, job opportunities and economic support be guaranteed, with all the guarantees and without barriers, since, without these guarantees, the probability of remaining in a situation of violence increases, with the enormous risks that this entails.
23. Likewise, it is important that all professionals who participate in the care of women with disabilities who are victims of gender-based violence are specialized in said care, having received the necessary training to do so. In the case of women and girls



with disabilities in residential services, knowing that the incidence of cases is higher, not only adequate training is essential, but also greater control of these spaces so that they become safe spaces.

## Barriers to access to justice

24. In addition to these forms of violence, there are multiple barriers and obstacles that disabled women, girls and teenagers who are victims of gender-based violence face when accessing their rights through justice.<sup>18</sup> The justice system should have accessible environments and information for users with various disabilities. Procedures should also be adapted to the age and special needs of each disability. Likewise, the legal capacity to participate in justice processes must be recognized and respected. In this regard, legal operators must be trained in such a way that they do not adopt stereotyped decisions.
25. Currently, the barriers can be of various types. The symbolic ones appear in the shape of stereotypes and prejudices that pervade the work of the people responsible for assistance, defence, investigations and judicial hearings. Or barriers can be material, in that they are related to the physical environment and access to information and appropriate means of communication. They can also occur due to the lack of disability and gender perspective when requesting and obtaining evidence, in background analysis and ordering reparation measures. Restricting legal capacity on the grounds of disability, as mentioned, also means that victims cannot directly participate in the process.
26. In turn, the denial of access to justice is a consequence of factors such as the lack of accessible information, the lack of procedural accommodations, the lack of or inappropriate legal assistance, the lack of access to an accessible and effective remedy, restitution and reparation that is not adapted to their needs and the prevalence of justice operators who are not trained or who perpetrate deep-rooted discriminatory stereotypes against people with disabilities.
27. To this end, the Committee of Experts finds at least the following barriers that impede women, teenagers, and girls with disabilities from accessing justice:
  - a. **Effects of stereotypes.** Stereotype-based practices that legitimize violence against girls, teenagers and women represent a fundamental obstacle to exercising their rights, which is magnified in the case of girls and women with disabilities. Furthermore, stereotypes based on legal incapacity and underestimating women, teenagers, and girls with disabilities considerably restrict access to justice.

- b. **Legal incapacity.** Legal incapacity prevents people from accessing justice to oppose their rights being restricted. Among other consequences, they are deprived of the right to be heard, to provide evidence, or to refute witnesses.
- c. **Dismissal of evidence.** Women with disabilities are often not recognized as being competent witnesses, as it is believed that they need assistance to communicate, are too delicate to withstand interrogation, or their statements are not credible due to their psychosocial or intellectual disabilities, and even due to the lack of legal capacity to act in the processes, as mentioned above.
- d. **Limited accessibility to facilities and services.** Physical barriers and indoor spaces lacking adaptation make it materially impossible to access reception areas, police stations, defence lawyers' offices, or courts. This affects all services, including shelters and emergency spaces. Accessibility is also related to services and facilities being available within reasonable distances.
- e. **Lack of training with an intersectional approach.** The lack of specialist training to provide appropriate assistance and care to women, teenagers, and girls with disabilities who are survivors of gender-based violence are due to a lack of awareness and training to address said cases.
- f. **Lack of information and accessible communication.** There is a need for resources to guarantee communication and access to information necessary for reporting an issue and receiving legal assistance (including sign language interpreters or information in Braille or other formats and also disability- and age-appropriate plain language formats).
- g. **Lack of procedural accommodations.** The following accommodations should be provided: a) systematic accommodations to guarantee that judicial systems are accessible and inclusive for all persons; and b) personalised accommodations, making the necessary adjustments for each case.
- h. **Difficulty in accessing specialist and free legal assistance.** One of the main access to justice barriers is the difficulty in accessing free legal assistance and public defence services that, furthermore, specialise in assisting this type of case.
- i. **Jurisprudential practice insensitive to intersectional discrimination.** Shortcomings in the training of judges result in judgments not considering a perspective of childhood, gender, disability or other intersectionalities.

