

Call for written submissions on the draft guidelines on addressing multiple and intersectional forms of discrimination against women, girls, and gender diverse persons with disabilities



TCI Global's Submission (Part 1: Analytical submission)

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About TCI Global¹: Transforming Communities for Inclusion (TCI) is a global organization of persons with psychosocial disabilities. TCI forecasts a future in which all human rights and full freedoms of persons with psychosocial disabilities are realized. We are guided by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and are the largest representative voice of persons with psychosocial disabilities, having members from 19 countries and networks in 50 countries globally. We define 'psychosocial disabilities' inclusively: persons who identify as with psychosocial disabilities, users and survivors of psychiatry, persons with intersectional, neuro-diverse identities which includes autistic persons, persons attributed a 'mental illness', persons deemed to be of 'unsound mind', etc.

Introduction

This submission responds to the call for inputs on draft guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities. Our analysis is

¹ <https://tci-global.org/>

based on contributions from member organizations in *twelve* countries across Asia, Africa, Europe, and Latin America, all of which are organizations of persons with psychosocial disabilities. These inputs were gathered through TCI's internal call, reviewed collaboratively, and synthesized to present a shared global reading (part 1). A country evidence compendium (part 2) accompanies this analytical submission, providing detailed examples across legislative, policy and cultural contexts as reflected through OPD perspectives.

The insights from our members reveal a consistent pattern: **recognition without realization**. Globally, States acknowledge equality for all in principle and its legal instruments and policy literature, yet coercion, institutionalization, and substituted decision-making persist across various aspects of life including health, social protection, justice, education, and housing. We ground this submission in the CRPD's understanding of disability as arising from interaction with barriers that hinder full and effective participation on an equal basis with others, and in the CRPD's affirmation of individual autonomy, including the freedom to make one's own choices, and participation.

TCI contributes an urgent and constructive voice within UN human rights processes. We speak from a constituency that remains under-represented and historically excluded in disability and policy spaces yet over-represented in institutions and sites of harm. Our members connect law and practice, combining community knowledge and policy analysis to illuminate how architectures of control are also frequently disguised as care. This submission does not only describe the intersectional form of discrimination; it also shows how it is designed, reinforced, and sustained. It sets out pathways grounded in CRPD obligations for ending coercion, realizing legal capacity, supported decision-making, and ensuring the participation of women, girls, and gender-diverse persons with psychosocial disabilities in governance mechanisms and in their own communities.

Framing Psychosocial Disability

Psychosocial disability cannot be understood in isolation from the intersections of gender, class, race, ethnicity, faith, sexuality, and other identities and systems of oppression that shape lived realities. Persons with psychosocial disabilities live at the confluence of these identities, where multiple systems of power and exclusion overlap. Women, girls, and gender-diverse persons with psychosocial disabilities experience compounded discrimination that limits access to education, employment, justice, community living and healthcare, while also intensifying stigma and violence. Recognizing this intersectionality is essential to understanding how psychosocial disability is produced, managed, and sustained within different social and institutional contexts.

In line with the CRPD, psychosocial disability refers to persons who experience, or are perceived to experience, psychosocial distress and who are disabled by structural, attitudinal, and legal barriers that restrict autonomy and full participation in society. This framing reflects the CRPD's recognition that disability arises not from an individual condition but from the interaction between people and the social and built environment. This understanding, as validated by our member's experiences, extends beyond diagnostic labels to include the daily negotiations of discrimination, stigma, exclusion, and structural violence that shape how people move through education, work, housing, healthcare, and community life.

The invisibility of psychosocial disability, while recognized by the Committee, still warrants a deeper exploration to expand our lens on how invisibility specifically for persons with psychosocial disabilities is not incidental. It is designed and sustained through discriminatory legislations, coercive practices, medicalized assessments, and the systematic absence of intersectional data disaggregation. This creates a vicious cycle of exclusion, where invisibility justifies neglect, and neglect reinforces invisibility. Women, girls, and gender-diverse persons with psychosocial disabilities bear the compounded weight of this erasure, facing multiple forms of discrimination that remain unrecognized and unaddressed.

The result is not only policy omission but a systematic denial of rights and personhood. Across all contributing regions, persons with psychosocial disabilities face entrenched discrimination that spans every sphere of life, from legal capacity and bodily autonomy to access to work, housing, and justice. Our experiences are rarely documented or even defined and acknowledged as violence. Coercion is framed as care, dependency is mistaken for protection, and institutionalization is normalized as treatment. The failure to recognize these experiences as human rights violations contributes to their continued absence from mainstream disability and gender equality frameworks.

