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**Submission to the Special Rapporteur on Violence Against Women, its Causes and Consequences
Call for femicide-related data and information**

November 15, 2018

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[Women Enabled International](http://www.WomenEnabled.org) (WEI) works at the intersection of women's rights and disability rights to advance the rights of women and girls with disabilities worldwide. Globally, WEI fosters cooperation across movements to increase international attention to and strengthen human rights standards on issues such as violence against women, sexual and reproductive health and rights, access to justice, education, legal capacity, and humanitarian emergencies.



**Submission to the Special Rapporteur on Violence Against Women, its Causes and Consequences
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Our organizations appreciate the opportunity to provide this submission to the Special Rapporteur on Violence Against Women, its causes and consequences (Special Rapporteur) in response to her call for femicide-related data and information and, more generally, in support of her efforts to analyze the causes of femicide and call for its prevention. This submission focuses on these issues as they relate to femicide and women and girls with disabilities.

According to the World Health Organization and the World Bank, women and girls with disabilities¹ constitute 19.2% of women worldwide, making up a substantial portion of the global population.² Due to discrimination based on both their gender and disability, women with disabilities experience violations of their rights that are distinct from and disproportionate to those experienced by other women. In particular, women with disabilities experience gender-based violence, including domestic violence, at higher rates than other women, and the violence they experience also has unique forms, causes, and consequences.³ Girls with disabilities are also more frequently victims of violence, including infanticide, in circumstances where their lives are devalued as a result of stereotypes on the basis of both their gender and disability.

As the Special Rapporteur has found, femicide constitutes “the most extreme form of violence against women and the most violent manifestation of discrimination against women and their inequality.”⁴ Despite the acknowledged higher rates of violence against women with disabilities, however, femicides of women with disabilities remain a largely invisible problem, as data on this issue is not consistently collected and, in most cases, remains anecdotal if it is collected at all.

Through this submission, we hope to begin a dialogue with the Special Rapporteur on an intersectional gender-sensitive and disability-sensitive approach to violence against women with disabilities, particularly femicide, as well as to highlight the lack of disaggregated data on this issue worldwide. Prepared in consultation with local organizations of women with disabilities around the world, this submission begins with a discussion of the lack of data on femicide as it affects women with disabilities. The submission then provides background information on some forms of violence against women, including domestic violence and infanticide, that could lead to or constitute femicide and to which women with disabilities are disproportionately subjected, outlining how stigma, discrimination, and lack of social supports perpetuate these practices. Finally, this submission provides some brief recommendations to the Special Rapporteur as she continues to work on the issue of femicide, with the hope that she will specifically include issues affecting women with disabilities in forthcoming work on this issue. We have also included four annexes (A-D) with more specific information provided by organizations of women with disabilities, for the Special Rapporteur’s reference.

I. Lack of disaggregated data and information on femicides of women with disabilities

Obtaining accurate data on women and girls with disabilities is a major barrier to fully understanding the phenomenon of femicide. It is generally estimated that women and girls with disabilities are at least two to three times more likely than women without disabilities to experience violence and abuse in various spheres,⁵ but no global data exists on the incidence of such violence, and studies draw on different sources of data. Infanticide committed against girls with disabilities is a similarly under-documented phenomenon, though infanticide against children with disabilities seems to be practiced in several countries (see Section II.B below). Organizations of women with disabilities in Poland, the Caribbean, and Indonesia reported to WEI that they could not find any data on the issue of femicide in their States or regions that was

disaggregated by disability, if such information existed at all, and organizations in Mexico and Nigeria similarly reported anecdotal evidence of violence and femicide against women more broadly or women with disabilities specifically but were not able to find data on the issue.⁶ This absence of data comes despite the requirements of Article 10 of the Convention on the Rights of Persons with Disabilities (CRPD) to ensure the right to life for persons with disabilities on an equal basis with others and Article 31 of the CRPD to collect data disaggregated by disability.⁷

In line with the Special Rapporteur's call to create Femicide Watches, some States have instituted local and regional efforts to generate data and information about femicides in line with their international obligations to prevent and end violence against women.⁸ Some of these initiatives also follow the recommendation of the Special Rapporteur in her last report, according to which the "data on the number of femicides or cases of gender-related killings of women [should be] disaggregated by age and ethnicity of victims, and the sex of the perpetrators, and indicating the relationship between the perpetrator and the victim or victims."⁹ However, according to our research and reports from local organizations of women with disabilities, these initiatives do not disaggregate the information by disability,¹⁰ which is necessary not only to better explain the phenomenon but also to fulfill other international human rights obligations, such as the obligation to collect information under Articles 10 and 31 of the CRPD, referenced above.