- j. **Reparations lacking gender and disability perspective.** Reparations must be based on a diagnosis of the gender and disability stereotype, the nature of the harm caused, the causes and context and the appropriate means to eliminate them.
- k. **Invisibility of forms of violence specifically faced by women with disabilities.** Girls, adolescents and women with disabilities face other forms of. Among these, it is worth mentioning the consequences derived from the restrictions of rights, the denial of legal personality, the coercive imposition of treatment, forced institutionalization, violence committed by their personal care takers, forced sterilization, forced contraception and forced abortion. Unfortunately, because they are circumstances that exclusively affect girls, adolescents and women with disabilities, they are made invisible by the States and society in general. Few data exists on the subject and there are even fewer solutions.
- l. **Absence of accessible shelters for women with disabilities.** Physical accessibility, that is, shelter infrastructures, are very limited or non-existent for girls and women with disabilities. The places where they stay usually lack the minimum adaptations necessary for the housing of women with disabilities. It is also common that in these places women with psychosocial disabilities are excluded and stigmatized especially because they are considered “dangerous” or capable of attacking other people.

28. In this sense, the obligation of due diligence to prevent, investigate and impose penalties for violence against women includes the obligation of ensuring that legal proceedings are fair and effective. To this end, these legal proceedings must be adapted to the needs of girls and women with disabilities by means of the necessary procedural accommodations to guarantee their access to justice and their participation in all stages of judicial proceedings. When the required adjustments are not made, the duty of due diligence is not met because the barriers are not removed, thus preventing them from reporting and achieving justice for the acts of violence that affect them. Accessibility must always be fully guaranteed, and present in architectural environments (if there are lifts or ramps) and communication environments (in simple language, whenever necessary, and in sign language and Braille writing systems, as well as, other adapted formats). While the adjustments operate in immaterial environments and are requested in a secondary manner, if they imply access to justice, they cannot be denied. (These adjustments include, among others, change of location of hearings, prolonging or pausing hearings, making testimonial protocols more flexible).

29. In addition to the above, in the context of the lockdown measures due to the Covid-19

pandemic, the whole region has observed the need to ensure innovative and effective institutional responses to put an end to the gender-based violence epidemic.<sup>19</sup> It has also become clear that girls and women with disabilities are disproportionately exposed to different forms of violence.

## General recommendations

30. Given this reality, the Committee of Experts of the Follow-up Mechanism to the Belém do Pará Convention has drafted this General Recommendation as a means to contribute to the responses of the Convention's States Parties to fulfil their obligations. To this end, the most urgent actions should be:

### Legislation

***Article 7 a. (refraining from acts of violence), Articles 7 c. (adapting legislation), 7 h. (adopting legislative measures) and 7 e. (abolishing norms and practices that support violence).***

31. Review the legislation and other regulations to ensure they adapt to the Convention of Belém do Pará, to the UNCRP and to the highest international standards in the matter, for the recognition of all human rights for girls, teenagers, and women with disabilities.
32. Review legislation in a way that prohibits or regulates the forced institutionalisation of people with disabilities, in accordance with the CEDPWD.
33. Repeal all laws, regulations, policies, and practices that, directly or indirectly, restrict the legal capacity of women, teenagers, and girls with disabilities, including substituted decision-making, such as interdiction, guardianship or conservatorship, and any other practice that could prevent initiating and pursuing legal actions or actively participating in judicial proceedings. Consequently, laws that guarantee and regulate decision-making support systems for women, adolescents and girls with disabilities, providing them with safeguards to prevent abuse, should be enacted.
34. Explicitly recognize in the law that all women with disabilities have the legal capacity and the right to the necessary support system to be able to exercise such.
35. Repeal all laws, regulations, policies, services, and practices that directly or indirectly permit or tolerate violence against women with disabilities, such as regulations that authorize treatments and/or forced and involuntary interventions, such as sterilization, abortion or institutionalization, or forced medication, among others.

