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Rights of Women with Disability under Indian Law: On the Crossroads of Gender and Autonomy

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ABSTRACT

Hovering amidst the large sum of 21 million disabled individuals in India, are “12.6 million males and 9.3 million females”. Based on the recent polls, 43-44% of the entire disabled population are women. The question one may fathom when we discuss “Women with Disabilities” (WWD) is that the need of carving out a gender aspect in the predominant discourse of disabled rights. The answer lies in the post-modern perspective of “Intersectionality” which as a concept first emerged in the works of Prof. Crenshaw who studied various political and social identities of a person and how such identities manifest into systems of discrimination that the said person may be exposed to. The emergence of the intersectional theory has led to percolation of different mainstream movements into one melting pot so as to achieve definitive inclusion and confront newer forms of discrimination. One primary example of such intermingled ideologies which directly relates to the focal point of this paper, is “Intersectional Feminism” which in its post-modern form has broadened its horizons of activisms from core women rights to include peripheral and concomitant issues related to rights of “queer women, transwomen, women of colour, women with disabilities”, so on and so forth. While on the forefront, people with any form of disability are prejudiced against and do not enjoy equal access to opportunities and resources, the female population, due to years of systemic oppression and prevailing patriarchal structure, assumes a greater risk due to multiplied identities leading to flaring of inequalities, violence, ignorance and predisposition. When the gender and physical identity of women with disabilities become apparent in a mutually exclusive manner, it encumbers access to any sort of rights, opportunities and resources. If we delve deeper into the intersectionality by adding a few more social markers through analysis of a government report drafted by “Ministry of Statistics and Programme Implementation”, we are familiarized with the deafening reality which is: half of the women who are disabled either do not have formal education or they drop out of educational facilities quite early. Furthering away from education into its end i.e. employment, it is to be noted that the gender disparity becomes unblemished in observation as 40% men with disabilities are employed in occupational settings while merely 21-23% of women with disabilities find

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employment in such institutions.

I. INTRODUCTION

If we peek into the global kaleidoscope to examine realities of ground level discrimination faced by women with disabilities, it comes to attention that they subsume amplified risks of discrimination which is even recognised by “UN General Assembly Resolution S23/3 of 2000” which is an extension of the “Beijing Platform of Action”. In the dome of literacy, only 3% of the global disabled are literate out of which 1% of women take their share.³ In matters of healthcare and reproductive rights, nearly thirty women subject themselves to disability every minute while delivering a child⁴ and similar studies⁵ suggest that access to healthcare for disabled women is majorly hampered due to multiplied dependencies owed to gender identity. In terms of mental health, out of the number of people who get disabled due to “neuro-psychiatric” conditions, 40% are women and 28% are men⁶. To address such augmented conditions of discrimination, it is important to have legislations in place with specific provisions made through thorough considerations of perceptions and realities on this matter. In the Indian context, the earlier jurisprudence pertaining to disability rights was devoid of any reference to the special class of gender as the “Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995” had no representation of the gendered perspective but the cornerstone to the inclusion of gender lens was the “National Policy for Persons with Disabilities, 2006” which identified forms of prejudice meted out to disabled women in areas of literacy, economics, shelter and financial compasses.⁷ The said realisation in the aforementioned policy paved way for the “Rights of Persons with Disabilities Act, 2016” which became the first Indian legislation to account for inclusion of women with disability in the legal discourse. Much of its appreciation is owed to the reason behind its drafting, which is to fulfil the Indian state’s obligation under the “United Nations Convention on Rights of Persons with Disability, 2008 (UNCRPD)”. Unlike other legislations that tackle specific kinds

³ United Nations Enable, *United Nations Development Program Factsheet on Disability*, UNITED NATIONS, (May. 13, 2020, 11:05 AM), <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>.

⁴ World Bank, *Health, Nutrition and Population, Reproductive Rights and Disabilities*, WORLD BANK (May. 13, 2020, 11:17 AM), <http://datatopics.worldbank.org/health/>.

⁵ UN CEDAW, *General Recommendation 24*, UNITED NATIONS, (May. 13, 2020, 11:32 AM), <https://www.refworld.org/docid/453882a73.html>.

⁶ World Health Organisation, *Women’s Mental Health*, (May. 13, 2020, 12:05 AM) https://www.who.int/mental_health/prevention/genderwomen/en/.

