

**Submission to the** **CEDAW Committee on the rights of indigenous women and girls**

1. **Introduction**

Women Enabled International (WEI), National Indigenous Disabled Women Association Nepal (NIDWAN), *Mujeres con Capacidad de Soñar a Colores* Collective (Women with the Ability to Dream in Color, Guatemala), *Fundación Paso a Paso* (Step by Step Foundation), Minority Rights Group (MRG), Endorois Indigenous Women Empowerment Network (EIWEN), and *Colectivo* *Ovejas Negras* (Black Sheep Collective) appreciate the opportunity to provide the CEDAW Committee with information on the rights of indigenous women and girls.

Indigenous women[[1]](#endnote-1) and marginalized genders with disabilities face multiple and intersecting forms of discrimination on the basis of gender, disability and indigenous identity. That discrimination imposes unique and pervasive barriers to the realization of their rights. Studies show that indigenous peoples experience higher rates of disability globally when compared to others,[[2]](#endnote-2) and UN Women estimates that there are around 28 million indigenous women with disabilities worldwide.[[3]](#endnote-3) Nonetheless, their rights and needs have been considerably overlooked throughout history. When compared to other women, they experience higher rates of violence, poverty, unemployment, and maternal mortality, among other violations.[[4]](#endnote-4)

This submission presents an overview of the main barriers faced by indigenous women and marginalized genders with disabilities to fulfil their human rights at the intersection of gender and disability. It also includes the violations that stemmed from the impact of COVID-19 on their lives given the urgent need to respond to this issue. Additionally, it highlights how existing human rights standards guide States towards addressing these barriers. The submission concludes with recommendations that we hope will help inform the forthcoming General Recommendation from the CEDAW Committee.

1. **Barriers faced by indigenous women and marginalized genders with disabilities to fulfil their rights at the intersection of gender and disability**

Indigenous women and marginalized genders with disabilities face unique and increased barriers when exercising their human rights due to intersectional and multiple discrimination, structural inequalities, and marginalization,[[5]](#endnote-5) but the lack of data on the matter limits the evidence of such violations. To raise awareness about the rights and needs of indigenous women and marginalized genders, especially those with disabilities, this section will include both the data available, as well as testimonies and anecdotal evidence based on the lived experiences of indigenous women and marginalized genders with disabilities.[[6]](#endnote-6)

1. **Access to Sexual and Reproductive Health and Rights**

Indigenous women with disabilities face many barriers to exercising their sexual and reproductive health and rights (SRHR), including the lack of sexuality education and misinformation. In particular,[[7]](#endnote-7) an indigenous woman with a disability in Guatemala shared, “I never knew if I was going to get my period someday, if I was going to have any changes in my body. At home nobody talked about sexuality. When I got my period, they [family] told me ‘Yes, it’s going to happen to you.’”[[8]](#endnote-8)

For some indigenous women with disabilities in Guatemala, the lack of access to information and the discrimination faced when exercising SRHR is rooted in family traditions.[[9]](#endnote-9) For instance, one woman shared, “Families do not want to talk about any issue related to the body. Women are ashamed. Also, information is not given because they think they [indigenous women with disabilities] are ‘not old enough.”’[[10]](#endnote-10)

There is also widespread stigma related to their SRHR, such as the stereotype of not being capable of getting married and raising children.[[11]](#endnote-11) For instance, in Guatemala[[12]](#endnote-12) and Kenya two women shared

* “Now that I am a woman with a disability, they [family] tell me: ‘you are not going to get married, because you are going to suffer.’ or ‘You can’t get married because you have a disability.”’
* “Some of my sisters laughed at me and said, ‘Surely…it is more obvious for you to stay back at home because nobody could marry you.’ For them, nobody would marry me since my physical disability could not attract any man for marriage.”[[13]](#endnote-13)

The barriers to SRHR can be compounded for indigenous women with disabilities who are LGBTI, discriminated due to their sexual orientation and/or gender identity.[[14]](#endnote-14) For instance, in Guatemala[[15]](#endnote-15)

* An indigenous transwoman with a disability shared, “I have a wife, children and grandchildren because no one in my town should know that I feel like a woman. I am now over 70 years old, and I still have to hide.”[[16]](#endnote-16)
* A woman with a disability shared, “I am afraid to participate in workshops or activities [to the LGBTI community], because some sign language interpreter might say that I am a lesbian... I fear for my life.”[[17]](#endnote-17)