36. Expressly prohibit by law forced sterilization, as well as other coercive and involuntary practices that constitute acts of violence against women with disabilities.
37. Prohibit forced institutionalization and treatment of women with disabilities and provide appropriate procedural guarantees to protect their rights to free, prior, and informed consent, establishing such a decision-making principle for any decision or treatment.
38. Guarantee comprehensive legislation according to the highest international standards regarding public services, especially health services and those services that receive and handle reported violence, to ensure physical accessibility and availability of relevant, adapted information, as well as applying the reasonable accommodations required.
39. Guarantee active and direct participation of girls, teenagers, and women with disabilities in designing laws and creating, executing, and assessing public policies and programs aimed at fighting gender-based violence to promote their effective participation and to ensure the inclusion of the disability approach and the experiences of women with disabilities.
40. Incorporate the disability perspective in laws, rules, regulations, programs, and public policies and services on gender-based violence, based on human rights contained within the UNCRPD, employing an intersectional approach. Include the disability perspective in elements that classify and prevent violence against women.
41. Promulgate legislation that prohibits and punishes the denial of procedural accommodations in hearings concerning violence against women with disabilities, and considers such denial as disability discrimination.
42. Issue laws, regulations, protocols or any other administrative acts that provide for the specific obligations of States and their specific bodies related to women, teenagers, and girls with disabilities, in terms of international treaties and standards mentioned in this recommendation.
43. Ensure an appropriate safeguards framework to ensure that the rights, wishes and preferences of women with disabilities are respected in the provision of support, as well as, to avoid conflicts of interest, undue influence and abuse.
44. Create instruments for assessing the risk of individualized violence that make it possible to measure situations of violence towards girls, adolescents and women with disabilities.

## **National plans**

***Article 7 b. (due diligence to prevent, investigate and impose penalties for violence against women), Article 8 a. (measures to promote training), Article 8 b. (measures to modify socio-cultural patterns), 8 e. (educational programs), Article 8 g. (influencing communication media)***

45. Promote quality services characterized by human dignity, ensuring the mainstreaming of the gender and disability perspective, as well as, the participation of women and girls with disabilities.
46. Promote the development of protocols and guidelines to prevent and protect against acts of violence and ensure punishment and reparation for the acts committed.
47. Prepare action protocols and put in place mechanisms to report and follow-up situations of abuse or violence for women with disabilities who have been institutionalized or are residents of closed and isolated environments to ensure that violence and discrimination do not occur during service provision. This institutionalization or residences should occur only in cases in which women with disabilities voluntarily decide to use these services.
48. Develop training programs for staff responsible for assisting victims of violence which include content on both the gender and the disability perspective. They must also include practical knowledge to ensure the development of necessary skills to guarantee suitable treatment – including the ability to generate trust and offer alternatives where necessary in safe spaces.
49. Run awareness-raising campaigns about the right of women with disabilities to a life free of violence, based on the social and human rights model of disability and on equality policies related to disability, focusing on accessibility, transmission of information and data, so that stereotypes can be broken down.
50. Design and run government and private sector education programs aimed at promoting the visibility of the different forms of violence and discrimination to which girls and women with disabilities are victims, promoting respect for their human rights and knowledge of existing legal remedies to combat their occurrence.
51. Promote designing formal and non-formal education plans and programs for all levels of the education process aimed at promoting respect for the rights of girls and women with disabilities to a life free of violence. These plans and programs shall teach women, teenagers, and girls with disabilities their rights and how to exercise them.

