



Transforming Communities for Inclusion (TCI Global)

Submission to CEDAW Committee Draft General Recommendation on gender stereotypes (GR 41)

About TCI Global¹: TCI is a post CRPD inclusion movement and a membership based global organization of persons with psychosocial disabilities.² TCI forecasts a future in which all human rights and full freedoms of persons with psychosocial disabilities are realized. We are guided by the CRPD and are the largest representative voice of persons with psychosocial disabilities, having 28 members from 21 countries.

We warmly welcome the launch of the draft General Recommendation 41 for public review, and applaud the efforts of the CEDAW Committee to collate the multiple compilations to inform the text of the draft recommendation. It is a strong and timely contribution to the evolving understanding of gender stereotypes.

We are pleased to see that the draft adopts an intersectional approach, as we had also emphasized in our joint submission by TCI, WEI and II, and recognizes that gender stereotypes do not affect all persons in the same way. The text also acknowledges that gender intersect with disability, age, race, caste, indigenous identity, migration status and other factors, producing distinct forms of discrimination and exclusion. Very usefully, the draft text also goes beyond just identifying and naming these resulting stereotypes, but also attempts to operationalize the solutions for the same. It was also very encouraging to see that the draft moves beyond a narrow understanding of gender stereotypes as individual bias and clearly frames them as deeply embedded in laws, policies, institutions, social norms, and various settings.

The draft is also commendable for addressing newer and emerging areas in which gender stereotypes operate, including artificial intelligence, digitalization, cybersecurity, social media, online violence and the gender digital divide. The draft also draws urgent attention and rightfully recognizes that stereotypes evolve in the context of prevailing organized anti-rights backlash, shrinking civic space, conflicts, climate change and other challenges.

¹ <https://tci-global.org/>

² 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.

The breadth of the draft, together with its practical recommendations on various aspects, provides an important framework for States parties to name, identify, challenge, dismantle and prevent gender stereotypes in a comprehensive manner.

Broad recommendations:

While the draft General Recommendation 41 references to women and girls with disabilities, disability still appears more as one listed ground of discrimination than as a lens that shapes how gender stereotypes are produced, justified and enforced for this group. The text would be strengthened by showing more clearly how ableism and patriarchy operate together across laws, institutions, families and systems. This would avoid treating women with disabilities as a single homogeneous group, and would better reflect the different ways in which gender stereotypes are experienced by women, girls and gender diverse persons with different disabilities and support needs.

We would also strongly recommend that the draft could benefit from stronger cross referencing between CEDAW and CRPD texts, particularly where stereotypes result in exclusion from independent living in the community, denial of decision making, coercive practices, or invisibility in law and policy. This is not only a disability specific issue but also central to how gender stereotypes are maintained through systems of control and protection. A stronger integration of disability rights standards would also help the General Recommendation speak more clearly to cross movement concerns and bridge building, including gender justice, disability justice, human rights movements to name a few.

Specific recommendations:

- I) Point no. 19, Page 7

Original text: *Many women with disabilities face social exclusion and lack access to full education and infrastructural **and reasonable** accommodations, Existing laws and policies limit or deny them legal capacity; all resulting in higher rates of institutionalization, gender-based violence, abuse, and exploitation. Women with disabilities frequently experience denial of sexual and reproductive health rights, services and information, as they are labelled incompetent to parent, make reproductive decisions, unreliable, and asexual. **For women and gender diverse persons with psychosocial disabilities, stereotypes are often expressed through assumptions of incapacity, irrationality, dangerousness, lack of credibility, sexual deviance, hypersexuality, asexuality, or inability to hold relationships or being parents. These stereotypes justify substituted decision making and erase personhood, in addition to other similar issues listed above.***

Comment 1: Persons with disabilities are not only limited to the experience of physical barriers or access. In line with the CRPD, reasonable accommodation is a core right that enables persons with disabilities to access all aspects of life on an equal basis with others.

Comment 2: This addition is suggested to ensure that the paragraph does not treat women and girls with disabilities as a homogeneous group. Persons with psychosocial disabilities face specific types of stereotypes, targeted at this group that also affects their access to all areas of life. Naming these stereotypes would strengthen the paragraph and make the link between gender stereotyping and concrete rights violations clearer.