One recent positive, though incomplete, example of data collection on femicide that includes women with disabilities comes out of Argentina. In 2017, Argentina incorporated new variables, including disability, into the National Judicial Registry of Femicides (RNFJA).¹¹ After this change, the RNFJA gathered information about people with disabilities as victims of femicide. Of the total of 273 victims of femicide identified that year, one was a person with a disability.¹² However, it is not clear whether this information fully accounts for femicides of women with disabilities in Argentina, because neither the State-collected Unique Registry of Gender-Based Violence Cases nor the various civil society efforts to monitor gender-based violence, including femicide, collect information on violence against women with disabilities.¹³ As a result, despite the recent changes to the RNFJA, statistics on gender-based violence, including femicide, and many other issues affecting women with disabilities in Argentina are not yet sufficiently collected or disaggregated.

The 2014 Latin American Model Protocol for the investigation of gender related killings of women (femicide/feminicide) (the Model Protocol) provides an important template for investigating femicide against women with disabilities. The Model Protocol states that investigations into femicides must be carried out with an intersectional analysis, and includes a list of elements that should be considered depending on the characteristics of the victims, including disability status.¹⁴ For instance, the Model Protocol notes that femicides of women with disabilities occur primarily in the context of violence within family relationships, including partner relationships, and also sometimes as part of sexual violence in which "the attack is carried out taking advantage of the vulnerability of these women."¹⁵ The Model Protocol further points out that femicides of women with disabilities may have similar characteristics to those against older women,¹⁶ including a history of prior violence throughout the duration of a relationship with the perpetrator, excessive force, and the victim's inability to resist.¹⁷ It is unclear, however, whether the Model Protocol or some of its provisions have been adopted by States in Latin America or elsewhere, with the exceptions of Mexico and Argentina.¹⁸

Furthermore, the Inter-American Model Law for the Prevention, Punishment, and Eradication of Violence Against Women in Political Life (the Model Law), published in 2017, takes an intersectional approach to violence against women, including femicide.¹⁹ The Model Law includes a provision that States should take into consideration the vulnerability of women to violence because of various intersectional factors, including disability.²⁰ With regard to data collection, it says that the States should also establish an information system that reflects political participation of persons disaggregated by sex, age, race, and

disability, among other factors.²¹ However, as noted above, few States consistently document and collect data on violence against women with disabilities, including femicide.

In order to prevent and address gender-based violence, including femicide, as it impacts women with disabilities, States should collect more disaggregated information on violence against women with disabilities, including femicide, and its prevalence, causes, and consequences. With this gap in mind, states should consult the work of the Washington Group on Disability Statistics—a body of the United Nations Statistical Commission—which has helped devise surveys to accurately measure the prevalence of disability worldwide, including amongst children.²² The Washington Group’s work crafting questions to identify disability has helped scholars measure a range of issues affecting persons with disabilities,²³ and so may also help inform surveys on femicide to identify when such practices are committed against women with disabilities.

II. Forms of Femicide that May Disproportionately Impact Women and Girls with Disabilities

As the Special Rapporteur has found, there is an inherent connection between gender stereotypes and gender-based hate crimes and how they affect women who “[do] not fit within or ascribe to traditional sex roles.”²⁴ Likewise, women with disabilities are affected by unique and intersectional forms of discrimination and violence based on their gender and disability, as well as the assumption that they are unable to fulfil the social expectations for women. This section will explore a few of the forms of violence disproportionately experienced by women and/or girls with disabilities that may constitute or lead to femicide, including domestic violence and infanticide.