Building the collective understanding of psychosocial disability within the CRPD framework is essential to dismantling coercive systems and realizing inclusive justice. This requires confronting the legal, policy, data and social systems that have normalized our exclusion and invisibility. Recognizing and reforming these structures is not only about policy improvement, but a core obligation of State Parties, as mandated by the CRPD.

The Structural Problem: Medicalization, Legal Incapacity, and Coercion

While many advances across member countries have been recorded, ranging from comprehensive disability laws reforms to gender-responsive programmes, the persistence of exclusion points to a deeper cause. Beneath these varied lies a shared structural foundation: the continued dominance of the medical model of disability, and legal incapacity in defining psychosocial disability. These mechanisms, visible across legal frameworks, health systems, and social policy, shape how discrimination manifests and is sustained. They persist in direct contradiction to Articles 12 and 14 of the CRPD, which affirm the right to legal capacity and liberty on an equal basis with others.

Persons with psychosocial disabilities continue to live under the dominance of the medical model of disability, where every need, behaviour and form of support is framed through a clinical lens. Every experience of distress, trauma or emotional difference is interpreted as pathology, placing us predominantly within the domain of medicine. This framing as 'patients' limits our lives to treatment and control, rather than inclusion, support and participation. It denies us equal access

to opportunities by reducing our existence to a medical condition rather than a social and political identity.²

Medicalization is not only limited to the health sector, but it also gets embedded in legal frameworks, social policies and community practices. Discriminatory legislations, rooted in colonial legacies and moral traditions, use the medical model to justify legal incapacity, declaring us as persons with ‘unsound mind’, ‘at risk’ and therefore incapable of making our own decisions.³ This dehumanizing legal designation results in automatic loss of fundamental rights such as voting, property ownership, marriage, and participation in judicial proceedings etc. rendering us as ‘civil dead’ by taking away our personhood and reinforcing substituted decision making.⁴

This legal and medical framing sustains a system of substituted decision-making, both formal and informal, where guardians, families and service providers can make choices for us, often in the name of ‘care’ or ‘protection.’ Coercion is therefore not accidental, but is codified into law and policy, legitimized by the language of ‘risk’ ‘best interest,’ and ‘treatment necessity.’ Together, medicalization, legal incapacity, and coercion create a continuum of control that denies autonomy while presenting itself as care and support.

There is also a divergence between care and rights-based support that is further complicated by differing global policy frameworks. While CEDAW advances the expansion of care economy and family-based systems, these frameworks, once formalized or monetized, often risk reinforcing dependency and becoming tools of control.⁵⁶ On the other hand, the CRPD calls for deinstitutionalization, community inclusion and support grounded in autonomy and inclusion ensuring that it empowers rather than confines persons with disabilities. Bridging this policy contradiction is essential to ensure that global care frameworks advance rights, autonomy, and equality rather than reinforcing control.

Gender and intersectionality deepen these harms. Women and gender-diverse persons with psychosocial disabilities face disproportionate exposure to violence, forced sterilization, abortion, medication, and institutionalization. Our testimonies, in cases of abuse and violence, are not believed because we are not treated as credible witnesses. The result is a gendered cycle of

² TCI. (2025). *Response to the four questions raised by the UN Secretary-General (OHCHR) in the letter to the UK Permanent Representative in Geneva, dated 23 June 2025.* <https://tci-global.org/wp-content/uploads/2025/09/TCI-Submission-to-the-Committee-In-response-to-CRPD-2025.pdf>

³ TCI. (2025). *Submission to the Committee on the Rights of Persons with Disabilities on the Day of General Discussion (DGD) on Article 29 of CRPD.* <https://tci-global.org/wp-content/uploads/2025/02/TCI-Global-Submission-for-General-Comment-onArticle-29-CRPD.pdf>

⁴ Davar, B. (2012). *Legal Frameworks for and against People with Psychosocial Disabilities.* 47(52). <https://www.epw.in/journal/2012/52/special-articles/legal-frameworks-and-against-people-psychosocial-disabilities.html>

⁵ TCI Global. (n.d.). *‘Support’ as ‘Care’: A/HRC/52/52 (advanced unedited version) report from the OHCHR: A response from TCI.* <https://tci-global.org/wp-content/uploads/2023/06/Final-Support-versus-care-TCI-response-to-A-HRC-52-52.pdf>

⁶ TCI Global. (2024). *TCI Global’s written submission to Working Group on discrimination against women and girls on Gendered dimensions of care and support systems.* <https://tci-global.org/wp-content/uploads/2024/12/TCI-Globals-written-submission-Working-Group-on-discrimination-against-women-and-girls-Gendered-dimensions-of-care-and-support-systems-.pdf>

coercion, where disability and morality are used to justify control over women's bodies and decisions.⁷

The Legal and Policy Vacuum: Recognition without Enforcement

Across legal systems, as observed by our members, the same pattern emerges. Laws and Constitutional frameworks recognize the rights of persons with disabilities in principle but fail to make those rights enforceable. Frameworks that appear progressive on paper rely on discretion or outdated interpretations and weak enforcement that sustain exclusion. This gap between recognition and realization entrenches inequality for women, girls, and gender-diverse persons with psychosocial disabilities.