52. Reach agreements with disability women organizations to promote their participation in educational and awareness-raising actions aimed at combating gender and disability stereotypes.
53. Promote the adoption of guides and codes in the media (both public and private) aimed at ensuring the elimination of gender and disability stereotypes and promoting the respectful and participatory treatment of all persons with disability, favoring the design and running awareness-raising campaigns about gender- and disability-based violence.
54. Prepare effective and accessible rehabilitation and training programs for girls and women with disabilities who have survived situations of violence. These programs shall be adapted to the different circumstances and consequences of situations of violence and ensure their full recovery and their active inclusion in public, private and social life.
55. Promote the mainstreaming of the gender and disability perspective in the activities of international mechanisms and organizations linked to the rights of persons with disabilities in which the State Party is a participant and, in general, in all corresponding public activities.
56. Create protocols for assistance to victims from the different areas: health, education, social services, as well as, a list of resources that can serve both women who need it and the professionals who attend them, so that they can inform them about the different possibilities. The networking of the different resources involved in the care of women victims of gender violence is essential, so that the implementation of joint action protocols and the knowledge of the specific protocols of each area by the others, is essential for an adequate comprehensive treatment to women and, where appropriate, to their children.
57. Active participation of women with disabilities in political life, in culture, in the media, so that they can be role models. The inclusion of such role models in all areas is an effective tool for social transformation to combat stereotypes, generate knowledge, provide credibility and reduce discrimination.
58. In the workplace, it would be appropriate to guarantee access and quotas for women with disabilities who are victims of violence, as well as, job placement programs and paid leave in case of need; the opportunity for transfers; measures for making arrangements for the care of their children; adaptation of the workplace in the event that the disability is a consequence of abuse and was not already adapted previously, etc. These guarantees should also have an impact on vocational training.

59. Collaborate with companies, private sector, organizations and entities, and encourage them to incorporate equality and diversity in their corporate strategies.
60. Promote accessibility in all public institutions, in cities, on websites, in all communications, and promote it in companies and private organizations.
61. Promote inclusive education, with special emphasis on cross-cutting education, at all stages, referring to the gender perspective, the deconstruction of myths and stereotypes about disability and affective-sexual education.

### **Access to justice**

***Article 7 b. (due diligence to prevent, investigate and impose penalties for gender-based violence); Article 7 d. (legal measures to protect survivors), 7 f. (timely hearing and effective access), Article 7 g. (reparation and compensation), Article 8 c. (educating and training legal staff), Article 8 d. (properly trained social services, including shelters), and Article 8 f. (victim rehabilitation and training)***

62. Implement a systematic policy in the justice administration system that guarantees accessibility measures, both general and specific, that may be required to guarantee effective access to information and communication, allowing women with disabilities to know and defend their rights. There should be elimination of physical barriers, the implementation of effective measures to guarantee communication, access to information and understanding of judicial procedures, as well as, communication with the operators of the justice administration system. The use of electronic media accessible to women with disabilities can be a useful tool in this direction, as well as easy-to-read formats in judicial and administrative decisions.
63. Implement a systematic policy in the system of administration of justice aimed at guaranteeing a fair and impartial trial, guaranteeing procedural adjustments on the basis of “free choice and preferences”, free of charge for women with disabilities who are victims or survivors of violence<sup>20</sup>, based on medical reports, appropriate to age, guaranteeing the rights of girls and modifiable, according to their biological needs or changes that occur over time. This policy should include the revision of special legislation on violence, as well as, all other legislation, including administrative, civil and criminal legislation, to expressly include the duty to provide procedural accommodations in all judicial proceedings and the corresponding protocols and training processes for officials in charge of implementing these accommodations.



64. While the concept of legal incapacity remains in force, establish mechanisms that allow women who have been declared as being legally incapable of appealing against such and request that their legal capacity is reinstated, guaranteeing the necessary legal assistance.
65. Create care networks for women victims of gender-based violence, as well as, their children, including free psychological, legal and social assistance. In these centers they should be attended without the need to file a complaint, but with the opportunity to have support in case they wish to do so. They must be duly equipped to attend to women with all types of disabilities, including housing resources for women and their children who need them, which resources must have adequate accessibility, as well as, professionals with the appropriate training and specialization.
66. Likewise, create care networks for women victims and survivors of trafficking and sexual violence, as well as their children, that include the same protection standards previously mentioned.

### *Physical accessibility*

67. Guarantee that the premises and buildings that are part of the justice system (courts, police stations, hospitals, legal assistance centers, detention centers, prisons, etc.) are physically accessible in terms of infrastructure, spatial layout, furniture, facilities, and universally designed signs so they can be used by all persons with disabilities.
68. Ensure that these facilities have comfortable, accessible, and safe spaces that respect disabled women's confidentiality and privacy so they can express themselves freely – including, where necessary, temporary immediate referral to comprehensive care centers until the case is judicially resolved, taking into account, in any case, the need to ensure respect of the due diligence principle.
69. Guarantee that shelters for victims of violence are accessible to women with disabilities, and they admit personal carers and service animals. If necessary, free personal care service should be guaranteed and adapted to the disability of the beneficiary of said service.
70. The justice system's offices, services, and facilities should also be accessible by regular public transport routes and accessible for people with disabilities to ensure they can travel independently during all stages of the process.