II) Point 20, Page 7

Original text: *Damaging practices based on gender stereotypes are common against women with diverse sexual orientations and gender identities. Lesbian, bisexual, transgender, and intersex (LBTI) women who are perceived to defy the social and gender expectations that are attributed to them by society, are exposed to gender-based violence and discrimination. Their rights and needs are often ignored and absent from constitutions, laws, public policies, and programs. The state's punitive power is often reflected in laws criminalizing same-sex relationships, as well as transgender identity and expression, arbitrary detention, extrajudicial executions, sexual violence, torture, cruel and inhuman treatment, and discriminatory school policies. Judicial decisions on child custody, recognition of relationships and marriage equality for same-sex couples and change of name often discriminate against LBTI women based on the well-established binary and heteronormative notion of women.*
Gender binarism should therefore be recognized as a social or cultural norm, but also as an ideological and political framework that renders gender diverse persons with disabilities as invisible. For gender diverse persons with psychosocial disabilities, this may also lead to pathologization of non-conformity and conversion practices framed as care, treatment or protection

Comments: This paragraph recognizes discrimination against LBTI women and the various rights violations, but it should more clearly name gender binarism itself as a structural source of stereotyping. As mentioned in our joint submission, gender binarism is an ideological, legal and political system that erases gender diverse persons with psychosocial disabilities, pathologizes non-conformity and legitimized coercive 'care', conversion practices and other forms of control.

III) Point 26, Page 9

Original text: *Women are still expected to complete most unpaid care and support tasks in the home, and they are often the subject of higher expectations when it comes to caring and supporting for their children, partners, family members, older people, and persons with disabilities.* ***The Committee further notes that women, girls and gender diverse persons***

with psychosocial disabilities are often stereotyped only as care recipients, rather than as persons who also provide care, support and leadership within families and communities. Care and support arrangements must not be shaped by assumptions of incapacity, dependency, protection or best interests, which may lead to control, coercion, substituted decision making and restrictions on autonomy. Women are often employed as domestic workers cleaning homes and as care and support workers for children, persons with disabilities, older persons or persons with long-term illness. These professions are severely underpaid and undervalued and often involve prolonged work hours and unsafe working conditions.

Comment 1 (yellow addition): This addition is suggested because the paragraph currently discusses care primarily through the lens of women's unpaid and paid care work, while persons with disabilities appear mainly as those receiving care. This can unintentionally reinforce the same stereotype that women, girls and gender diverse persons with disabilities are dependent recipients or 'burden' to be taken care of rather than active contributors within families and communities. The addition also recommends that care and support must be assessed through a rights based lens, because care arrangements and systems can also reproduce unequal power relations hierarchies, if not grounded in autonomy, choice and legal capacity.

Comment 2 (green highlight, not addition): This paragraph should more clearly separate unpaid/informal care within families and communities from paid domestic and care work. Both are affected by gender stereotypes, but caution should be taken because they are not the same. Unpaid care raises concerns around family power and autonomy while paid care work raises concerns around wages, labour rights, working conditions and exploitation. Clarifying this would make the paragraph more precise.

IV) Point 30, Page 10

Original text: *Gender stereotypes in the health sector are present in diagnosis and treatment, pain management, medical research, data gaps, and access to services. In the area of sexual and reproductive health, stereotypes prevail regarding women's expected roles in relation to motherhood, pregnancy, and sexuality. **These stereotypes operate differently for persons with disabilities, who may be discouraged or prevented from becoming mothers despite their own desires. For women and gender diverse persons with psychosocial disabilities, psychiatric labels may also be used to dismiss their autonomy and justify coercive practices, including forced psychiatric treatment, involuntary hospitalization and forced reproductive health interventions.** Women can be viewed solely as reproductive instruments rather than full human beings and members of society. Doctors and health professionals often act based on gendered assumptions about women and their bodies, disrespecting the decisions and voices of women and girls seeking services. Gender stereotypes underlie and promote pervasive forms of gender-based violence, including non-consensual sterilizations,*

obstetric violence, and the forced continuation of pregnancies, which may amount to torture or inhuman or degrading treatment in specific circumstances.