Both indigenous women and women with disabilities face negative assumptions related to their abilities as parents.[[18]](#endnote-18) In Australia, stigma places indigenous parents at heightened risk of having their child removed if they have a disability.[[19]](#endnote-19) Indigenous women with disabilities are also particularly at risk of involuntary sterilization.[[20]](#endnote-20) In many countries, forced or involuntary sterilization is legal when performed on those whose legal capacity is restrained or denied on the grounds of disability.[[21]](#endnote-21)

Many indigenous people with disabilities lack equal access to health services,[[22]](#endnote-22) which include sexual and reproductive health (SRH) care. In Nepal, studies indicate that over 80% of indigenous people with disabilities report having inadequate or poor access to public services and facilities.[[23]](#endnote-23) There are many reasons for that, such as the lack of: accessibility; free or affordable public transportation to access those services; information about their own health; and interpreters—both in sign and indigenous languages—to communicate with healthcare staff. For instance, indigenous women with disabilities in Guatemala shared that both their disability and indigenous status played a significant role in the negative treatment they received.[[24]](#endnote-24)

* “I think that because of my disability and because I am indigenous, they [doctors] think that if they explained to me what I had or why they were doing what they were doing to me, I wouldn’t understand. They talk to my sister rather than me, they don’t give me a chance to talk. She tells them to talk to me.”[[25]](#endnote-25)

Research in Myanmar indicates that there are disparities in access to SRH care between indigenous women with and without disabilities. A study found that indigenous women with disabilities were less likely to: have received at least four prenatal visits (55% and 89% respectively); access and use contraception (55% and 72% respectively); and to report that they were satisfied with the service they received, being treated with respect (33% and 72% respectively) when compared to other women.[[26]](#endnote-26)

1. **Risk of Gender-Based Violence**

Despite the lack of data on the prevalence of gender-based violence (GBV) against indigenous women and marginalized genders with disabilities, conclusions can be drawn by comparing the situation of indigenous women and those with disabilities. Both groups are a target of GBV, being more at risk than women broadly.[[27]](#endnote-27) More than 33% of indigenous women are raped during their lifetime, while almost 80% of women with disabilities have experienced violence and are four times more likely than other women to experience sexual violence.[[28]](#endnote-28) Likewise, both groups, when experiencing GBV, are revictimized because of the lack of response to the crime.[[29]](#endnote-29)

For indigenous communities in Kenya, disability is often seen as a curse from God, which leads to many women with disabilities being hidden at home without exercising their rights. This segregation from society also leads to women with disabilities being seen as objects by family and community members and to experiencing high rates of sexual abuse and exploitation as a result.[[30]](#endnote-30)

A further barrier is the lack of accessible and coordinated services for those who experience GBV. A study on abuse prevention in Inuit Communities highlighted the GBV response services in this community showed gaps in services, inequitable distribution of resources, and an absence of training and support for workers.[[31]](#endnote-31) Accessibility-related issues, which are frequent in this type of service, deepen the barriers that indigenous women with disabilities encounter when seeking help and justice. In Guatemala,[[32]](#endnote-32) an indigenous woman with a disability shared: “In our state, the office that provides GBV support services and the Public Prosecutor’s Office are located in a building with no accessibility, both physical and communications.”[[33]](#endnote-33)

Environmental violence also concerns indigenous women with disabilities, and some of its demonstrations are linked to GBV. For instance, one of them shared that the scarcity of food in Eastern and Southern Africa led to cases of rape, as some of the fishermen force indigenous women, including those with disabilities, to have sex with them in exchange for selling them fish.[[34]](#endnote-34)

1. **Access to justice**

Indigenous women and persons with disabilities face many challenges in the criminal justice system. For instance, indigenous women with disabilities in Guatemala shared that they lacked information about the judicial system and were afraid that the staff would not take their claims seriously, because of factors based on their gender, disability, and indigenous status:[[35]](#endnote-35) “An indigenous woman with a disability from our collective was recently harassed by a man who tried to rape her. She managed to escape and reported it to the police. The police caught the man but then let him go without any follow-up.”[[36]](#endnote-36)