### ***Accessibility to information and communication***

71. Implement the necessary accommodations for guidance and legal advice services, shelters for victims of violence, helplines for victims of violence, and other institutions to guarantee that disabled women can access inclusive services adapted to their needs.
72. Create accessible guides that enable disabled women to identify their rights and take action when said rights are violated, including methods to ensure that they can identify violence and know the support services available.
73. Develop informative materials about how to report violence and protect against gender-based violence, which must be accessible to the diverse needs of women with disabilities (easy-to-understand plain language materials, sign language, Braille writing systems, digital formats, easy-to-read texts, audio, video, etc.).
74. In cases that involve girls, teenagers, and women with disabilities, promote the use of plain legal language, including any necessary age-sensitive accommodations.
75. Publish sentences and other legal rulings that are of interest to women with disabilities in plain and adapted languages and, where necessary, in indigenous languages, and disseminate them in areas of interest.

### ***Procedural accommodations***

76. Guarantee the participation of disabled women who are survivors of violence in judicial proceedings by adopting the necessary disability- and age-appropriate accommodations, as well as, access to forms of communication intermediaries, such as sign language interpreters, guides, and easy-reading translations, among others.
77. Produce guides on the use of inclusive language and respecting the dignity of disabled women who are victims of violence.
78. Extend the network of mechanisms for reporting and investigating violence against women, ensuring that mechanisms are accessible and attainable for women with disabilities so they can report cases of violence, and developing guides and protocols that enable personalized assistance.
79. Pay special attention to threats that may arise from the processes for reporting violence against girls and women with disabilities, establishing the informed and consented precautionary measures and supports that are necessary in each case,

and always taking into account the disability-related needs. Specifically, permit the early gathering of evidence and recording such in an audiovisual format for trials involving disabled women who are victims or survivors of violence to avoid having to repeat statements and re-victimization.

80. In cases of violence that end with a judgement of conviction, guarantee appropriate reparation of the harm with an intersectional gender and disability perspective that is adapted to the needs of women with disabilities and prior assessment of the needs. Ensure that beneficiaries of the measures participate in the process of designing and adopting said measures.
81. Adopt the necessary measures to ensure that comprehensive reparation is included in the practice of judicial reparations to guarantee that sentences include measures to address the structural situation of violence and discrimination that led to the violation of rights.
82. Maintain accurate judiciary records of the reparations agreed upon for disabled women who are victims or survivors of violence, ensuring that implementation is monitored to guarantee their full compliance.
83. Run training programs on human rights at all levels of the legal administration system (judiciary, public prosecutors, defense attorneys, police officers, healthcare professionals, social workers, interpreters, prison officers, etc.) about disability, violence, and gender. Programs should be mandatory for all justice system workers, and women with disabilities and their organizations must be among the training staff.
84. Promote the inclusion of disability-related subjects on the curricula of law degrees – at public and private universities – from the social model to human rights, as well as, the importance of the recognition of full legal capacity.
85. Implement mechanisms that assess the impact that training programs have on disabled women who are victims or survivors of violence gaining access to justice.
86. Guarantee that legal assistance services for disabled women who are victims or survivors of violence are accessible, of high quality and comprehensive, ensuring the existence of the required supports, adapted to their needs, including the participation of interpreters, assisted technology, communication facilitators, or intermediaries between disabled women and lawyers.
87. Establish legislation that forces lawyers that provide free legal assistance to disabled women who are victims or survivors of violence to respect the fundamental principles

of the will and preferences of the women with disabilities, ensuring their full autonomy and capacity to take their own decisions.