Comment: This addition is suggested because paragraph 19 already identifies the broader stereotypes affecting women and gender diverse persons with psychosocial disabilities. Paragraph 30 should therefore focus on how those stereotypes operate specifically in health care through denial of reproductive autonomy, psychiatric labelling, disregard for will, preferences and consent, and coercive practices. This would strengthen the paragraph's existing focus on diagnosis, treatment, sexuality, motherhood and bodily autonomy without duplicating the earlier disability analysis.

V) Point 36, Page 11-12

Original text: *Under Article 5(a), States parties have a general obligation to adopt measures to name, identify, challenge, dismantle, and remedy gender stereotypes, and the systems that support them in all societal spheres. Firstly, States must take steps to name prevailing stereotypes in all areas of state action. Secondly, States must identify the means through which these stereotypes manifest themselves and how they discriminate against women. Thirdly, States must take steps to challenge and dismantle prevailing stereotypes. Fourth, States need to ensure the availability of an adequate remedy for women who are affected by gender stereotypes and the hindrance of their rights under the Convention. **Such remedies should include access to reparations for harms caused by gender stereotypes, including restitution, compensation, rehabilitation, guarantees of non-repetition, particularly where stereotypes have resulted serious and lifelong harms and rights violations.** All these actions should be joined by a comprehensive and well-resourced prevention policy focused on the elimination of gender stereotypes, and its ongoing monitoring, to identify trends and changes in stereotypes and their manifestations.*

Comment: This addition reflects the recommendation made in our joint submission that the GR 41 must recognize the need for reparations for harms caused by coercive practices on account of gendered stereotypes. Women, girls and gender diverse persons with psychosocial disabilities often experience lifelong harms resulting from forced treatments and medications, forced sterilization and abortions and other violations, and that reparations should have transformative potential, including guarantees of non-repetition. This is also in line with the UN Guidelines on Deinstitutionalization, including in emergencies.

VI) Point 42, Page 13

Original text: *The Committee also calls on States parties to be vigilant of practices based on stereotypical ideas that promote and reproduce gender-based violence against women and girls, by both state and non-state actors. The Committee underscores the continued*

prevalence of gender-based violence in many social settings, including the family, education institutions, the workplace, on the streets, businesses, **institutions and healthcare settings**, community spaces, and in the digital space. The Committee recognizes the wide range of measures that many States parties have adopted to address gender-based violence, including laws, policies, programs, victim support services, shelters, and reporting mechanisms. Three regions in the world have also adopted treaties prohibiting gender-based violence against women – the Americas, Africa, and Europe. However, a multi-layered state strategy is still needed to adequately prevent and address gender-based violence, including measures to challenge and dismantle patriarchal ideas and practices that are based on notions that women and girls are inferior to men and boys.

Comment: We urge the Committee to consider this important addition to the list of spaces and places where rights violations occur owing to gender and disability stereotypes for women, girls and gender diverse persons with psychosocial disabilities. Institutions (of all forms, sizes and shapes) and healthcare settings are often framed as protective or therapeutic for our constituency, but they are also sites where violence, coercion, abuse, neglect occur. Naming these settings would help ensure that such violations are not rendered invisible within broader discussions on gender based violence.

VII) Point 44, Page 13-14

Original text: Many laws and norms are predicated on the idea that women are incapable of making decisions on their own. Constitutions, laws, and policies often discriminate against women or deny them full legal capacity and equal rights. Criminal codes often criminalize women's and men's behaviour based on stereotyped role expectations. **For women, girls and gender diverse persons with psychosocial disabilities, such denial of legal capacity is further entrenched through mental health legislation, guardianship laws and substituted decision making regimes.** States parties must conduct a review of national laws and policies, and repeal those that are based on, apply, condone, or perpetuate gender stereotypes. Legislators must also refrain from treating women as a homogenous group and take into consideration their multifaceted identities and diversity.

Comment: While the paragraph already refers broadly to laws that deny women legal capacity, for our constituency, mental health legislations, guardianship laws and substituted decision making regimes are key legal frameworks through which stereotypes of incapacity, dangerousness, risk or need for protection are often formalized and enforced.

VIII) Point 52, Page 15-16

We will further add 3 more points under general recommendations;

(i) Adopt measures to end institutionalization resulting from gender and disability stereotypes, including through moratoriums on new admissions, closure plans, setting up of deinstitutionalization processes and redirecting investments towards community based support services and support systems, in line with the CRPD Guidelines on deinstitutionalization, including in emergencies.