A. Domestic Violence against Women and Girls with Disabilities

Women with disabilities experience domestic violence in unique ways and at higher rates than other women, increasing the risk that they will be killed by family members, caregivers, or intimate partners. Women with disabilities worldwide experience domestic violence—including physical, sexual, emotional, psychological, and financial abuse—at twice the rate of other women.²⁵ Indeed, the notion that they are often considered less eligible for marriage can make women with disabilities particularly vulnerable to unstable romantic relationships that can lead to intimate partner violence.²⁶

Disability status itself can exacerbate domestic violence, elevating the risk of femicide. For instance, in a 2007 survey of victims of domestic violence in the United Kingdom (UK), all 30 women with disabilities who participated in the survey reported that being disabled worsened the abuse and made it more difficult for them to leave abusive situations.²⁷ Reports indicate that women with disabilities in the UK are also subject to such violence at the hands of a wider variety of people, including intimate partners, family members, caregivers, and health care workers.²⁸ Furthermore, a 2015 review by Public Health England—a UK government body—found that persons with disabilities who experienced greater limitations on their daily activities are two to three times more likely to experience violence, including domestic violence, than non-disabled persons.²⁹ Women with disabilities in India similarly report that they are at an increased risk of violence as a result of their disability, due either to their perceived vulnerability or the stigma associated with disability itself, particularly within families and marital homes.³⁰ In a limited study of women with disabilities in Mumbai, for instance, 22% of married respondents reported that they had experienced some form of physical violence from their partners, while 23% reported emotional violence,³¹ including threats of abandonment.³² Of these women, 81% felt that the violence was due to their disability.³³

In Mexico, according to a report prepared by *Fundación Paso a Paso*,³⁴ indigenous women with disabilities are subject to particular forms of violence, and this violence is aggravated by their lack of awareness of what constitutes violence, and the internalization of violence as something inevitable or deserved combined

with a fear of speaking out, situations that are all exacerbated by their disability status.³⁵ Women with disabilities worldwide may also be subjected to what, because of their disability, the media portrays as “mercy-killings” in which perpetrators are “caring [and] loving individuals who acted out of compassion.”³⁶ However, this interpretation sometimes hides that these murders actually follow from a history of abuse.³⁷ Although not an incident of domestic violence, a 2016 case in which three Deaf women street vendors in Haiti were tortured and murdered, following a fear that they might be evil spirits known as *lougawou*, further illustrates how stigma against and stereotypes about women with disabilities can lead to violence, including femicide.³⁸

For women with disabilities, leaving a violent home environment can prove difficult. Those fleeing abusive homes may be physically unable to leave, particularly where public transportation is inaccessible.³⁹ Women with disabilities may also be reliant on their abuser to meet personal needs; indeed, when the abuser is also a caregiver, it is frequently impossible for women with disabilities to get help.⁴⁰ These factors mean that women with disabilities often experience domestic violence for a longer period of time before attempting to leave their abusers,⁴¹ a situation that can elevate the risk of that violence escalating and leading to femicide.

B. Infanticide of Girls with Disabilities

Girls with disabilities are also at risk of infanticide. As the CRPD Committee notes in its General Comment No. 3 on women and girls with disabilities, girls with disabilities are particularly susceptible to infanticide, “because their families are unwilling or lack the support to raise a girl with an impairment.”⁴² In its thematic study on violence against women and girls with disabilities, the UN Office of the High Commissioner for Human Rights (OHCHR) found that “gender-specific neglect may compound discrimination against girl children with disabilities, who are particularly vulnerable to violence and harmful practices, including infanticide ... perpetrated by family members, members of the community and by those with specific responsibilities towards them, including teachers and employees of children institutions.”⁴³ This may be because, as the Committee on the Rights of the Child (CRC Committee) points out in its General Comment No. 9 on children with disabilities, “some cultures view a child with any form of disability as a bad omen that may ‘tarnish the family pedigree’ and, accordingly, a certain designated individual from the community systematically kills children with disabilities.”⁴⁴ Furthermore, the CRC and the CEDAW Committees, in a joint general comment on harmful practices, have found that infanticide and other harmful practices are “strongly connected to and reinforce socially constructed gender roles and systems of patriarchal power relations and sometimes reflect negative perceptions of or discriminatory beliefs regarding certain disadvantaged groups of women and children, including individuals with disabilities or albinism.”⁴⁵

