

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 2: Country status submission)

Co-submitters: Indonesia Revolution and Education for Social Inclusion (Remisi), Autism Inclusiveness Direct Action Group (AIDA), Taiwan Mad Alliance (TMA), Nidahas Chinthana Sansadaya-Consumer Action Forum (NCS-CAF), Mental Health Service Users Association (MHSUA), National Organization of Users and Survivors of Psychiatry in Rwanda (NOUSPR), Coalición Neurodivergente Peruana, Mental Health Support Group (MHSG), Abolición de Lógicas de Castigo y Encierro (ALCE), Liberation, Bapu Trust For Research on Mind and Discourse, Triumph Uganda Mental Health Support and Recovery Program (Triumph)

This section compiles inputs from TCI member organizations on the situation of persons with psychosocial disabilities across 12 (India, Uganda, Indonesia, Sri Lanka, Peru, Colombia, Rwanda, Ethiopia, Maldives, Taiwan, Malaysia, UK) participating countries, structured according to the thematic areas outlined in the Committee's call for submissions. It consolidates national experiences and evidence under shared headings such as legal and policy frameworks, intersectional discrimination, access to remedies, data gaps, and promising practices rather than presenting individual country reports. The information reflects lived realities as reported by OPDs and captures both common trends and context-specific challenges faced by women, girls, and gender-diverse persons with psychosocial disabilities in diverse regions.

Recognition Without Realization: Legal and Policy Gaps

Across TCI member countries, disability is widely recognized as a protected ground in constitutions and anti-discrimination frameworks, covering areas such as education,

employment, housing and access to public services. Denial of Reasonable Accommodation (RA) is also recognized in laws, though with varying levels of clarity.

In Indonesia (Law No. 8/2016 defines denial of RA directly), Peru (Law 29973 makes refusal to provide adjustments unlawful), Colombia (Law 1618/2013 requires accommodations in education, housing and work, reinforced by Constitutional Court rulings) and Maldives (Article 35(a) of Disability Act), laws explicitly prohibit the denial of RA and treat it as a form of discrimination. However, other countries such as Sri Lanka lack explicit recognition of RA, though its upcoming Rights of Persons with Disabilities Bill (2025) would finally enshrine it. Rwanda's 2007 Disability Law and 2021 Disability Policy mandate accommodations, yet implementation is stronger in urban centres than rural areas. The existence of such laws and legal frameworks is encouraging; however, the implementation and monitoring remain patchy.

The understanding of RA for persons with psychosocial disabilities such as procedural and communication supports remain extremely limited and hence is marginalized further in such policies. This is particularly visible in Peru and Indonesia, where courts and service providers often treat RA as an accessibility issue, not as a broader right.

In many countries, such as Sri Lanka, within the Disability Law, psychosocial disability is still classified or defined primarily in impairment-based terms. Such approaches weaken the legal and policy recognition of psychosocial disabilities as falling under the broader disability rights framework. Beyond limited interpretation, these gaps are compounded by conflicting legal instruments that reinforce coercion and legal incapacity. There is also the case of contradictory legal instruments particularly mental health legislations such as the UK Mental Health Bill 2025 or India's Mental Health Care Act 2017. These laws strip individuals of their legal capacity, promote substituted decision-making, and authorize disability-based detention and forced treatment. As a result, they effectively override or cancel out the protections otherwise provided by anti-discrimination frameworks, leaving women, girls, and gender-diverse persons with psychosocial disabilities outside the scope of equal rights.

Intersectional Discrimination in Legal and Policy Frameworks

In majority of the contexts, the anti-discriminatory frameworks and legislation do not explicitly mention or use the language of intersectional discrimination, with the exception of Peru. It stands out as both its disability law and anti-discrimination law recognize that women with disabilities may face compounded discrimination based on gender, ethnicity, or indigenous identity.

The Constitution in most of the member countries uphold sex or gender, disability and other identities as protected grounds, but a gap is noticed when it comes to individual legislations. In countries such as Ethiopia (Rights of Persons with Disabilities Act) and Maldives (Disability Act and Gender Equality Act), laws tend to disregard any inclusion of a specific section on women or women with disabilities. This displays the disconnect between the gender and disability sector wherein the strong intersectional identities are often overlooked or looked in silos.