⁷ Ministry of Social Justice and Empowerment, *National Policy on Disabilities 2016*, GOVERNMENT OF INDIA (May. 15, 2020, 10:06 AM), http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter%208%20-National%20redressal.pdf.

of discriminations in parts, the RPD Act, 2016 is an all-encompassing piece of legislation which covers aspects ranging from exclusionary behaviour, identity focused violence, rights which the target group is entitled to, the authority in charge of implementation of the law to creation and functioning of specific courts mandated to deal with cases pertaining to such instances.

When it comes to carving out specific provisions for women with disabilities in the RPD Act, 2016, it takes what is called as a “twin track”⁸ approach to deal with inclusion of gender aspect in the legislation. The ambiguity with taking a generalised approach is that it vehemently ignores gender specific offences but taking a gender-only approach leads to missing out on various other provisions, hence, a twin track approach was used to insert a specific article in the legislation to reflect the gender standpoint. The introduction of “Section 4” which ensures actions to be taken by “appropriate government” to facilitate provisions for the fulfilment of equality and special policies for “women and children with disabilities” is the output of the twin track approach. The following section which didn’t find mention in the RPD Act, 2014, found its place in the Act of 2016 due to a report published by “Standing Committee on Social Justice and Empowerment” which brought into public spectacle, the multiple forms of discrimination faced by women due to reproduced identities.

II. OVERLOOKED STANDARDS OF DISCRIMINATION AND INEQUALITY

On a surface level, “Section 3 of the RPD Act, 2016” entitles every individual with disability, a “right to equality and non-discrimination” irrespective of their gender or physical status. The same provision also confers “appropriate government” with the duty to make provisions for full realisation of such entitlements. In the same manner, Section 13 ensures legal equality by detailing: “right to equal recognition everywhere as any other person before the law” and for ensuring maximum employment resources and liberty, Section 20 prohibits “government establishments” from discriminating against disabled employees in any manner, specifically prohibiting reduction of rank of an employee who meets disability while working in such establishments.⁹ The only difference that drew a thin line between the international framework of UNCRPD and RPD Act, 2016, is that the former didn’t allow any exceptions to the non-discrimination policy but the latter envisaged usage of discrimination if it warranted fulfilment of a “legitimate” aim. This raises apprehension pertaining to misuse of the provision but the legislature stated that it would draft rules to counter the same. To dismay of the target group,

⁸ Division for Social Policy and Development, *Disability Inclusive Development*, UNITED NATIONS (May. 17, 2020 10:06 AM).

⁹ Section 20(4), Rights of Persons with Disability Act, 2016.

such rules didn't tackle the issue neither did they touch upon the gender aspect. Another corollary to the "equality and non-discrimination" clause, is the equitable approach of "reasonable accommodation", which means "necessary modification and adjustment, to ensure persons with disability, the enjoyment or exercise of rights equally with others". Not adhering to "reasonable accommodation" principles is a grave system of discrimination under "RPD Act, 2016". The case of "[*Kritika Purohit and Anr. v. State of Maharashtra and Ors*]"¹⁰ is based on the fact that a woman with disability, who applied for admittance into a degree programme in physiotherapy to University of Mumbai was denied admission due to her being blind. She contended that under the rules of "UNCRPD and RPD Act, 2016", the institution has to make reasonable accommodation to ensure her right to education in the particular course. The court upheld the contention of the petitioner and directed the respondents i.e. the University of Mumbai, to admit the petitioner into the course.

What is majorly overlooked in the "RPD Act, 2016" while dealing with discrimination clauses is the distinction between horizontal and vertical application of such clauses. This can be elucidated by the remarking upon the fact that: "while the UNCRPD ensures horizontal application by bringing "any person, organization or enterprise"¹¹ under its ambit, the "RPD Act, 2016", restricts its ambit only to "appropriate government"¹² hence, not conferring upon private entities, a duty to abide by the "provisions of non-discrimination" and the duty to make "reasonable accommodation" for disabled people, hence vaguely safeguarding discrimination for women with disabilities. The legislators and the piece of legislation, conveniently disregards the play of intersectional identities as has been discussed above, that reproduce multiplied discrimination. This can be marked out but the fact that the "UNCRPD" in its "General Comment No. 3" notes the consequence of intersectional identities on women with disabilities but the "RPD Act, 2016" bases itself on the flawed assumption that the only cause of discrimination against a woman with disability, is her "disabled status", it doesn't take into account the gender aspect, let alone caste, religion, economic and social background whatsoever. A disabled woman belonging to a family below poverty line has lesser access to education or employment than a woman from an affluent background but these factors are missing in the legal tapestry of the "RPD Act, 2016".