88. Implement measures to perform quality control on the free legal services, which are public or State-supported, and free legal services for disabled women who are victims or survivors of violence, as well as, interpretations and the guarantee of confidentiality of interpreters, facilitators, and other support workers in cases of violence against girls and women with disabilities.
89. Make available lists of free lawyers who specialize in assisting and defending disabled women who are victims or survivors of violence, as well as, official sign language interpreters or guides or agreements with sign language interpreting or guide associations.

## **Data and statistics**

### ***Article 8 h. (researching and collecting statistics)***

90. Develop efficient and systematic mechanisms for recording and collecting itemized and detailed information as an essential tool to ensure the design and effective implementation of policies based on the diagnosis of reality.
91. In accordance with Article 31 of the UNCRPD, guarantee the collection of statistical data on all forms of violence that disabled women face, disaggregated into age and disability type and other relevant factors.
92. Include the disability perspective in surveys and records aimed to measure and raise awareness of gender-based violence, including specific questions on the violence that disabled women face. Records must include information about the effectiveness of the mechanisms for reporting and initiating investigations and judicial hearings at all stages until the reparation sentence and its effective enforcement.
93. Generate surveys aimed at raising awareness of the barriers faced by women, teenagers, and girls with disabilities when reporting and addressing the violence they face to support the necessary regulatory and administrative reforms to ensure the elimination of such barriers.
94. Possess mechanisms that can generate statistics and data on women, teenagers, and girls with disabilities that are in institutionalized environments.

95. Conduct studies and research into the access to justice barriers in cases of violence against women, teenagers, and girls with disabilities and disseminate said studies and research in accessible formats.
96. Adapt data-collecting instruments making their disability- and age-appropriate, and ensure that their design and content do not replicate prejudices and stereotypes. Questions and data collection processes must be accessible for girls, teenagers, and women with disabilities, who must also be directly involved in the surveys' design and content. The statistical results must be presented in different formats, ensuring they are accessible to all women with disabilities.
97. Preparation of studies, reports and research on women with disabilities that can be disseminated for the knowledge and awareness both of institutions and the general public. The studies should highlight the existing gaps in different areas: labour, education, access to health, salaries, in top management positions, in the media, in politics, in decision-making.
98. Drawing up reports on best practices in the States so that they can be shared and applied, where appropriate, in the different territories, taking into account the socio-cultural characteristics of each country.
99. Establish more mechanisms for evaluating measures and their impact more frequently and for all States Parties, so that solutions can be implemented on an ongoing basis, without waiting for long periods of time.

## Notes

1 OHCHR. Thematic study on the issue of violence against women and girls and disability: report of the Office of the United Nations High Commissioner for Human Rights. 30 March 2012. A/HRC/20/5.

2 *Convention on the Rights of Persons with Disabilities. Training guide. Staff training series No. 19.* OHCHR, 2014. p. 29. HR/P/PT/19. Available at: [https://www.ohchr.org/sites/default/files/Documents/Publications/CRPD\\_TrainingGuide\\_PTS19\\_EN\\_Accessible.pdf](https://www.ohchr.org/sites/default/files/Documents/Publications/CRPD_TrainingGuide_PTS19_EN_Accessible.pdf)

3 General comment no. 3 (2016), on women and girls with disabilities. Committee on the Rights of Persons with Disabilities. UN, November 25, 2016. CRPD/C/GC/3. Available at: <http://docstore.ohchr.org>

4 The sexual and reproductive health and rights of girls and young women with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities. UN, July 14, 2017. A/72/133. Available at: <https://undocs.org/A/72/133>.