In some countries, the protection offered is limited, indirect and usually policy based. Sri Lanka's Multi-Sectoral National Action Plan on Sexual and Gender-Based Violence explicitly included gender-diverse persons with disabilities, while its Victims and Witnesses Act considered combined vulnerabilities (e.g., gender, sexual orientation, disability) in assessments. Yet its main Disability Law (1996 Act) remains silent on intersectionality. In the UK, the Equality Act 2010 is the main protection framework, but Section 14 (combined discrimination) has never been implemented, preventing most intersectional claims in law courts. Employment tribunals are a limited exception where judges sometimes consider multiple grounds, but outside of this, women with psychosocial disabilities facing discrimination on the basis of gender, disability, and migration status cannot bring a combined claim.

Colombia's Constitutional Court has developed a rich jurisprudence applying strict scrutiny when multiple grounds converge for instance, recognizing heightened vulnerability where disability intersects with gender and ethnicity, yet the statutes themselves remain ground-based. This reliance on courts makes protection uneven and unstable, depending on who brings cases forward. In Indonesia, Komnas Perempuan has publicly acknowledged layered stigma against women with disabilities and called for intersectional policy responses, and the National Master Plan on Disability (2019) prioritizes women and children with disabilities, but intersectionality rarely appears in legislation. Rwanda's Constitution prohibits discrimination based on sex, gender and disability, and its gender policies are strong, yet explicit recognition of disability combined with other grounds such as migration or sexual orientation is missing. The overall picture reveals a troubling pattern as intersectionality is widely acknowledged in theory but systematically avoided in law, leaving those most at risk dependent on patchwork measures or judicial discretion rather than enjoying explicit and stable codified legal protections.

Data Gaps and the Invisibility of Intersectionality

In the context of intersectional data, a consistent gap emerges in the systematic collection of data on women, girls, and gender-diverse persons with disabilities across all contributing countries.

In Ethiopia, Maldives, Peru and India, there is little, or no government led data that links disability with other factors such as gender, ethnicity, caste, migration status, or socio-economic background, leaving these groups largely invisible in policymaking. Another challenge, such as in India, remains that the tools (eg. National Family Health Survey) collecting some disability related data is not easily accessible to the public reinforcing lack of transparency and leaving communities and advocates without adequate information to address the compounded discrimination.

In countries, where some progress has been made in this context, it tends to be sector-specific or piecemeal. For example, Indonesia's Komnas Perempuan has begun including disability in its gender-based violence reports but women with psychosocial disabilities are still excluded from this process and Rwanda's National Institute of Statistics produces disability and gender disaggregated data on education and political participation. Uganda Bureau of Statistics (UBOS) as well as ministries of health and education collect disability data disaggregated by age, gender and disability category. However, even these positive steps fall short of capturing deeper intersectional realities such as the compounded risks faced by historically marginalized groups, migrants, or gender-diverse persons.

Colombia illustrates another challenge, where multiple agencies (health, education, labour) use inconsistent definitions and tools, producing conflicting prevalence figures that make comparison or integration impossible. Similarly, in Sri Lanka, while the 2012 census used the Washington Group questions and provided disability data disaggregated by sex and ethnicity, no routine cross-tabulation exists with poverty, migration status, or gender identity, making structural inequities invisible. The continued use of tools such as the Washington Group questions further limits visibility, as they rely on medicalized markers rather than support needs.

The UK's Inclusive Data Taskforce recognized blind spots explicitly, pointing to 'hard-to-reach' groups like prisoners, care-home residents, and Roma communities, all areas where women with psychosocial disabilities are disproportionately represented.

At the Sharpest Intersections: Who Faces the Greatest Risks

Across contributing countries, the groups facing the highest risks of multiple and intersectional discrimination are consistently those who sit at the sharpest overlaps of marginalization. Women and girls with intellectual or psychosocial disabilities, those in rural or indigenous communities, migrants and refugees, older women, and gender-

diverse persons with disabilities. Their exclusion is compounded by structural factors such as forced institutionalization, denial of legal capacity and invisibility in state policies. For example, in Indonesia, Sri Lanka, Malaysia, women with psychosocial disabilities are subject to forced institutionalization, in hospitals or faith based rehabilitation centres, abuse, or even shackling to prevent movement and ensure 'safety', while in the UK and India, they face disability-based detention authorized by law.

The intersection of being from rural or hard to reach areas also adds another layer of discrimination as these regions are geographically isolated and have inadequate access to information, infrastructure or services. Maldives exemplified this geographical divide as they shared how those living outside the capital area and island regions face the most discrimination. In Colombia, the lack of public institutions and services with disability inclusive approaches is also limited in such areas. The role of cultural notions and beliefs within traditional rural communities perpetuating stigma against women and girls with psychosocial disabilities was noted in countries such as Indonesia.