These findings are reinforced by a 2005 study of violence against children with disabilities conducted by the U.N. International Children’s Emergency Fund (UNICEF). UNICEF found that children with disabilities may be subjected to infanticide at birth or at some point after birth because communities may consider these children to be evil or because families with children with disabilities can face intense stigma.⁴⁶ UNICEF also found that infanticide may result from a family’s wish to end the perceived suffering of a child with a disability, often referred to as a “mercy killing.”⁴⁷ “Mercy killing” is frequently the result of a lack of social supports for children with disabilities and their families rather than the actual physical condition of the child himself or herself.⁴⁸ UNICEF notes in particular that, in some societies, girls with disabilities are more likely to be subjected to “mercy killings” than are boys of similar age and disability,⁴⁹ and children with intellectual disabilities are particularly susceptible to “mercy killings” and infanticide.⁵⁰

WEI was not able to locate national-level data on the prevalence of infanticide of girls with disabilities, and this information appears to remain largely qualitative or anecdotal. A 2018 report by Disability Rights International and the Kenyan Association for the Intellectually Handicapped on infanticide and institutionalization of children with disabilities in Kenya found that “all the parents of children with

disabilities interviewed stated that [it] is a common experience to be pressured to give up or kill them” it is believed that they are “cursed or bewitched.”⁵¹ Therefore, “many children are killed at birth.”⁵² It also found that mothers are more pressured to kill their children with disabilities, and that this prevalence is higher in rural areas.⁵³ The report did not measure whether infanticide occurred at higher rates for girls with disabilities in Kenya. Furthermore, according to *Fundación Paso a Paso* (México), infanticide of children with disabilities in indigenous communities in Mexico, especially those that are born with the assistance of a traditional midwife, is underreported given the lack of pregnancies and birth registrations.⁵⁴ Girls with disabilities are disproportionately affected, as some indigenous communities sacrifice these girls to their deities or consider them to be of less value, given the assumption that they will not be able to procreate.⁵⁵ For these reasons, the decision of a parent or caretaker to take the life of a child with a disability in these communities may be actively supported by medical, religious, or social counsel or other family members, and those responsible for the killings often will not face prosecution for homicide or will receive a reduced sentence.⁵⁶

Infanticide, including of children with disabilities, has been recognized as a severe human rights violation, including a violation of the right to life and survival.⁵⁷ The CRC Committee has identified infanticide as a harmful practice and as an important issue affecting children with disabilities⁵⁸ and girls⁵⁹ in several States. The CRC Committee has further recommended that States raise awareness and address cultural norms, stigma, and practices that lead to infanticide, including of children with disabilities,⁶⁰ as well as eliminate restrictive population policies, enforce laws preventing infanticide, and ensure the registration of all births in order to prevent infanticide.⁶¹

III. Recommendations

As part of her efforts to support States in their strategies for the prevention of femicides/feminicides especially by the gathering of relevant data and information, we urge the Special Rapporteur to:

- Recommend that States collect data on femicide that is disaggregated by disability, age, indigenous status, and other relevant factors, to ensure that the situation of women and girls with disabilities is adequately addressed.⁶²
- Recommend that stakeholders, including States and international donors, support research (qualitative and quantitative) about the impact of femicide on women who face intersectional discrimination, including women and girls with disabilities, and organize trainings for disabled women activists on this issue.
- Develop a gender-sensitive approach to consider how certain characteristics or identities, including disability, intersect with gender to place women and girls at particular risk for femicide.
- Identify States’ obligations to take measures to address underlying factors that contribute to a heightened risk of femicide, including obligations to:
 - Dismantle the stigma associated with disability, including that disability is a bad omen or sign of witchcraft, and raise awareness about the rights of women and girls with disabilities;⁶³
 - Ensure the full range of rights for persons with disabilities and provide adequate social support services, education, and employment opportunities to individuals with disabilities and their families;⁶⁴
 - Ensure that women and girls with disabilities who are victims of gender-based violence have access to protective and rehabilitative services, including emergency shelters and other social services, as well as sexual and reproductive health services to allow them to leave abusive situations;⁶⁵ and

- Train police, judicial and other law enforcement authorities to respond to instances of violence committed against women with disabilities and to give credence to their testimony to ensure access to justice.⁶⁶

Thank you again for the opportunity to provide this contribution to the Special Rapporteur in response to her call for data and information on femicides. Please do not hesitate to contact us should you have any questions or require additional information on any of the content addressed herein.