5 See: CIM/MESECVI. *Guide to the Application of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women.* Washington DC: 2014. pp 39-59. OAS/Ser.L/II.6.14. Available at: <http://www.oas.org/en/mesecvi/docs/bdp-guiaaplicacion-web-en.pdf>

6 See: OHCHR, [A/HRC/37/25](#), par. 24, “The list of measures that States parties should take to ensure effective and equal access to justice enumerated in article 13 (1) of the Convention is not exhaustive, and States parties are obliged to provide procedural and age-appropriate accommodations to facilitate the role of persons with disabilities as direct and indirect participants in all legal proceedings, including the investigative and other preliminary stages. Hence, procedural accommodations serve as a means to effectively realize the right to a fair trial and the right to participate in the administration of justice, and are an intrinsic component of the right to access to justice. The Committee on the Rights of Persons with Disabilities has provided a number of examples of how procedural accommodations for persons with disabilities can look in practice, for example, through the provision of sign language interpretation, legal and judicial information in accessible formats for, multiple means of communication, easy read versions of documents, Braille and video link testimony, among others. Procedural accommodations should also encompass procedural flexibility to accommodate specific requirements for participation, for example allowing sign language interpreters to participate in confidential jury debates, extending or adjusting procedural deadlines and adjusting procedural formalities.”

7 See: OHCHR, [A/HRC/37/25](#), par. 27, “Procedural accommodations must be age-appropriate. The Committee has recognized this right for children with disabilities. Additionally, the Committee on the Rights of the Child has highlighted that different accommodations should be made to guarantee the right to access to justice for children, including children with disabilities. For example, age-appropriate procedural accommodations may require modified courtroom procedures and practices, specific settings and age-appropriate assistance, among others.”

8 See: OHCHR, [A/HRC/37/25](#), par. 20, “Persons with disabilities may face physical barriers to accessibility, such as barriers which render the act of physically entering police stations or courts impossible. Communication barriers may prevent access to information, understanding legal procedures or exchanges with judges, lawyers and other interlocutors. Further, many persons with disabilities are impeded from accessing courts and claiming their rights as a result of confinement to institutions or being isolated in their homes, without recourse to outside contact to lodge complaints. In addition, lack of information on their rights and how to invoke them before courts and authorities pose barriers to seeking remedies.”

9 See: OHCHR, [A/HRC/37/25](#), par. 24, “Procedural accommodations should also encompass procedural flexibility to accommodate specific requirements for participation, for example allowing sign language interpreters to participate in confidential jury debates, extending or adjusting procedural deadlines and adjusting procedural formalities.”

10 See: OHCHR, [A/HRC/37/25](#), par. 20

11 CEDAW Committee. General Recommendation No. 24. Women and health. 1999. Para. 27. [A/54/38/Rev.1](#).

12 Special Rapporteur on violence against women, its causes and consequences. UN, 3 August 2012. [A/67/227](#). [Violence against girls and women with disabilities]. Available at: <https://undocs.org/A/67/227>.

13 The sexual and reproductive health and rights of girls and young women with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities. UN, July 14, 2017. [A/72/133](#). Available at: <https://undocs.org/A/72/133>.

14 The sexual and reproductive health and rights of girls and young women with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities. UN, July 14, 2017. [A/72/133](#). Available at: <https://undocs.org/A/72/133>.

15 The sexual and reproductive health and rights of girls and young women with disabilities. Report of the Special Rapporteur on the rights of persons with disabilities. UN, July 14, 2017. A/72/133. Available at: <https://undocs.org/A/72/133>.

16 Sexual and reproductive health and rights of girls and young women with disabilities. Report of Special Rapporteur on the rights of persons with disabilities. UN, 14 July 2017. A/72/133. Available at: <https://undocs.org/A/72/133>.

17 The UN's Committee on the Rights of Persons with Disabilities highlights such in their final observations on the reports from the different countries in the region. The country reports by the States Parties to the Convention and the Committee's final observations are available on the UN Treaty Body database at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=es&TreatyID=4](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=es&TreatyID=4)

18 OHCHR. Right to access to justice under Article 13 of the Convention on the Rights of Persons with Disabilities. 27 December 2017. A/HRC/37/25. Para. 41. Available at: <https://undocs.org/A/37/25>.

19 See CIM/MESECVI. *Violence against women versus measures aimed at reducing Covid-19 transmission*. OAS, 2020. OAS/Ser.L/II.6.26. Available at: <https://www.oas.org/es/cim/docs/COVID-19-RespuestasViolencia-EN.pdf>

20 See: OHCHR, [A/HRC/37/25](https://undocs.org/A/HRC/37/25), par. 26





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