Women, girls with psychosocial disabilities belonging to ethnic or racial minority or indigenous groups face compounding and multiple forms of discrimination, owing to gender, disability and also broadly, due to historical and political marginalization of their communities. In countries such as Rwanda, that carry violent histories of ethnic clashes, women belonging to these communities are further erased owing to stigma from disability and deeply entrenched ethnic exclusion. Together, these factors produce layered discrimination that is systemic, historically rooted, and politically reinforced.

Gender diverse persons with disabilities remain largely unprotected in Indonesia, Rwanda, Sri Lanka, where legal frameworks either fail to recognize their rights, criminalize their identity or actively reinforce binary categories. With a growing hostile gender space, in the UK, this has become even more complex. Transwomen with psychosocial disabilities, in particular, face multiple layers of hostility, ranging from transphobia and ableism to systemic discrimination in healthcare and social services. The ongoing debates around gender recognition and the increasing polarization of public discourse have made it harder for transwomen to access safe spaces, affirming healthcare and protection from violence.

Refugee and migrant women with disabilities, whether in Rwanda, Taiwan or the UK, endure xenophobia, uncertainty over citizenship status, legal insecurity, restricted mobility, hostility from governments and public and lack of access to healthcare and livelihoods, illustrating how immigration status magnifies vulnerability.

Age is another important intersecting identity. Older women with psychosocial disabilities are often rendered invisible, dismissed as being too slow for a fast moving world, and treated as a burden. In many cases, they are institutionalized in care homes or old age

homes under the guise of care and protection. By contrast, younger women with psychosocial disabilities, in contexts such as India, Indonesia, and Taiwan, face the denial of autonomy and are infantilized. Their sexuality is heavily policed, if they are sexually active, they are labelled as having mental health problems, while cultural and family expectations cast them as bearers of family honour. Their lives are bound up with shame, guilt, and control tied to their bodies, leaving them with little agency over their choices.

In Sri Lanka, another crucial intersecting identity is that of women with psychosocial disabilities from conflict affected areas, particularly ex-female combatants. These women often belong to ethnic minority groups and are subjected to constant state surveillance, reflecting deep mistrust rooted in the country's history of conflict. At the same time, they face rejection within their own communities due to the layers of stigma and unresolved trauma of war.

Common and Emerging Forms of Discrimination

Gender-based violence, including sexual and family violence, remains pervasive across contexts. In Indonesia and Peru, disability-based violence is exacerbated by poverty, minority or indigenous status, and rural residence. In the UK, despite violence against women and girls being declared a national emergency, women with disabilities, particularly psychosocial disabilities are excluded from strategies and protections. In rural locations, family violence was also widely reported in Peru. Across all countries, forced institutionalization is a widespread and common practice, often initiated by families at the behest of service providers. This very act strips women of autonomy and exposes them to sexual and physical abuse and coercive practices such as forced sterilization, contraception, ECT, forced medications etc. Families sometimes use the threat of institutionalization to enforce compliance of women, girls and gender diverse persons with psychosocial disabilities.

This constituency also faces marginalization within justice systems in various countries such as Indonesia, Sri Lanka, India. When violations and violence is reported by women, girls and gender diverse with psychosocial disabilities, they are not believed as credible or reliable witnesses and they face dismissive police responses. In Sri Lanka, women with psychosocial disabilities describe a 'double rape', first by perpetrators and again by courts that disbelieve or dismiss their testimonies.

Socio-economic exclusion is another prominent form of discrimination against women with psychosocial disabilities. They face fewer employment opportunities than men with disabilities and are paid less when employed. In countries like Indonesia, lower school completion rates among girls with disabilities demonstrate how early exclusion limits lifelong opportunities. In some countries, exclusion from welfare schemes is a common

practice, leaving many in cycles of poverty and forced economic dependency on family members. Welfare benefits are also framed as charity rather than entitlements further reinforcing the stereotype of being a burden. Inheritance rights and land ownership are regularly denied, especially for women with psychosocial disabilities from indigenous groups.

Women with psychosocial disabilities are frequently denied agency in personal and family life. In India and Maldives, there are several instances of marriages being annulled on grounds of insanity, and women are declared unfit to be spouses or mothers. Custody of children is routinely removed, and in some cases, women and girls are forced into marriage, including child marriage, under the discriminatory belief that it is fortunate anyone would marry them.

