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**Joint Stakeholder Submission**



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Partnership for Human Rights (PHR) is a local human rights organization with ECOSOC status working to protect and promote the rights of women, children, LGBTQ community members and persons with disabilities since 2012. PHR applies advocacy, strategic litigation, and human rights education as tools to enhance justice and equality for all.

The Sexual Rights Initiative (SRI) is a coalition of national and regional organizations based in Canada, Poland, India, Argentina, and South Africa that work together to advance human rights related to sexuality and gender at the United Nations.

**Keywords: women and girls with disabilities, access to SRHR services, access to contraception, abortion, maternal health, violence against women, gender-based violence, comprehensive sexuality education.**

## Executive Summary

The present report refers to the protection gaps and violations of SRHR of women with disabilities in Georgia. It has been drafted based on desk review and the unique field experience of the local contributing organization, Partnership for Human Rights, that has been engaged in advocacy for women with disabilities since 2012.

The report recognizes that SRHR for women with disabilities remains unrealized and fully neglected in the country. There are no state-wide programs or strategies for meeting the SRHR needs of women with disabilities even to the minimum standards.

The major problems in practice include, but are not limited to, the inability to recognize and acknowledge SRHR violations by the duty bearers, grave human rights violations including chemical sterilization, and interventions to suppress women's sexuality against their will. Women with disabilities don't have access to SRHR services including family planning and contraception, and independent living. Their right to private and family life remains unrealized as well.

## Sexual and reproductive health of women and girls with disabilities

1. In 2015, Georgia was reviewed for the 2<sup>nd</sup> cycle of the Universal Periodic Review (UPR) by the Human Rights Council. The country accepted 70 recommendations including the following related to SRHR: Recommendation 118.42 provided to take steps to ensure that sexual and reproductive health services including abortion and contraception services and information, are available, accessible and affordable to all women and girls, especially in rural areas and among vulnerable groups (Denmark). Recommendation 118.43 suggested to ensure universal access to quality reproductive and sexual health services, including contraception services, especially to women in rural areas and those living with HIV/AIDS (Brazil).
2. In 2019, Georgia submitted the Mid-term Report on the UPR, that included certain references to the implementation of accepted SRHR recommendations.<sup>i</sup> The Government reported of an approval of the 2017-2030 National Strategy for Promotion of Maternal and Newborn Health in 2017. The Report defines the country's policy of maternal and newborn health as well as family planning, and sexual and reproductive health for the next 14 years. The Mid-term Report also points out that Civic Education and Biology school courses have been enhanced in the revision process of the National Curriculum, to strengthen the awareness of young people on early marriage prevention, as well as reproductive health. Additionally, the Report notes: with the financial and technical assistance of the United Nations Population Fund, 6 cycles of retraining for healthcare professionals in Tbilisi and eastern Georgia were conducted in 2016-2017 by the State Fund for Protection and Assistance of Victims of Human Trafficking. 138 doctors and nurses completed a full course on reproductive health, modern methods of family planning, abortion, care, treatment and referral for physical, psychological and sexual violence against women. The verification of these declarations will be challenged throughout our submission.
3. In 2017, the UN Committee on the Rights of the Child provided the following recommendations on SRHR:<sup>ii</sup> (a) Ensure that the strategy for reproductive health includes a specific focus on adolescent health and expedite its adoption; (b) Introduce sexual and reproductive health education into the mandatory school curriculum for adolescent girls and boys, with special attention paid to preventing early pregnancy and sexually transmitted infections; and (c) Improve access to quality, age-appropriate HIV/AIDS, and sexual and reproductive health services. The Government has not provided any progress reports on these topics but we will refer to the recommendations in our analysis.
4. Legislation regulating sexual and reproductive rights includes the Constitution of Georgia, international human rights law, and various domestic legal Acts. The Constitution of Georgia provides that the State acknowledge and protect universally recognized human rights and freedoms as eternal and supreme human values. While exercising authority, the people and the State shall be bound by these rights and

freedoms as directly applicable law. The Constitution shall not deny other universally recognised human rights and freedoms that are not explicitly referred to herein, but that inherently derive from the principles of the Constitution (provision 4 §2). Georgia has ratified all major international human rights conventions, including CEDAW and CRPD. Therefore, the country should explicitly recognize the sexual and reproductive rights of all women, including women with disabilities. However, in practice, these special provisions are not adequately enforced by the government or the legal systems.