Comment: This recommendation must be included because the draft currently strongly recognizes forced institutionalization as an outcome of stereotypes, but does not yet provide concrete direction to States parties on ending it. Including this recommendation would ensure that gender and disability stereotypes are not addressed only through awareness or law reform, but also through structural change in the systems that segregate and control women, girls and gender diverse persons with disabilities.

(j) Ensure access to effective remedies and reparations for harms caused by gender stereotypes, including where such stereotypes have resulted in life long harms, coercive practices, denial of legal capacity, institutionalization, violence and torture, or other serious rights violations.

Comment: This recommendation should be explicitly placed in the recommendations to States parties because the draft refers to remedies in the previous sections, but does not clearly require States to provide reparations for serious harms caused by gender stereotypes. We affirm that remedies must go beyond complaint mechanisms and include reparations, redress and reform.

(k) Ensure the meaningful, accessible and adequately resourced participation and leadership of women, girls and gender diverse persons with disabilities and their representative organizations, including OPDs, in the design, implementation, monitoring and evaluation of laws, policies, programmes and budgets addressing gender stereotypes.

Comment: This recommendation is suggested to strengthen the draft's approach from participation to leadership. Laws, policies, programmes and budgets addressing gender stereotypes should not only consult women, girls and gender diverse persons with disabilities and their OPDs but meaningfully involve them in design, implementation, monitoring and evaluation.

IX) Point 54, Page 18

Original text:

(b) Repeal and amend all laws that are based on gender stereotypes, including where disability, diagnosis/labels or perceived incapacity is used to deny family rights, in areas such as marriage, divorce, alimony, custody, distribution of marital property, housing and land, inheritance, guardianship, nationality, and entering contracts, among others.

Comment: This recommendation is already broadly framed, but the suggested addition is only to clarify one specific gap. As elaborated in our joint submission, in family law contexts, disability, diagnosis/labels or perceived incapacity may be used as evidence to deny women and gender diverse persons with disabilities, family rights, including in custody and marriage.

X) Point 55, Page 18

Original text:

*(a) Integrate care and support as a central priority in laws, policies, plans, programs, services, and budgets, free from all gender stereotypes, **and ensure that such systems uphold autonomy, legal capacity, community living, and do not reinforce coercion, substituted decision making or institutionalization.***

Comment: This addition is being suggested to ensure care and support systems are always framed through a rights based approach, not just a service provision, so that they do not end up replicating the exclusionary and discriminatory approaches of traditional care models.

Original text:

*(c) Provide adequate numbers of publicly funded, affordable, and quality care and support services for children, older persons, and persons with disabilities and long-term illness. **States parties should ensure that care and support policies do not sustain institutionalization, and should redirect funding towards community based support services and support systems, including peer support, housing, social protection and other supports necessary for living independently and inclusion in the community.***

Comment: The current recommendation calls for more care and support services, but does not clarify the direction of public investment. Without this safeguard, States may continue funding institutional or segregated models in the name of care.

We also recommend one addition;

(g) Recognize peer support as a credible and legitimate component of community based support systems, and allocate public funding to support peer led initiatives, including those led by women, girls and gender diverse persons with psychosocial and intellectual disabilities.

Comment: There is a need to understand that community based support systems should not be understood only as formal or medical or professional services. Peer support is an important rights based practice, specifically for persons with psychosocial disabilities, and is often developed from real, shared experiences, mutual trust and connection. It is important to recognize and fund peer led initiatives to ensure that support systems are shaped by the leadership and knowledge of those most affected themselves.

XI) Point 56, Page 18-19

We recommend one addition;

(d)Ensure that all health care, including mental health services, is gender-responsive, disability-inclusive, trauma-informed, gender-affirming, and based on free and informed consent, and prohibit coercive practices, including forced psychiatric treatment, involuntary hospitalization, forced reproductive health interventions and conversion practices.

Comment: While mental health services are mentioned in this recommendation, the text should clarify that they must be rights based, non-coercive and grounded in will, preferences and free and informed consent of the individual. As highlighted in our joint submission, women, girls and gender diverse persons with psychosocial disabilities are often subjected to coercive practices in general health care (along with mental health services) and there is a need to highlight that healthcare services should be gender affirming, trauma informed and disability inclusive.