Another barrier is the risk of denial of full legal capacity,[[37]](#endnote-37) which hinders them from accessing justice. Even when they are not denied their right to access justice, it is hard to do so given due to the lack of interpreters—both in sign and indigenous languages[[38]](#endnote-38)—lack of accessible information about the judicial system,[[39]](#endnote-39) and lack of culturally appropriate and accessible procedures.[[40]](#endnote-40) For instance, the testimony of an indigenous deaf woman who did not know how to use sign language was denied in Guatemala by the prosecutors during a trial because the judicial staff did not know how to communicate with her.[[41]](#endnote-41)

The bureaucracy of the judicial system, the lack of access to judicial institutions,[[42]](#endnote-42) and living in rural areas also impose barriers to accessing justice. For instance, an indigenous woman in Nepal shared in 2016 “One of the armed persons during the 12-year armed conflict raped my daughter [a woman with an intellectual disability], and she gave birth to a boy who is now 10 years old. We neither got justice nor identified the crook to punish him because of multiple hurdles, such as my daughter’s disability, economic condition, and ethnicity. I didn’t have access to services and procedures for justice. Years have passed; however, I am in the same position waiting for justice”.[[43]](#endnote-43)

1. **Meeting basic needs**

Poverty disproportionately affects indigenous peoples with disabilities,[[44]](#endnote-44) leaving them—including indigenous women with disabilities—particularly at risk of being unable to meet basic needs.[[45]](#endnote-45) Likewise, living in rural areas often limits access to quality services and opportunities. For instance, indigenous women in Nepal shared experiences with discrimination in employment, describing that “In some places [companies], they force us not to wear our traditional clothing. They discriminate against us because of it at work. They say that it makes us look bad. I was working in an office, but there were no ramps. I had to climb many steps to get to the office. There are no opportunities for women with disabilities.”[[46]](#endnote-46)

In Nepal, according to many local organizations, indigenous women—including those with disabilities—are losing their means of livelihood and food security because of the lack of access to, control, and use of lands, territories, and resources.[[47]](#endnote-47) Anecdotal evidence implies that indigenous peoples with disabilities face many challenges regarding food production, such as limited land irrigation and lack of funds to buy fertilizers and additional food,[[48]](#endnote-48) as well as the lack of information about indigenous tradition on how to plant and use the plants. For instance, in Guatemala “many indigenous women with disabilities don’t receive the ancestral knowledge about the use of plants, specifically medicinal plants. In many cases, the mothers know how to do it and share it with their other daughters, but not with their daughters with disabilities.”[[49]](#endnote-49)

Regarding education, according to a study of the UN Permanent Forum on Indigenous Issues, anecdotal evidence suggests that disproportionately high number of indigenous children with disabilities may be out of school. In New Zealand, 42% of Maori people with disabilities had no educational qualifications, compared with 34% of non-Maori people with disabilities.[[50]](#endnote-50)

Anecdotal and small survey evidence from Rwanda shows that historically marginalized people with disabilities face significant barriers to registering their children with disabilities at birth, due to their extreme poverty and marginalization, lack of disability awareness and information, lack of documentation and lack of access to healthcare services that can verify disability status. Consequently, these children are left without access to healthcare, education or social services and are hidden away at home.[[51]](#endnote-51)

1. **The impact of COVID-19 in the lives of indigenous women with disabilities**

The barriers to ensuring rights for indigenous women with disabilities have increased during the COVID-19 pandemic. This health crisis has disproportionately affected minority groups, among them indigenous women[[52]](#endnote-52) and women with disabilities.[[53]](#endnote-53) There is some evidence that indigenous women with disabilities have been overlooked during the COVID-19 response, as the lack of coordination between local governments and organizations of indigenous communities and of persons with disabilities and bureaucratic and attitudinal barriers have prevented indigenous women from participating in the crisis response.[[54]](#endnote-54)

In particular, the COVID-19 crisis has created further barriers for women with disabilities—including indigenous women—to SRHR. Information, goods, and services on SRH and the exercise of bodily autonomy have been restrained or hindered during the pandemic. Some of these barriers have resulted from COVID-19 restrictions, such as lockdowns, while others have stemmed from fear and stigma, including fear of catching the virus and cultural barriers to accessing information, goods, and services.[[55]](#endnote-55)