Earlier, we discussed about the Intersectional Approach conceived by Prof. Crenshaw.

¹⁰ "*Kritika Purohit v. State of Maharashtra*", W.P. 979/2010, Bombay High Court, order dated 17 November 2011, para 7.

¹¹ Article 4(e), "United Nations Convention on Rights of Persons with Disabilities".

¹² Section 3, "Rights of Persons with Disabilities Act, 2016".

Following her work¹³, we can lay down another instance, where non consideration of intersectional approach in the RPD Act, 2016 can impede a woman with disability from abundantly enjoying her rights under the same Act. “Section 3(4) of the RPD Act, 2016” states that “No person shall be deprived of his or her personal liberty only on the ground of disability”, now what turns this provision dicey is the phrase “only on the ground of disability” because, for instance, in an government establishment where a woman is employment, if she is not allowed to avail certain employee benefits made available by the institution, hence restricting her entitlements, the question arises that will the courts thoroughly consider the intersecting aspects of “gender and disability” while adjudicating such a case scenario or will they consider the disability aspect only. As per the law, they would have to judge the case based on the phrase: “only on the grounds of disability”, the problem with which is, the employer can show that a male disabled person has been allowed to avail the concerned benefits and hence the woman hasn’t been discriminated on the grounds of disability. This loophole opens exit route for many perpetrators. The only legislation under Indian Law which takes into consideration an intersectional approach is the “Mental Healthcare Act”, which deals with psychological and mental disability, and prohibits discrimination on wider margins of “gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class or disability”. It is also the first legislation to include “sexual orientation” as a ground for discrimination, which is another factor of intersectionality ignored by the “RPD Act, 2016”. Studies have shown that “the prevalence of disability is higher among lesbian, gay, and bisexual adults compared with their heterosexual counterparts”¹⁴. Reports go on to show that homosexuality is discouraged and discriminated in residential and institutional set-ups for disabled people¹⁵ but the “RPD Act, 2016” fails to address the said intersectionality hence making a disabled lesbian woman devoid of any legal resource to tackle discrimination faced by her due to her homosexual identity.

III. WOMEN WITH DISABILITIES AND REPRODUCTIVE JUSTICE

As discussed above, women with disabilities come across numerous and intersecting forms of discrimination that build up in every area especially over the exercise of their sexual and reproductive rights. The laxity and failure to give an effective discourse and have a dialogue concerning sexual and reproductive health-care requirements amongst girls and young women

¹³ Prof. Crenshaw, “*De-marginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*”, UNIVERSITY OF CHICAGO L.F, (1989).

¹⁴ Fredricksen & Kim & Barkan, “*Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk*”, AMERICAN PUBLIC HEALTH A.J., (2012).

¹⁵ Dudek & Jeschke & Lemkuhl, *Institutionalized Queers: Homosexuality in Residential Facilities for People with Cognitive Disabilities*, SOCIETY FOR DISABLED STUDIES, (2016).

with disabilities has led to widespread misconstrued assumption that people with disabilities are either asexual or hypersexual.¹⁶ Such wrongly perceived conjecture leads to serious restrictions on their sexual behaviour and expressions of sexuality and making them even more vulnerable to sexual abuse. Moreover, several general assumptions are made that people with disabilities are not competent enough to take decisions for which the clinicians falsely identify certain diagnosis claiming that they are incompetent to understand or communicate to a vital extent. Clinicians influenced by societal stigma are often reluctant to help patients with disabilities or to take time to explain the patients who have difficulties in communication.¹⁷ As a consequence of which, people with disabilities may be indiscreetly put in jeopardy to an oppressive and dismissive judgement which also includes their very ability to consent to sex or reproduction.