5. Domestic legislation regulating sexual and reproductive health rights, among other Acts, include: <sup>iii</sup>
  - ✓ Law of Georgia on Health Care
  - ✓ Law of Georgia on Patient Rights

The Law of Georgia on Health Care provides the conditions of safe motherhood and childcare (Chapter 22) and family planning (chapter 23). It also ensures that citizens can independently determine the number of their children, and make decisions about their birth or abortion (Art. 136, 139), including in vitro procedures (Art. 143).<sup>iv</sup>

The Law of Georgia on Patient Rights guarantees the provision of healthcare without discrimination (Art. 6). It protects the right to privacy and confidentiality of all persons (Art. 5,6). The law also protects the interests of pregnant women and nursing mothers (ch.7).<sup>v</sup>

However, none of these provisions explicitly mention women and girls with disabilities, making the need for special accommodation for SRHR service provisions invisible. Additionally, the concept of reasonable accommodation is missing in the Law of Georgia on the Elimination of all Forms of Discrimination.

6. The country has designed essential policy initiatives,<sup>vi</sup> strategies and action plans, including:
  - ✓ Georgian National Youth Policy (2014)
  - ✓ National Maternal and Newborn Health Strategy (2017-2030) and a 4-year Action Plan (2017-2019)
  - ✓ The Demographic Security Policy (2017-2030)
  - ✓ National Strategy for the Protection of Human Rights in Georgia (2014-2020)

Again, none of these policy frameworks include the SRHR of women and girls with disabilities. Consequently, without the legislative guarantees, it is not expected in the near future that the government will take any significant measures to support the implementation of SRHR concerning women with disabilities.

7. Discriminatory practices and violations of sexual and reproductive rights of women and girls with disabilities leads to high levels of inequality. The State collects little to no data on SRH service provision and the related discriminatory practices that lead to the gap in services for women with disabilities. Statistics about women with disabilities do not comply with international frameworks advocated by CRPD and WHO, while statistics on the SRH services for women with disabilities are missing altogether.
8. Registered persons with disabilities constitute only 3% of the total population in Georgia. In comparison, as affirmed by WHO, persons with disabilities making up about 15% of the State population is a well-acknowledged average throughout the world.<sup>vii</sup> As a recent study identifies,<sup>viii</sup> in all parameters, the number of women with disabilities is far lower than the number of men with disabilities in Georgia. There are in total 129 087 recipients of government social grants based on disability status, which includes only 39% of women (49 798). This statistic unveils the severe under-registration of women with disabilities in the country. To reduce the number of registered persons with disabilities and

consequent disability grants, the country still applies the former Soviet, diagnosis-based model of disability registration, and many women with disabilities cannot meet that criteria. This gap contributes towards the failure to support and provide relevant disability grants and services to women and girls with disabilities.

9. The topic of SRHR for women and girls with disabilities is usually missing from the agenda of governmental structures, organizations and meetings. Neither women with disabilities nor human rights defenders working on disability are included to discuss SRHR in meetings on disability and human rights issues.
10. Women and girls with disabilities face intersectional discrimination that is exacerbated by both the stereotypes of disability and gender. Georgia, with a robust patriarchal model, preserves a wide array of stereotypes against women, particularly if they have disabilities. Following a recent study,<sup>ix</sup> women and girls with disabilities are significantly affected by stereotypes, which ultimately limit the realization of SRHR. Harmful stereotypes include, but are not limited to, the belief that women with disabilities are asexual or hypersexual, incapable, illogical, and unable to control their desires and actions.
11. Information on sexual and reproductive health is not provided for women and children with disabilities. As per the report of the Public Defender of Georgia, comprehensive sex education is missing from the school curriculum in Georgia. Certain related concepts are mentioned in Civic Education and Biology courses. However, they are very limited: they mainly cover the anatomy and function of body parts.<sup>x</sup> A recent UNFPA study notes that Biology teachers usually “skipped the reproductive health-related chapters, or discussed them very briefly.”<sup>xi</sup>
12. Girls with disabilities are also deprived of sex education in day-care centers’ educational activities. As the Public Defender of Georgia notes in her submission to UN CRPD,<sup>xii</sup> girls with disabilities are not provided with information on reproductive health and family planning issues in accordance with their age.
13. A recent study by PHR<sup>xiii</sup> also notes that information on SRHR is not available for girls and adolescents with disabilities, or for their parents or teachers. Even though some parents and teachers acknowledged the need for increasing awareness of SRHR for adolescents with disabilities enrolled in day-care centers, they stated that they lack the capacity to provide this education. They also stated that, “none of the educational and capacity-building training has equipped us [them] with this information.”
14. It is worth mentioning that the significant majority of parents, caregivers, and teachers entirely neglect SRHR for children with disabilities.<sup>xiv</sup> They state that their children have no need for such knowledge, and even participate in vigorous protest campaigns against educational initiatives on SRHR. The dominant group of protesters are affiliated with ultra-nationalist groups organizing against introducing sexual education as well as civic education.<sup>xv</sup>
15. The crisis deepens with women living in State care institutions, especially psychiatric institutions. Psychiatric institutions fail to detect, acknowledge and prevent violation of SRHR. As per the latest study of the Public Defender of Georgia, a psychiatric institution was unaware of a patient’s pregnancy until the patient gave birth in a toilet of their facility. The patient gave birth without medical assistance and at 36-37 weeks of gestation.<sup>xvi</sup>
16. Access to contraception is problematic for all women in Georgia. As the Public Defender study reports,<sup>xvii</sup> the State does not fund family planning services, including contraceptives mandated by State programs:

“Women do not have access to comprehensive information regarding both traditional and modern methods of contraception, although most women have heard of and/or used some methods of either traditional or modern contraception...Prevention of using modern methods of family planning is caused by widespread myths about the harmful effects of hormonal contraceptives, which are purported to be potential causative factors for infertility and various diseases. These myths are also promoted by gynecologists. Lack of knowledge of emergency contraceptives is an additional barrier to protecting women against unwanted pregnancy. Lack of delivery of sufficient and comprehensive information by service providers contributes to the low level of awareness within the population regarding different methods of contraception.”<sup>xviii</sup>

17. Women and girls with disabilities also face significant barriers to access contraception. This is often due to the lack of physical accessibility for women with mobility issues. Neither pharmacies nor medical centers have access for wheelchairs or provide mobility aid. Additionally, discriminatory attitudes of medical and public service providers stemming from stereotypes about women with disabilities hinder their provision of relevant contraceptives and services.<sup>xix</sup>
18. Contraceptives are also not accessible at State institutions and psychiatric facilities where women are often taken against their consent and kept for several years. Medical staff claim that their patients do not need contraceptives as sexual relations are strictly controlled and prevented. While some personnel acknowledge the existence of sexual activity in these institutions, they believe it is the sole responsibility of women with disabilities to protect against unwanted pregnancies. The need for contraceptives for reasons beyond unwanted pregnancies is not recognized.<sup>xx</sup>
19. There exists a large amount of anecdotal evidence about the human rights violations in different State-run institutions against women and men with disabilities. Psychiatric institutions are using non-prescribed medications to deliberately decrease women's libido without their informed consent. These practices have been verified and confirmed by the monitoring group of the Public Defender.<sup>xxi</sup>
20. The Public Defender also reported on forced sterilization: “The monitoring team concluded that the facilities still use medicines that pose a risk to the patient and sterilize them chemically. Although health care providers state that they do not use the drugs to suppress a patient's hypersexuality, psychotropic medications [which they apply] themselves lead to reduced libido; the use of drugs that are no longer provided by guidelines has been identified.”<sup>xxii</sup>
21. In her parliamentary report of 2017, the Public Defender explicitly stressed the inaccessibility of any SRHR services for women with disabilities in Georgia:<sup>xxiii</sup>

“It is known that in the current state medical insurance system has recently included persons with disabilities; however, women with disabilities are still not able to use health services based on their specific needs. Explicitly should be noted, the issue of access to reproductive and sexual health services. The necessary medicines are not provided properly. Most beneficiaries are financially dependent only on the state social package, which does not allow purchasing sufficient medicines.”