In spite of the lack of data on GBV against indigenous women with disabilities during the pandemic, evidence shows an increase of GBV broadly since March 2020.[[56]](#endnote-56) The lack of support to seek justice and support services, as well as the scarcity of accessible information on how to do so, place indigenous women with disabilities at greater risk of violence.[[57]](#endnote-57) In Guatemala, indigenous women with disabilities experienced an escalation in violence during the lockdown but had limited access to support services due to the social distancing measures and lack of access to communication devices.[[58]](#endnote-58)

Furthermore, indigenous women with disabilities in Guatemala have been facing increased barriers to meeting basic needs, as their economic vulnerability has deepened due to the loss of livelihoods in the informal sector during the lockdown.[[59]](#endnote-59) Even though the government provided a financial relief, anecdotal evidence suggests that many indigenous women with disabilities faced barriers to expending the money, as, in several cases, their family members retained it. In addition, an indigenous transwoman with disabilities in Guatemala shared that the intersectional discrimination she faces in her community for being a transwoman prevented her from receiving food support, “There is no way I can receive this support, I don't speak much Spanish and here in my community […] people don't like me, they don't talk to me or support me.”[[60]](#endnote-60)

**III. Brief overview of International Human Rights Framework**

Strategies to fulfill the rights of women and marginalized genders with disabilities must consider the full range of rights, including rights at the intersection of indigenous identity, gender, and disability. Because of the scope of this submission, this section will focus on standards developed under disability rights law, as they intersect with indigenous and gender standards.

The Convention on the Rights of Persons with Disabilities (CRPD) guarantees the right to equality and non-discrimination in Article 5, the rights of women and girls with disabilities specifically in Article 6, and the CRPD Committee’s General Comment No. 3 on women and girls with disabilities underlines the multiple and intersectional discrimination faced on the grounds of indigenous identity, gender, and disability. Similarly, the CRPD Committee’s General Comment No. 6 states that the scope of Article 5 includes protection against discrimination on all grounds, including indigenous origin.[[61]](#endnote-61) In this sense, the CRPD Committee recommended Australia to strengthen antidiscrimination laws to address intersectional discrimination and to explicitly cover all persons with disabilities, including indigenous people.[[62]](#endnote-62)

The CRPD also guarantees the right to health, emphasizing the importance of ensuring access to gender-sensitive health services and providing quality, free or affordable SRH in the community.[[63]](#endnote-63) Likewise, the General Comment No. 3 highlights that women with disabilities experience stereotyping related to disability and gender in the context of sexual and reproductive health, and States must respect, protect and fulfill their rights. To tackle the barriers women with disabilities—including indigenous women—face to exercise this right, States must guarantee other rights as well, such as access to justice, health, and equality, and establish specific measures towards this group.[[64]](#endnote-64) For instance, concerned about the heightened risk of GBV of indigenous peoples with disabilities, the CRPD Committee recommended Canada to “set up criteria aimed at addressing multiple and intersecting forms of discrimination through legislation and public policies, including through affirmative action programmes for women and girls with disabilities, indigenous persons with disabilities […].”[[65]](#endnote-65)

Regarding the right to access to justice, the CRPD Committee highlighted its concern about the limited access to justice of both indigenous people and women with disabilities, and recommended Mexico to adopt priority corrective measures to ensure their access to justice.[[66]](#endnote-66) Likewise, the CRPD Committee underlined that women and girls with disabilities, especially those from indigenous communities, are often the victims of violence and abuse and do not have access to effective protection or reparation measures in the country.[[67]](#endnote-67)

**IV. Recommendations**

that the actions developed to ensure women’s rights are inclusive of an indigenous and disability perspective, we suggest some recommendations that we hope that the CEDAW Committee will consider including in its upcoming General Recommendation:

* Ensure that all laws developed to guarantee the rights of women include an indigenous and disability perspective, guaranteeing accessibility, reasonable accommodations, intercultural approach and addressing the issues at the intersection of indigenous identity and disability.
* Include indigenous women and marginalized genders with all types of disabilities, as well as their representative organizations, in the development and implementation of laws and policies on any issue that directly or indirectly affects their lives, and that their needs and rights are reflected in these laws and policies, with corresponding budget allocation and government representation.
* Ensure that specific measures are developed to tackle the increased and unique barriers faced by indigenous women with disabilities, such as the higher risk of GBV, the consequences of climate change, barriers to access food, SRH, and other health services, education, employment, justice, among others.
* Ensure that the legal capacity of all indigenous women with disabilities is guaranteed on an equal basis with others by repealing laws and policies that limit legal capacity or impede them from exercising their SRHR or access to justice.
* Ensure human rights-based training to actors involved in the administration of justice, focused on rights such as self-determination, collective rights, and free, prior, and informed consent. Such training should include a disability, gender, and indigenous perspective to dismantle harmful stereotypes about credibility or capacity.
* Increase the availability of accessible SRH and GBV prevention and response services in rural and remote areas and accessible information, including in indigenous and sign languages, about their work and importance, as well as the availability of free or affordable accessible transportation to reach these services.
* Adopt policies and programs that address the indigenous, gendered, disability impacts of the pandemic, and develop a legal framework, in line with both the CRPD and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), to provide the legal mechanisms to monitor and respond to the inequitable disability, gender, indigenous, health, and social effects of COVID-19.
* Disaggregate data by sex, gender, age, indigenous identity, language, religion and type of disability and increase the research available on indigenous women and marginalized genders with disabilities, analyzing data and its impact accordingly.

Thank you for your consideration of this submission. If you have any questions, please contact Alana Carvalho, [a.carvalho@womenenabled.org](mailto:a.carvalho@womenenabled.org) and Amanda McRae, [a.mcrae@womenenabled.org](mailto:a.mcrae@womenenabled.org).

1. This submission generally uses the term “women” to refer to all women and girls throughout the lifecycle, unless otherwise noted. [↑](#endnote-ref-1)
2. United Nations Human Rights Council, *Right to health and indigenous peoples with a focus on*