The “United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Article 12” has introduced a new paradigm of “Universal Legal Capacity” that cannot be restricted on grounds of disability or mental incapacity and requires equal legal recognition of persons with disabilities. “Article 23 of the UNCRPD” talks about “Respect for home and family” which provides that *“States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized; (b) The rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognized, and the means necessary to enable them to exercise these rights are provided.”*

Women and girls with disabilities may also be subjected to coercive medical procedures that also includes reproductive health procedures that encroaches upon their rights and undermines their dignity. These coercive policies and practices may include coerced sterilization, coerced use of contraceptives and coerced abortion. These practices are based on stereotypical grounds that poses a question on their decision-making capacities, their ability of parenting and nurturing a child and with a false assumption that women and girls with disabilities are non-

¹⁶ Anuradha Mohit et al. *Rights of Disabled*, NHRC.30-31 (June 03, 2020, 10:00AM), <https://nhrc.nic.in/sites/default/files/DisabledRights.pdf>

¹⁷ Anita Silvers & Brittany Badesch, *Reproductive Rights and Access to Reproductive Services for Women with Disabilities*, 18 AMA JOURNAL OF ETHICS.431-432 (June 03, 2020, 10:15AM), <https://journalofethics.ama-assn.org/article/reproductive-rights-and-access-reproductive-services-women-disabilities/2016-04>

sexual or that sterilization will protect them from sexual abuse.¹⁸ Beside these, women and girls with disabilities are normally time and again forced and pressurized from doctors, parents, guardians, and society to opt for abortion or abstain from becoming pregnant because of the misconception regarding the probability and risk of passing on the disabilities to their children, even if the disability is not genetic.¹⁹

In India, legally, the “Medical Termination of Pregnancy (MTP) Act, 1971” does not deal with access to abortion of women with mental retardation and it inaccurately differentiates women with mental retardation and mental illness, excluding the former completely.²⁰ Under The “Rights of the Persons With Disabilities Act, 2016 (RPWD)”, Section 10(2) provides that “No person with disability shall be subject to any medical procedure which leads to infertility without his or her free and informed consent.” The loophole that lies with the Act is no specific provision is provided for the violation of the aforesaid section of the Act. Section 89 of the Act states “Any person who contravenes any of the provisions of this Act, or of any rule made thereunder shall for first contravention be punishable with fine which may extend to ten thousand rupees and for any subsequent contravention with fine which shall not be less than fifty thousand rupees but which may extend to five lakh rupees” but it does not commensurate to the grave infringement of “the right to bodily integrity and human dignity” and irremediable repercussions of forced sterilization and abortion. “Section 95 (1) (c) of the Mental Healthcare Act, 2017” prohibits sterilization of men and women, provided if “such sterilisation is intended as a treatment for mental illness.” Punishments imposed for the violation of the provisions made under the Act shall include “for first contravention be punishable with imprisonment for a term which may extend to six months, or with a fine which may extend to ten thousand rupees or with both, and for any subsequent contravention with imprisonment for a term which may extend to two years or with fine which shall not be less than fifty thousand rupees but which may extend to five lakh rupees or with both” as mentioned under “Section 108” of the Act. This is a narrow provision as it is possible that sterilization can be carried out for non-medical purpose and as a preventive measure to protect disabled women and girls from sexual abuse and moreover their families and communities consider them as being incapable of coping and managing their menstrual hygiene and motherhood.²¹ The practice of forced sterilization came

¹⁸ Katrina Anderson et al. *Shifting the frame on Disability Rights for the US Reproductive Rights Movement*, CENTRE FOR REPRODUCTIVE RIGHTS. (June 03, 2020, 10:20AM), <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/Disability-Briefing-Paper-FINAL.pdf>

¹⁹ Ibid

²⁰ Srinivas Kosgi et al. *Women reproductive Rights in India: prospective future*, 10. ONLINE JOURNAL OF HEALTH AND ALLIED SCIENCES, 1-5 (2011)

²¹ Swagata Raha & Shampa Sengupta, *Rights of Women with Disabilities under Indian Legislation*, 14 SOCIO-

into view in a 1994 report that disclosed eleven women with cognitive disabilities underwent state sponsored hysterectomies.²² The authorities stated that the mental age of the women was between two and four years and they will be exposed to numerous health hazards as they won't be able to cope with their periods. Furthermore, the authorities maintained that "such operations were standard medical practice in the case of severely retarded women." In this case, the parents of the patients took the side of the doctors and gave their consent for the surgery as they wanted to "end the trauma of having to watch their daughter's inability to cope with menstrual problems, and the consequent loss of even this basic privacy."²³