In many countries, anti-discrimination laws exist without binding mechanisms for compliance or remedy. Laws recognize denial of reasonable accommodation (RA) as discriminatory, but the problem still persists in practice. In many such cases, civil societies and OPDs have to mobilize resources and fill the gap. In some countries (like Malaysia), laws state that non-compliance is not an offence, excusing accountability and weakening enforcement and in some cases (like the UK), anti-discriminatory legislations have not operationalized specific sections on combined discrimination preventing intersectional claims. Even in progressive contexts (such as Colombia) implementation remains uneven, with people often forced to file tutela actions to secure accommodations. Another persistent challenge is the narrow understanding of RA for persons with psychosocial disabilities, as it continues to be interpreted only through a lens of physical accessibility such as ramps, signage, or materials in Braille. While these are vital, they reflect a limited vision for our constituency. The absence of RA effectively excludes women, girls, and gender-diverse persons with psychosocial disabilities leaving us outside systems of decision-making and access.

Another peculiar issue for persons with psychosocial disabilities, is that in several countries, mental health legislation actively cancels out the protections offered by anti-discrimination laws. While equality laws prohibit disability-based discrimination, mental health laws authorize disability-based detention, forced treatment, and substituted decision-making on the basis of psychosocial disability. This contradiction turns rights into privileges, recognized in one statute and revoked in another, and ensures that discrimination remains lawful.

Enforcement failures are also reinforced by exclusion of our constituency within the disability community itself. Psychosocial disability continues to be marginalized within national disability frameworks and representative bodies, often seen as a medical or welfare concern rather than a disability rights constituency. This internal exclusion weakens collective advocacy and allows governments to overlook psychosocial disability in enforcement, monitoring, and reporting processes.

⁷ WEI. (2025). *My Body, (but not) My Choice: Report*. https://womenenabled.org/wp-content/uploads/2025/10/My-Body_but-not_My-Choice.pdf

Across TCI member regions, access to justice for persons with psychosocial disabilities remains constrained. Where remedy mechanisms exist, procedural and attitudinal barriers persist among justice stakeholders. Women with psychosocial disabilities, who are also survivors of violence, abuse or coercion are often deemed unreliable witnesses due to stereotypes about their credibility or capacity and are not offered accommodations by courts. Those languishing in institutions, often have no recourse to law, as they are rendered invisible, literally from communities and legally in the eyes of law. These failures show that recognition alone cannot ensure justice. Without reform and accountability, discrimination continues under the guise of legality.

These dynamics are rooted in colonial, ableist and patriarchal legal traditions that equate order with control. Within these systems, persons with psychosocial disabilities are not only expected to comply with social norms of behaviour and conformity, but also to conform to gendered expectations of obedience, restraint, and emotional regulation. Our expressions, distress, or dissent are not recognized as human responses but treated as 'symptoms' to be managed or corrected.

For women and gender-diverse persons, this control also takes a gendered form. We are expected to be restrained, obedient and morally compliant and punished when we are not. Our perceived 'unsoundness' justifies restriction, while our gendered identities invite moral scrutiny and shame. This legal imagination, inherited from colonial governance and preserved through patriarchal law-making, continues to define who is considered rational, credible, and deserving of rights and protection.

The Data of Invisibility: Gatekeeping, Control, and Erasure

Data determines who is seen, who is counted, and ultimately, who matters in policy. Within TCI's network, members report that persons with psychosocial disabilities remain invisible in official statistics, research, and monitoring systems. This invisibility is not merely technical but structural. National data frameworks continue to depend on medicalized definitions of disability that prioritize impairment categories and functional limitations over lived realities. As a result, those whose experiences do not fit visible or easily measurable standards are erased, especially women, girls, and gender-diverse persons whose identities intersect with class, ethnicity, and rural marginalization among others.