¹ This submission addresses the situation of women and girls with disabilities throughout the lifecycle. As such, any reference to “women with disabilities” should be interpreted to include girls with disabilities unless otherwise indicated.

² WORLD HEALTH ORGANIZATION (WHO) AND WORLD BANK, WORLD REPORT ON DISABILITY 28-29 (2011).

³ UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 31, U.N. Doc. A/67/227 (2012) [hereinafter SRVAW, *Report on women with disabilities*].

⁴ UN Special Rapporteur on Violence Against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences on the topic of femicide*, ¶ 25, U.N. Doc. A/71/398 (2016) [hereinafter SRVAW, *Report on femicide*].

⁵ UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID), UNTIED STATES STRATEGY TO PREVENT AND RESPOND TO GENDER-BASED VIOLENCE GLOBALLY 7 (Aug. 10, 2012), <http://www.state.gov/documents/organization/196468.pdf>.

⁶ See Annex A [Fundación Paso a Paso, *Muestras sobre la situación de las mujeres con discapacidad* (attached)], Annex C [Dorothy Njemanze Foundation, *A report on Femicide in Nigeria* (attached)], and Annex D [Advocacy for Women with Disabilities Initiative (attached)].

⁷ Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, arts. 10, 31, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (entered into force May, 3 2008) [hereinafter CRPD].

⁸ See, e.g., Economic Council of Latin American and the Caribbean (ECLAC), *Gender Equality Observatory for Latin America and the Caribbean*, Femicide or Feminicide section, available at <https://oig.cepal.org/en> (an ECLAC initiative that collects official information provided by States).

⁹ UN Special Rapporteur on Violence against Women, *Report of the Special Rapporteur on violence against women, its causes and consequences*, ¶ 45, U.N. Doc. A/HRC/32/42 (2016).

¹⁰ See *id.*; see also http://interwp.cepal.org/sisgen/SisGen_MuestraFicha_puntual.asp?id_aplicacion=17&id_estudio=0&indicador=2780&idioma=i (showing that some States gather information about the age, nationality, marital status, gender identity of the victims, and variables like the place where the femicide occurred, means used for the femicides, etc).

¹¹ See Annex B [REDI – *Avances y Desafíos en la Producción de Información sobre Femicidios y Homicidios por Razón de Género con Perspectiva de Discapacidad en Argentina* (explaining that “the National Judicial Registry of Femicides in Argentina functions under the Supreme Court of Justice of the Nation and relieves statistical data of the judicial causes for violent death of women for reasons of gender” and “When, based on the information available in the case, it appears that the victim was a person with a disability, whether or not his disability or capacity restriction was declared under the terms of the National Civil and Commercial Code.” (attached)) [author’s translation from Spanish].

¹² *Id.*, (adding that the information disseminated by the State, however, does not indicate whether this person with a disability was a victim of direct femicide, linked or by interposition in line of fire, if there were protective measures and the means used in the femicide. Nor is information provided on the victim’s age, gender identity, occupation, educational level and nationality, if there were ‘situations of specific vulnerability (migration ..., pregnancy, not being native of the Spanish language, being in a prostitution situation, deprived of freedom)’ or the type of link that existed between victim and victimizer.”) [author’s translation from Spanish].

¹³ *Id.*

¹⁴ UN Women, UNiTE, OHCHR, *Latin American Model Protocol for the investigation of gender-related killings of women (femicide/feminicide)*, ¶ 141, available at <http://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/latinamericanprotocolforinvestigationoffemicide.pdf?la=en&vs=5729>.

¹⁵ *Id.*, ¶ 119.

¹⁶ *Id.*, ¶ 149-50.

¹⁷ *Id.*, ¶ 147-48.