The case of [*Suchita Srivastava vs Chandigarh Admn.*]²⁴ is a landmark decision in the area of reproductive rights. In this case the victim had become pregnant due to an alleged rape that took place while she was an inmate in a government-run welfare institution. The ossification test revealed the age of the victim to be around 19-20 years. A medical board assessing the mental position concluded that the victim's mental state was that of a "mild mental retardation." Having no explicit premise in law for moving further with the medical termination, the "Chandigarh Administration" approached the "Punjab and Haryana High Court" for getting approval for medical termination of the pregnancy, keeping in mind that the victim was "mentally retarded", "an orphan", and "did not have a parent or guardian who could support and look after her and her child." Though the victim was eager to bear the child, she also had enough physical ability to deliver the child, but her mental retardation and absence of adequate social support and supervision proved to be a hindrance for her. Thus, keeping in view the future consequences of having maternal responsibilities and through a comprehensive and thorough evaluation of physical, psychological and social parameters, the High Court directed the termination of the pregnancy. Whereas the Supreme Court stated that "persons who are found to be in a condition of borderline, mild or moderate mental retardation are capable of being good parents" and put away the High Court's decision to terminate the pregnancy of the woman without her consent. The Honorable Supreme Court stated that a woman's right to make reproductive choices is an important and element of "personal liberty" as envisaged under "Article 21 of the Constitution of India. Moreover, under "Section 3 (4) (a)" of the the MTP Act, a guardian can make decisions on behalf a 'mentally ill person', but the same cannot be implemented on behalf of a person who is in a condition of "mental retardation". The

LEGAL REVIEW. 190-211 (2018)

²² Robin Abreu, *Hysterectomies on mentally retarded women rocks in Pune*, INDIA TODAY (June 03, 2020, 10:26AM), <https://www.indiatoday.in/magazine/indiascope/story/19940228-hysterectomies-on-mentally-retarded-women-rocks-pune-810146-1994-02-28>

²³ Ibid

²⁴ *Suchita Srivastava vs Chandigarh Admn* (2009) 9 SCC 1

reasonable conclusion that was deciphered by the apex court in this regard was that “the State must respect the personal autonomy of a mentally retarded woman with regard to decisions about terminating a pregnancy. It can also be reasoned that while the explicit consent of the woman in question is not a necessary condition for continuing the pregnancy, the MTP Act clearly lays down that obtaining the consent of the pregnant woman is indeed an essential condition for proceeding with the termination of a pregnancy.” The Supreme Court also referred to the “UN Declaration on the Rights of Mentally Retarded Persons, 1971” and the “Convention on the Rights of Persons with Disabilities (CRPD)” which has been ratified by India, thus the contents of the same were obligatory and compulsory on our legal system. The court opined since the conditions specified under the MTP Act for termination has not been satisfied, the termination could not be ordered.

In the case of [*Z vs State of Bihar & Ors*]²⁵, the petitioner was a 35 years destitute woman who was found to be pregnant, HIV+ and as per clinical assessments and documentary evidences the petitioner was diagnosed with mild mental retardation, psychiatric illness and provisional schizophrenia for which she was under medications and was behaviorally stable but required long term psychiatry treatment. In due course, she revealed that she had been raped and wished to terminate her pregnancy of 17 weeks. The petitioner approached the Patna High Court but her request was denied on several grounds, including that her pregnancy was in the 2nd trimester of approximately 23 weeks at the time of writ petition, her medical reports did not reveal any fetal abnormality or complications to her pregnancy, rather the termination would require a major surgical procedure with subsequent consequences such as “bleeding sepsis” and “anesthesia hazards”. After going through the facts and circumstances of the case, the apex court held that “in the circumstances, in the interest of justice and in the interest of victim and fetus/prospective child, this Court is not inclined to permit the medical termination of pregnancy of the victim.” The court awarded compensation to the victim under the public law remedy and victim compensation scheme under the “Code of Criminal Procedure, 1973” for the severe mental injury of having to continue her pregnancy resulting from rape and due to the retardant attitude and laxity of state authorities for application of the provisions of the law at the appropriate time.

IV. PROTECTION FROM SEXUAL OFFENCES AND PROCEDURAL SAFEGUARDS

Article 16 of “UNCRPD” requires that the State Parties take appropriate multidimensional measures to protect persons with disabilities, “both within and outside the home”, which also

²⁵*Z vs State of Bihar & Ors* (2018) 11 SCC 572

alludes “gender-based aspects”. Article 16(5) of the “UNCRPD” also mentions that the State Parties should put “women-and child-focused legislation and policies” to ensure that the instances of “exploitation, violence and abuse are identified, investigated and where appropriate, prosecuted.”