In many countries, the disability registration card system serves as the gateway to recognition and access to state support. Yet, persons with psychosocial disabilities are often excluded because their conditions are not 'certified' by medical authorities. Without a card, individuals are statistically nonexistent and denied access to social welfare, healthcare, and legal protection. For women, this exclusion deepens poverty, dependency, and vulnerability to exploitation, translating invisibility into economic marginalization.

In many contexts, data on psychosocial disability is gathered and stored without informed consent or meaningful safeguards. In several member countries, disability status has been linked to surveillance and monitoring, particularly in conflict-affected or institutional settings. Because we are legally presumed incapable of consent, data collection becomes an extension of authority

rather than a process of recognition. The absence of data protection standards sustains this imbalance and reinforces mistrust between individuals and the state.

In our member's experience, disaggregated data on gender and disability remains scarce outside urban centers. Where data exists, it is fragmented across ministries, built on inconsistent tools, and rarely disaggregated by gender, age, or location. More developed data infrastructures, still categorizes women and gender-diverse persons with psychosocial disabilities under broad groupings of 'vulnerable populations,' flattening complex identities into administrative convenience. This lack of visibility leads to misallocation of resources, inadequate employment interventions, and exclusion from microcredit or entrepreneurship programmes.

There is also limited public access to data in some countries, reinforcing lack of transparency. Quantitative indicators dominate, while qualitative experiences of discrimination are dismissed as anecdotal. The continued use of tools such as the Washington Group questions further limits visibility, as they rely on medicalized markers such as 'feeling anxious' or 'using medication, that fail to capture the social dimensions of psychosocial disability.

The economic consequences of invisibility are severe. Without accurate and intersectional data, budget frameworks systematically exclude our constituency from national poverty reduction, employment quotas, and critical financial aid initiatives. In countries where social protection systems rely on documented eligibility, invisibility reinforces dependence and prevents equal participation in community and public life. The lack of gender-responsive budgeting processes that integrate disability data remains a critical gap.

True inclusion requires dismantling the architecture of data gatekeeping. Models piloted in a few countries (like Indonesia and Peru) show that when communities define what counts, governments begin to see what has long been ignored. Data justice is not a technical aspiration; it is a precondition for equality, recognition, and economic security.

Pathways Forward: What the Guidelines Must Consider

The lessons drawn from TCI's member inputs make clear that transformation requires more than acknowledgement. These recommendations hold urgency for persons with psychosocial disabilities, who remain the most legislatively excluded, socially misrecognized, historically oppressed and economically unprotected within the disability community.

Each proposed measure responds directly to systemic harms uniquely experienced by this constituency, while setting out mechanisms that translate recognition into enforceable equality. Ensuring that the Guidelines fully reflect these dimensions is essential not only for achieving compliance with the CRPD but also for turning commitments into practical change that materially improves the lives of persons with psychosocial disabilities.

1. Dismantling Coercion and Restoring Legal Agency

- **Abolish coercion and close institutions with time-bound plans**
States Parties should repeal provisions that allow involuntary admission, treatment, forced sterilization, reproductive coercion or guardianship based on disability. Adopt and publish time-bound deinstitutionalization plans that include rights based support for crisis in the community, safe housing, peer-run supports, and reallocation of funds from institutional care to community living. Concluding observations, the Universal Periodic Review, and treaty body dialogues should request clear timelines, budget lines, and indicators. This measure is especially urgent for persons with psychosocial disabilities, who remain the group most frequently subjected to forced institutionalization and coercive procedures.
- **Repeal legal incapacity laws and make supported decision-making the organizing principle across sectors**
Abolish discriminatory laws and replace substitute decision-making with supported decision-making (SDM), through policies and programmes, as required by Article 12. Recognize and fund peer support, circle-of-support models to enable SDM, and procedural accommodations across health, justice, education, social protection, and child protection etc. Train frontline workers, judiciary, and administrative bodies to recognize decisions made with support and to document accommodations.
- **Deliver access to justice that works for psychosocial disability**
Adopt procedural accommodations in police reporting, investigation, prosecution, and courts, including communication supports, recognition of advance directives, trauma-informed interviewing, and equal weight to testimony by persons with disabilities. Ensure legal capacity in all proceedings and prohibit findings of 'unsound mind' that strip standing or credibility. Expand legal aid and protection services that are accessible to women and gender-diverse persons with psychosocial disabilities. Equal access to justice secures both accountability and protection from violence.

2. Embedding Equality and Intersectionality in Law and Policy

- **Recognize and remedy multiple and intersecting discrimination in law and procedure**
States should explicitly recognize intersectional discrimination in equality, gender, and disability laws, not only through general clauses but through interpretive guidance, jurisprudence, and enforcement mechanisms. Guarantee reasonable accommodation in all proceedings and services. Establish enforceable remedies, including accessible complaints mechanisms, legal aid, protection orders, and reparations that take account of disability, gender, age, indigeneity, migration status, and sexual orientation and gender identity. National human rights institutions should be mandated to receive and resolve such cases with procedural accessibility.