¹⁸ See *Protocolo de Investigación Ministerial, Policial y Pericial con Perspectiva de Género para el Delito de Femicidio* [Mexico] available at https://www.gob.mx/cms/uploads/attachment/file/253267/Protocolo_Femicidio.pdf (including specific provisions on women with disabilities at 21, 22) and *Protocolo para la investigación y litigio de casos de muertes violentas de mujeres (femicidios)* (2018) [Argentina] (including specific provisions on women with disabilities at 22, 61, 68, and 73).

¹⁹ Organization of American States, *Inter-American Model Law on the Prevention, Punishment, and Eradication of Violence Against Women in Political Life*, Art. 6(a) (2017), available at <http://www.oas.org/es/mesecvi/docs/LeyModeloViolenciaPolitica-EN.pdf>.

²⁰ *Id.*, Art. 9.

²¹ *Id.*, Art. 15, (i).

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- ²² See WHO AND WORLD BANK, WORLD REPORT ON DISABILITY 26-27 (2011); see also Washington Group on Disability Statistics, <http://www.washingtongroup-disability.com/>.
- ²³ See Washington Group on Disability Statistics, *Resources: Journal Articles*, <http://www.washingtongroup-disability.com/publications/journal-articles/>.
- ²⁴ SRVAW, *Report on femicide*, *supra* note 4, ¶ 26.
- ²⁵ SRVAW, *Report on women with disabilities*, *supra* note 3, ¶ 31.
- ²⁶ WHO and United Nations Population Fund, *Promoting sexual and reproductive health for Persons with Disabilities: World Health Organization/United Nations Population Fund Guidance Note* (2009).
- ²⁷ Gill Hague, Ravi Thiara, Pauline Magowan, and Audrey Mullender, *Making the Links: Disabled Women and Domestic Violence* 33, 42 (2007), available at <http://wwda.org.au/wp-content/uploads/2013/12/hague1.pdf> (joint project conducted by Women's Aid, the Gender and Violence Research Group at the University of Bristol, and the Centre for the Study of Safety and Well-being at the University of Warwick).
- ²⁸ PUBLIC HEALTH ENGLAND, DISABILITY AND DOMESTIC ABUSE: RISK, IMPACTS AND RESPONSE 9 (2015), available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf.
- ²⁹ *Id.* at 11.
- ³⁰ Nayreen Daruwala, et al, *Violence against Women with a Disability in Mumbai, India: A Qualitative Study* in SAGE OPEN 3-5 (2013).
- ³¹ CREA, *count me IN!: Violence against disabled, lesbian, in sex-working women in Bangladesh, India, and Nepal* 65 (2012), available at <http://www.creaworld.org/sites/default/files/The%20Count%20Me%20In!%20Research%20Report.pdf>.
- ³² Nayreen Daruwala, et al, *Violence against Women with a Disability in Mumbai, India: A Qualitative Study* in SAGE OPEN 4-5 (2013).
- ³³ CREA, *count me IN!: Violence against disabled, lesbian, in sex-working women in Bangladesh, India, and Nepal* 65 (2012), available at <http://www.creaworld.org/sites/default/files/The%20Count%20Me%20In!%20Research%20Report.pdf>.
- ³⁴ See Annex A [Fundación Paso a Paso, *Muestras sobre la situación de las mujeres con discapacidad* (attached)].
- ³⁵ *Id.*
- ³⁶ Deirdre Brennan, *Femicide Census - Redefining an Isolated Incident* 23 (2017), available at <https://1q7dqy2unor827bqjls0c4rm-wpengine.netdna-ssl.com/wp-content/uploads/2017/01/The-Femicide-Census-Jan-2017.pdf>.
- ³⁷ *Id.*
- ³⁸ See, e.g., Anna Leach, “Murder of three deaf women in Haiti must be a starting point for change.” THE GUARDIAN, July 18, 2016, <https://www.theguardian.com/global-development-professionals-network/2016/jul/18/three-deaf-women-murdered-haiti-change-disabled-people>.
- ³⁹ Gill Hague, Ravi Thiara, Pauline Magowan, and Audrey Mullender, *Making the Links: Disabled Women and Domestic Violence* 33, 42 (2007), available at <http://wwda.org.au/wp-content/uploads/2013/12/hague1.pdf>.
- ⁴⁰ Gill Hague, Ravi Thiara and Audrey Mullender, *Disabled Women and Domestic Violence: Making the Links, a National UK Study* in 18(1) PSYCHIATRY, PSYCHOLOGY AND LAW 117, 124 (2010).
- ⁴¹ See, e.g. John Baker, *Revealed: the shocking truth of domestic abuse against disabled women*, PETERBOROUGH TELEGRAPH, Aug. 11, 2011, available at <http://www.peterboroughtoday.co.uk/news/revealed-the-shocking-truth-of-domestic-abuse-of-disabled-women-1-3004746>.
- ⁴² CRPD Committee, *General Comment No. 3: Article 6: Women and girls with disabilities*, ¶ 36, U.N. Doc. CRPD/C/GC/3 (2016).
- ⁴³ OHCHR, *Thematic study on the issue of violence against women and girls and disability*, ¶ 24, U.N. Doc. A/HRC/20/5 (2012).
- ⁴⁴ CRC Committee, *General Comment No. 9: Children with disabilities*, ¶ 31, U.N. Doc. CRC/C/GC/9 (2007).
- ⁴⁵ CEDAW and CRC Committees, *Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices*, ¶ 9, U.N. Doc. CEDAW/C/GC/31-CRC/C/GC/18 (2014).
- ⁴⁶ UNICEF Thematic Group on Violence against Disabled Children, *Summary Report: Violence Against Disabled Children 6* (2005), available at https://www.unicef.org/videoaudio/PDFs/UNICEF_Violence_Against_Disabled_Children_Report_Distributed_Version.pdf. [hereinafter UNICEF, *Violence Against Disabled Children*].
- ⁴⁷ *Id.*
- ⁴⁸ *Id.*
- ⁴⁹ *Id.*
- ⁵⁰ *Id.*, at 31.
- ⁵¹ Disability Rights International, *Infanticide and Abuse: Killing and confinement of children with disabilities in Kenya* 11 (2018), available at <https://www.driadvocacy.org/wp-content/uploads/Infanticide-and-Abuse.pdf>
- ⁵² *Id.*
- ⁵³ *Id.*, at 12.
- ⁵⁴ See Annex A [Fundación Paso a Paso, *Muestras sobre la situación de las mujeres con discapacidad* (attached)].
- ⁵⁵ *Id.*
- ⁵⁶ UNICEF, *Violence Against Disabled Children*, *supra* note 44, at 6.
- ⁵⁷ CRC Committee, *General Comment No. 9: Children with disabilities*, ¶ 31, U.N. Doc. CRC/C/GC/9 (2007).