   *children and youth - Study by the Expert Mechanism on the Rights of Indigenous Peoples* ¶ 67, U.N. Doc. A/HRC/33/57 (2016). [↑](#endnote-ref-2)
3. As UN Women states, such estimative is very conservative, given that disability rates are higher among women (19 versus 12 percent in men) and also among indigenous women in different countries (ranging from 22 percent among Aboriginal women in Canada to 47 percent among Aboriginal women in Australia), due to many factors related to the intersecting forms of discrimination this group faces. *See* UN Women, *Fact Sheet – Indigenous Women with Disabilities* 1 (2020), <https://www.unwomen.org/en/digital-library/publications/2020/04/fact-sheet-on-indigenous-women-with-disabilities> [↑](#endnote-ref-3)
4. UN Women, *Fact Sheet – Indigenous Women with Disabilities* 2 (2020), <https://www.unwomen.org/en/digital-library/publications/2020/04/fact-sheet-on-indigenous-women-with-disabilities> [↑](#endnote-ref-4)
5. Asian Indigenous Women’s Network (AIWN), *Indigenous women: Powerful partners in transforming our world 2016-2017* 4 (2017), <https://www.asianindigenouswomen.org/index.php/publications-and-multimedia/magazines-and-newsletters/183-aiwn-2016-2017/file> [↑](#endnote-ref-5)
6. The quotes shared in this submission were gathered from indigenous and non-binary peoples with disabilities in contact with the grassroots organizations that worked on this submission, namely *Mujeres con Capacidad de Soñar a Colores* Collective (MCSC), Endorois Indigenous Women Empowerment Network (EIWEN) and *Ovejas Negra* Collective. In particular, the quotes from indigenous women with disabilities in Guatemala were obtained during a virtual consultation held by MCSC on June 14, 2021 to discuss the issues related to this submission. [↑](#endnote-ref-6)
7. *See*, *e.g*., an indigenous woman with a disability who participated in the virtual consultation in Guatemala “In school, they kind of talked to me about it [SRHR]. They [school] think we won’t understand, they also think in our beliefs or our family’s beliefs that [sexuality] is a sin, so it’s not good for you to know about it.” (Virtual consultation participants, June 14, 2021). [↑](#endnote-ref-7)
8. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-8)
9. *See*, *e.g*., indigenous women with disabilities in Guatemala: “As we are indigenous, there is less information in our family, our parents and ancestors have brought this information, and there is less information available to our parents because of that [belonging to the indigenous community].” And “That’s how they raised our parents, and they want to raise us the same way. We must do what they think is best.” (Virtual consultation participants, June 14, 2021). [↑](#endnote-ref-9)
10. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-10)
11. United Nations Economic and Social Council, *Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development,* ¶ 51 U.N. Doc. E/C.19/2013/6 (2013). [↑](#endnote-ref-11)
12. See, *e.g*, an indigenous woman with a disability in Guatemala: “People tell us that because of our disability, our children will be born like this too, and that prevents us from having a family.” (Virtual consultation participant, June 14, 2021.) [↑](#endnote-ref-12)
13. Minority Rights Group, *I am indigenous, a woman and living with a disability. COVID-19 highlights the intersectional discrimination I face daily* (2021), https://minorityrights.org/2020/05/21/pwds-endorois-covid/ [↑](#endnote-ref-13)
14. United Nations General Assembly, *Access to justice in the promotion and protection of the rights of indigenous peoples: restorative justice, indigenous juridical systems and access to justice for indigenous women, children and youth, and persons with disabilities*, ¶ 61, U.N. Doc. A/HRC/27/65 (2014). [↑](#endnote-ref-14)
15. See, *e.g*, an indigenous non-binary person with a visual disability in Guatemala: “In the disability movement, when I say I’m a non-binary person, people start treating me differently.” Information provided by Josué Canú, coordinator of the Ovejas Negras Collective. [↑](#endnote-ref-15)
16. Information provided by Josué Canú, coordinator of the *Ovejas Negras* Collective, in Guatemala, based on the lived experience of an indigenous transwoman with a physical disability who participates in the activities of the Collective. [↑](#endnote-ref-16)
17. Information provided by Josué Canú, coordinator of the *Ovejas Negras* Collective, in Guatemala, based on the lived experience of an indigenous deaf woman who participates in the activities of the Collective. [↑](#endnote-ref-17)
18. UN Women, *Fact Sheet – Indigenous Women with Disabilities* 7 (2020), <https://www.unwomen.org/en/digital-library/publications/2020/04/fact-sheet-on-indigenous-women-with-disabilities> [↑](#endnote-ref-18)
19. The Special Rapporteur on the rights of persons with disabilities, *Expert Group Meeting on Indigenous Persons with Disabilities* 12 (2016), https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/IPDisabilities.aspx [↑](#endnote-ref-19)
20. United Nations Economic and Social Council, *Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development* ¶ 51 U.N. Doc. E/C.19/2013/6 (2013). [↑](#endnote-ref-20)
21. Committee on the Rights of Persons with Disabilities, *General Comment No. 3: Article 6 (Women and Girls with Disabilities)*, ¶ 54, U.N. Doc. CRPD/C/GC/3 (2016). [↑](#endnote-ref-21)
22. United Nations Inter-Agency Support Group, *Thematic Paper on the Rights of Indigenous Peoples/Persons with Disabilities* 3 (2014), http://www.un.org/en/ga/president/68/pdf/wcip/IASG%20Thematic%20Pap er\_Disabilities.pdf [↑](#endnote-ref-22)
23. Austin Lord & Bandita Sijapati *et al*, *Disaster, Disability, & Difference - A Study of the Challenges Faced by Persons with Disabilities in Post-Earthquake Nepal,* UNPD, Social Science Baha and NFDN Nepal 17, (2016), <https://www.un.org/disabilities/documents/2016/Disaster-Disability-and-Difference_May2016_For-Accessible-PDF.pdf> [↑](#endnote-ref-23)
24. *See*, *e.g*., indigenous women with disabilities in Guatemala: “One woman shared that doctors check her without explaining anything about the medicine prescribed or the disease when she goes to medical appointments.” And “As an indigenous, they [doctors] don’t take your opinion into account, and as a person with a disability, they don’t let you speak. Sometimes, for being indigenous, they give us limited information. There is even more discrimination against women with disabilities because we are not allowed to give our opinion. They should let women with disabilities speak and let them be examined where they want to. Sometimes the doctors, because we are indigenous and have another mother tongue, don’t listen to a person who has trouble speaking Spanish, the doctors don’t understand it well and do whatever they want with our bodies.” (Virtual consultation participants, June 14, 2021). [↑](#endnote-ref-24)
25. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-25)
26. Unpublished research from Minority Rights Group’s ‘Enhancing quality and universal access to indigenous peoples’ reproductive healthcare (EQUIP) project 2020-2023. Survey conducted with 173 respondents who were Kachin, Burman or other indigenous women. [↑](#endnote-ref-26)
27. *See* United Nations General Assembly, *Access to justice in the promotion and protection of the rights of indigenous peoples: restorative justice, indigenous juridical systems and access to justice for indigenous women, children and youth, and persons with disabilities*, ¶ 36, U.N. Doc. A/HRC/27/65 (2014); United States Agency for International Development (USAID), *United States Strategy to Prevent and Respond to Gender-based Violence Globally* 7 (2012), <http://www.state.gov/documents/organization/196468.pdf> It is worth noting that no global data exists on the incidence of such violence, and studies draw on different sources of data. [↑](#endnote-ref-27)
28. UN Women, *Fact Sheet – Indigenous Women with Disabilities* 3 (2020), <https://www.unwomen.org/en/digital-library/publications/2020/04/fact-sheet-on-indigenous-women-with-disabilities> [↑](#endnote-ref-28)
29. *See* United Nations Human Rights Council, *Right to health and indigenous peoples with a focus on*