- **Embed safeguards in emergencies and in faith-based and community settings**
Require all emergency, humanitarian, and disaster responses to uphold non-discrimination, supported decision-making, and community inclusion. Where services are delivered by faith-based or community providers, require registration, independent monitoring, complaints pathways, and non-coercive practices as conditions of public funding. These safeguards are vital for persons with psychosocial disabilities, who are often institutionalized or subjected to harmful practices under the guise of care.

- **Building cross movement solidarity**
Ensure that there is an ongoing bridge building between disability gender, human rights and other allied social movements. Bridging disability, gender, human rights, and social justice movements ensures intersectional advocacy, collective accountability and shared frameworks for equality and non-discrimination.

3. Transforming Systems of Data, Finance, and Accountability for Inclusion

- **Build disability data systems that reveal psychosocial disability rather than erase it**
Co-produce disability data with organizations of persons with psychosocial disabilities. Supplement standard survey modules with questions on barriers, supports, and exposure to coercion, not only diagnosis/labels/medications. Link data reforms to monitoring frameworks and publish cross-tabulations by sex, age, location, ethnicity, migration status, and sexual orientation and gender identity. Protect privacy and informed consent and prohibit non-consensual data sharing between welfare, health, and policing systems. Accurate and participatory data collection is essential to uncovering the scale of exclusion and ensuring equitable resource allocation.

- **Finance the shift through gender-responsive and disability-responsive budgeting**
Require gender-responsive and disability-responsive budgeting across ministries. Establish budget markers for deinstitutionalization, supported decision-making, access to justice, and participation of organizations of persons with psychosocial disabilities. Prioritize procurement and grants for community-based, rights-affirming services. Ask donors and UN agencies to align funding with these priorities and to discontinue financing for institutional settings and coercive practices. Fiscal justice must serve as the foundation for inclusion and independence.

- **Monitor, measure, and report**
Set national indicators for the reduction of coercion, the closure of institutions, the growth of community supports, and the participation of representative organizations. Publish annual public reports and use them in treaty body reviews and national planning cycles. Involve organizations of persons with psychosocial disabilities in independent monitoring and social accountability. These measures ensure that commitments translate into measurable progress.

4. Embedding Participation and Leadership in Decision-Making

- **Guarantee participation and leadership of representative OPDs**
Define and apply participation standards that include early involvement, accessible information, remuneration, and feedback duties. Fund organizations of persons with psychosocial disabilities to co-design, implement, and monitor reforms at national and local levels. Create formal seats for these organizations on inter-ministerial bodies concerned with health, justice, social protection, education, housing, disaster risk reduction, and budgeting. Representation of this constituency transforms policymaking from symbolic inclusion to structural participation.
- **Strengthen capacity of multi stakeholders on human rights and CRPD**
Introduce comprehensive human rights education across schools, universities, and professional sectors, service providers that explicitly includes psychosocial disability, gender, and intersectionality.

5. Acknowledge and repair historical and ongoing violence

- States must establish truth-telling, reparations, and redress processes for survivors of forced institutionalization, coercion, and sterilization, drawing on existing frameworks such as *UN Guidelines on Deinstitutionalization*. Governments should publicly recognize the historic and ongoing abuses committed against persons with psychosocial disabilities and ensure that reparations are both material and symbolic, restoring rights and dignity. Transitional justice and post-conflict mechanisms must explicitly integrate psychosocial disability perspectives, addressing the colonial, patriarchal, and medical roots of such violence while affirming survivors as rights-holders and agents of change.

Taken together, these pathways deepen the CRPD's core commitments to autonomy, participation, equality, and inclusion by translating its principles into concrete, enforceable change for women, girls, and gender-diverse persons with psychosocial disabilities. They build on the CRPD's General Comments and OHCHR guidance and align closely with CEDAW's call to address multiple and intersecting forms of discrimination. Recognizing psychosocial disability as a gendered issue is essential: without integrating this dimension, gender equality efforts remain incomplete, and disability rights remain disconnected from feminist agendas. Aligning CRPD implementation with CEDAW obligations strengthens both, ensuring that states deliver on their duty to eliminate discrimination in its most complex and layered forms. By grounding these measures in the lived realities of those most marginalized, this submission calls for a systemic shift that dismantles entrenched exclusion and ensures that global human rights obligations are felt in people's daily lives.