⁵⁸ See, e.g., CRC Committee, *Concluding Observations: China*, ¶ 33, U.N. Doc. CRC/C/CHN/CO/3-4 (2013); *Concluding Observations: Togo*, ¶ 51, U.N. Doc. CRC/C/TGO/CO/3-4 (2012); *Concluding Observations: Benin*, ¶ 50, U.N. Doc. CRC/C/BEN/CO/2 (2006).

⁵⁹ See, e.g., CRC Committee, *Concluding Observations: India*, ¶ 33, U.N. Doc. CRC/C/IND/CO/3-4 (2014); *Concluding Observations: China*, ¶ 27, U.N. Doc. CRC/C/CHN/CO/3-4 (2013).

⁶⁰ CRC Committee, *General Comment No. 9*, *supra* note 27, ¶ 31.

⁶¹ See, e.g., CRC Committee, *Concluding Observations: India*, ¶ 33, U.N. Doc. CRC/C/IND/CO/3-4 (2014); *Concluding Observations: China*, ¶ 34, U.N. Doc. CRC/C/CHN/CO/3-4 (2013); *Concluding Observations: Togo*, ¶ 52, U.N. Doc. CRC/C/TGO/CO/3-4 (2012); *Concluding Observations: Benin*, ¶ 50, U.N. Doc. CRC/C/BEN/CO/2 (2006).

⁶² CRPD, *supra* note 7, art. 31.

⁶³ *Id.*, art. 8.

⁶⁴ *Id.*, arts. 19, 24, 27, 28.

⁶⁵ *Id.*, arts. 6, 16.

⁶⁶ *Id.*, art. 13.