Remedies and positive initiatives

Across TCI member countries, laws and constitutions formally provide for remedies against discrimination. Yet, in practice, these rights remain difficult to access and enforce. The barriers are both procedural and structural and hence remedies are often inaccessible, under-resourced, or embedded within systems that perpetuate the very violations they are meant to address.

In countries such as Ethiopia and Rwanda, the right to remedy for human rights abuses is constitutionally protected, but women with disabilities continue to face restrictions in navigating legal systems or accessing justice. In Colombia, while legal capacity has been fully recognized in law, people with psychosocial disabilities are still required to produce disability certificates to access supported decision-making tools. Sri Lanka's Disability Act allows for redress in education and employment but remains poorly enforced, while in the Maldives, the Human Rights Commission and Disability Council lack disability-specific expertise and enforcement powers, rendering them symbolic rather than effective. In many contexts, remedies cannot undo violations that are embedded in the law itself, particularly where mental health legislation continues to authorize detention, coercion, and substituted decision-making.

Where governments have attempted institutional or legal reforms, progress remains uneven. Indonesia attempts to offer a policy framework embedding disability and gender considerations across justice, employment, housing, and accessibility regulations.¹ Peru

¹ A suite of laws and regulations such as UU 12/2022 on Sexual Violence, PP 39/2020 on accommodations in justice, PP 42/2020 on accessibility in housing and services, and PP 60/2020 on Disability Service Units in employment explicitly embed disability and gender considerations

has taken a significant step by adopting the Guidelines for Addressing Gender-Based Violence against Women with Disabilities (2022) and the National Plan for the Rights of Persons with Disabilities (2023–2030), which explicitly integrates intersectionality and prioritizes indigenous women with disabilities. Similarly, Sri Lanka’s Multi-Sectoral National Action Plan on Sexual and Gender-Based Violence (2024–2028) recognizes persons with disabilities and gender-diverse individuals, adopting an integrated approach linking justice, health, transport, and economic empowerment. In Uganda, the Equal Opportunities Commission Act which establishes the Equal Opportunities Commission has a quasi-judicial mechanism which handles complaints relating to violation of human rights of women and girls with disabilities especially intellectual or psychosocial disabilities. These reforms represent progress toward intersectional inclusion, yet their implementation remains fragmented, urban-centric, and overly dependent on international funding and technical assistance.

Across all contexts, wherever state systems fail, community-led action steps in to fill the gap. Civil society and OPDs play a crucial role in ensuring remedies and protections reach those most excluded. In Sri Lanka, safe houses such as AKASA in Anuradhapura and the Women’s Development Centre in Kandy provide shelter, psychosocial support, and small-business training to women with disabilities who have experienced violence. In Indonesia, NGOs routinely provide interpreters, legal aid, and survivor support when government provision is inconsistent. In Ethiopia, the Mental Health Service Users Association of Ethiopia (MHSUA) advances peer-led advocacy linking mental health service users with community-based rehabilitation and policy reform.

Community and OPD-led practices provide some of the most transformative examples of rights in action. In India, Bapu Trust (BT) offers a model for community-based, rights-driven inclusion. Working with women in mental institutions and low-income communities, BT prevents institutionalization, supports discharge from psychiatric hospitals, and builds non-clinical, holistic responses rooted in human rights and social inclusion. By addressing the intersections of poverty, caste, gender, and disability, BT redefines inclusion through interdependence and collective care. In Indonesia, organizations such as SAPDA partner with the National Commission on Disabilities to strengthen gender-disability data and accountability mechanisms, while in Rwanda, the Organization for the Integration and Promotion of Persons with Albinism (OIPPA) collaborates with education authorities to dismantle stigma and improve classroom accessibility.

At the global level, networks such as Sisters of Frida in the United Kingdom continue to demonstrate the gap between formal equality and lived equality. Despite strong anti-discrimination laws, women with disabilities remain systematically excluded from both

gender and disability policy spaces. Their work highlights the need for intersectional design in laws and programmes that go beyond recognition to transformation.

Together, these examples show that justice for persons with psychosocial disabilities is being built from the ground up, through peer leadership, community participation, and solidarity across movements. These practices affirm that systemic change cannot be delivered solely through legislation; it grows through everyday acts of inclusion, where those most affected define what equality, justice, and care truly mean. Embedding such community-led models into national systems and financing frameworks would move disability inclusion from commitment to implementation, ensuring that justice and care are not acts of charity but of rights and participation.