    *children and youth - Study by the Expert Mechanism on the Rights of Indigenous Peoples* ¶ 67, U.N. Doc. A/HRC/33/57 (2016); Carolin van Schip, *Factors related with sexual assault revictimization: a comparison between revictimized and non-revictimized girls and women in a Dutch sexual assault centre - Master thesis Clinical Psychology* 4 (2018), <https://dspace.library.uu.nl/bitstream/handle/1874/380296/Schip%2C%20van%20%284121279%29%20thesis.pdf?sequence=2&isAllowed=y> [↑](#endnote-ref-29)
30. Information provided by Christine Kandie, Director of EIWEN. *See* also Geoffrey Kerosi and Samuel Olando, *Access to Education and Health among Minority and Indigenous Communities in Kenya: Assessment of Baringo,*

    *Trans-Nzoia, Elgeyo Marakwet and Turkana Counties* 13 (2021), https://minorityrights.org/wp-content/uploads/2021/05/MRG\_Brief\_Kenya\_ENG\_May21\_ONLINE.pdf [↑](#endnote-ref-30)
31. United Nations Economic and Social Council, *Study* *the extent of violence against indigenous women and girls in terms of article 22 (2) of the United Nations Declaration on the Rights of Indigenous Peoples,* ¶ 18, U.N. Doc. E/C.19/2013/9 (2013). [↑](#endnote-ref-31)
32. *See*, *e.g*., an indigenous woman with a disability in Guatemala “In Guatemala, there are almost no services for women who experience violence. Outside the capital, there are barely any and even less are accessible to women with disabilities. In general, women with disabilities don’t know how to seek support if they experience violence.” (Virtual consultation participant, June 14, 2021.) [↑](#endnote-ref-32)
33. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-33)
34. Information provided by Olga Montúfar Contreras, president of Fundación Paso a Paso and an indigenous woman with a physical disability in Mexico. [↑](#endnote-ref-34)
35. *See*, *e.g*., indigenous women with disabilities in Guatemala: “As indigenous people, sometimes our rights are violated. We have less access to information. They [judicial system] don’t take our needs into account when reporting a crime. When we have a disability, we are afraid to go to file a complaint about something that happened to us.”; “We don’t report crimes because we are women with disabilities, because we are indigenous. They [judicial system] won’t pay attention to us, they won’t even care about what is happening to us, nor will they care if we want justice.” And “Some people threaten us: ‘If you go [to trial], no one will listen to you. The judge will favor those who speak well, not those who don’t speak the language well.’” (Virtual consultation participant, June 14, 2021.) [↑](#endnote-ref-35)
36. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-36)
37. Committee on the Rights of Persons with Disabilities, *General Comment No. 3: Article 6 (Women and Girls with Disabilities)*, ¶ 39, U.N. Doc. CRPD/C/GC/3 (2016). [↑](#endnote-ref-37)
38. Nepal Indigenous Disabled Association (NIDA) *et al*, *Alternative Report of the Indigenous Peoples of Nepal to the Sate Report Submitted by the Government of Nepal to the Committee on the Elimination of Racial Discrimination - 95th Session of the United Nations Committee on the Elimination of Racial Discrimination* 17 (2018), <https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/NPL/INT_CERD_NGO_NPL_30811_E.pdf> [↑](#endnote-ref-38)
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48. Information provided by Pratima Gurung, president of the National Indigenous Disabled Women with Disabillities and an indigenous woman with a physical disability in Nepal. [↑](#endnote-ref-48)
49. Virtual consultation participant, June 14, 2021. [↑](#endnote-ref-49)
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