Under “RPD Act, 2016”, Section 7(1) is an inclusive provision which states that the government should take measures to protect persons with disabilities from and prevent abuse, violence and exploitation. Apart from RPD Act, provisions under “Protection of Children from Sexual Offences Act, 2012” (POCSO) specifically acknowledges the vulnerability of children with disabilities to sexual violence. “Penetrative sexual assault” or “sexual assault” by “taking advantage of a child’s mental or physical disability” constitutes aggravated penetrative sexual assault as mentioned under “Section 5(k)” of the Act and “aggravated sexual assault” under “Section 9(k)”. On the procedural frontier, under POCSO Act the police, Magistrate, and Special Court can take the “assistance of a special educator or a person familiar with the manner of the child’s communication or a qualified and experienced expert to record the child’s statement” as envisaged under Section 26(3) and 38(2) of the POCSO Act.

The “Criminal Law (Amendment) Act, 2013” also brought several procedural changes which includes if a sexual offence is allegedly committed against a woman who is “temporarily or permanently, mentally or physically disabled”, the police should record the information at the person’s residence or at a “convenient place of the woman’s choice. An interpreter or special educator should be present during the recording of the information and the recording should be video-graphed as mentioned under Section 154 (1)” provisos of the “Code of the Criminal Procedure Code (CrPC), 1973”. A woman or a person with mental or physical disability cannot be summoned to a police station mentioned under Section 160 (1) proviso of the Code. “Section 164 (5A) (a)” provisos also state that the statement of a person who is “temporarily or permanently, mentally or physically disabled should be recorded by a Magistrate with the assistance of an interpreter or a special educator and should be video-graphed.” “Section 164 (5A) (b)” states that the statements recorded will be considered as a statement in “lieu of examination-in-chief” and the women or girl can be cross-examined on this basis.

Under the RPD Act, penal provisions are there which specifically recognizes certain sexual offences and criminalizes such as “assaults or uses force to any person with disability with intent to dishonour him or outrage the modesty of a woman with disability” as mentioned under Section (b); “being in a position to dominate the will of a child or woman with disability and uses that position to exploit her sexually” stated under “Section 92(d)”; “performs, conducts or directs any medical procedure to be performed on a woman with disability which leads to or is

likely to lead to termination of pregnancy without her express consent”. Termination done in severe cases of disability which is based on opinion of medical practitioner and consent of the guardian of the women with disability are exempted from punishment as envisaged under “Section 92(f).”

V. ADOPTION OF GOOD PRACTICES AND POSITIVE SOLUTIONS

Based on the facts and statistics we’ve discussed earlier in this paper, it is evident that discrimination and prejudice towards women with disabilities is a global issue prevalent in many countries. A comparative analysis can be helpful to visit the lacuna in the Indian legal system and how it can be filled by borrowing from other nations. The Barcelona Congress of Spain was baffled by the fact that even after having enough female speakers, the issue of disabled women was not represented adequately. It was observed that, this happened primarily because women in politics didn’t have enough experiences to adequately voice the concerns of disabled women, hence, the Congress decided to create a separate association of disabled women which came to be known as “Dones no estàndards”²⁶. It brought out multiple cases of sexual abuse committed by disabled men on disabled women in institutional facilities. It effectively represented the intersectional group. They also involved school students across the state in their awareness projects to sensitise individuals from a younger stage regarding inclusion of disabled women.

Many studies revealed that physical disability can at times lead to mental illness, to tackle the same, the governments of Finland, Sweden and Romania initiated the “Project DEEP” i.e “Disabled Women’s Empowerment and Energy Program”, which trained disabled women to be leaders in the peer groups they were supposed to create. Reports showed that trained leaders were effective in elevating the mental health of their peer groups by tackling with isolation, depression and anxiety.

Disabled women are at a higher risk of undergoing the pitiable predicament of gender based violence and domestic violence. To tackle the same while covering multitude of other disability related issue, the Norwegian Government initiated the “Network for Women with Disabilities”. One of its noteworthy project is creation of toolkits and campaigning for shelters specifically for disabled women who are victims of violence. It ensures the implementation and distribution of toolkits in government institutions like the police, the hospital, schools and colleges etc. to ensure reasonable accommodation is made for women with disabilities in such set-ups.

²⁶ Association of Disabled Women, GOVT. OF SPAIN, (June 02, 2020, 10:28 AM), <http://donesnoestandards.cat/>.