## **Violence against women and girls with disabilities**

22. In 2015, during the review process of the Universal Periodic Review at the UN Human Rights Council, Georgia, as a responding party, accepted the following recommendations:<sup>xxiv</sup>
  - ✓ Strengthening law and practice to combat Gender-based violence (*117.12 Poland*)
  - ✓ Support public education campaigns to combat hate speech, discrimination, and violence related to sexual orientation and gender identity (*117.49 Brazil*)

- ✓ Ensure effective investigation of violence against women and punish perpetrators (*118.82 Estonia*)
- ✓ Ensure enforcement of protective and restraining orders related to domestic violence, among other things, establishing a specialized police unit (*118.16 Sweden*)
- ✓ Take effective actions against DV, including ratification of the Istanbul Convention (*117.6 Netherlands*)
- ✓ Reinforce the capacity of the professionals in the identification, referral, and protection of victims of GBV (*117.68 Republic of Moldova*)
- ✓ Provide legal and medical support to the victims of DV (*117.68 Republic of Moldova*)
- ✓ Eliminate Child marriage (*117.17 Egypt*)
- ✓ Develop preventive strategies on gender-based violence and establish rehabilitation services for victims of violence (*117.69 Norway*)

23. Georgia has fulfilled some of these recommendations. In May 2017, Georgia ratified the Istanbul Convention (The Council of Europe Convention on preventing and combating violence against women and domestic violence). Following the principles and the provisions of the Istanbul Convention, Georgia amended over 20 legislative Acts, including the Criminal Code. However, these amendments do not address the specific needs and protection gaps of women and girls with disabilities in relation to gender-based violence.

24. In January 2018, the first Human Rights Department under the Ministry of Interior Affairs was established. The primary functions of the Department entailed oversight of the human rights situation in Georgia. The Department has been actively dealing with complex cases of violence against women. However, the staff of the department, as well as the whole investigative and prosecutorial units, lack the competence for investigating gender-based and sex crimes against women and girls with disabilities. The latter is revealed in the statistics below and the existing case-law.

25. While the number of cases of violence against women has exponentially increased in the period from 2014 to 2019 from 642 cases to 4761 annually,<sup>xxv</sup> only 3 cases of domestic violence against women with disabilities have been registered for the same period. During the five years from 2014 to 2018, there have been only 2 cases of sexual assault against women with disabilities.<sup>xxvi</sup>

26. The law enforcement and prosecutorial services have not developed appropriate methods of investigation of sexual and gender-based crimes against women with disabilities. Lack of training, together with discriminatory stereotypes and ideas surrounding disability, consent and sexual violence result in police and prosecutors failing to recognize consent and / or the absence of informed consent of women with disabilities, particularly women with mental health and intellectual disabilities.

### **Independent private and family life of women and girls with disabilities**

27. Women with disabilities find it particularly challenging to have a private and family life due to different factors, including stigma, the lack of statutory services and the lack of resources and support.

28. The situation is aggravated for women who are placed in boarding houses under State care and institutions. As the qualitative PHR study reports,<sup>xxvii</sup> women with disabilities are often deprived of their children upon birth by social services. Against their will, the children are taken to foster families and other child care institutions, and the parenting rights of women with disabilities are gravely violated. As 34 years old, Lela reports:<sup>xxviii</sup> She and her partner both live at the boarding house. Their child is taken away against their will to foster care. Currently, they are employed and have both the capacity and willingness to take care of their child, but the institution's administration is rejecting their proposal. Lela regularly takes long trips to different parts of the country to visit her child, bringing her toys and just to hug her. However, sometimes she cannot see her child for more than 6 months at a time, which causes both her and her partner deep emotional pain. Lela states, "I'm tired of dreaming about life with my child

and my husband, I'm all in expectation [for the lawyers' legal action] and the only hope I have is for God... I have nowhere to live and have to stay in this institution. I was grown deprived of parental care; I don't want my child to experience this pain.”

29. The gaps in providing adequate reproductive services to women with disabilities lead to problems with maternity and delivery services. As a recent study reports, women with musculoskeletal and physical restraints “could not name a single adapted gynecological chair”<sup>xxix</sup> throughout Georgia, except one gynecological service in Tbilisi that was commissioned as a result of concerted advocacy efforts by women with disabilities.
30. The existing system of institutional living makes it almost impossible to realize the right to private and family life for women and girls with disabilities. The Government has not yet developed the deinstitutionalization plan that was expected from them through ratifying CRPD.
31. There is no guideline in the country that would ensure quality care during pregnancy, delivery, and postpartum process for women with disabilities. Mental health institutions and boarding houses do not implement any kind of assessment of reproductive health care for women with disabilities. Women placed involuntarily or even upon consent in these institutions are only getting screening for hepatitis C – all other kinds of screening, including screening for breast cancer are not provided for them.

### **Recommendations**

1. Introduce specific provisions in domestic law guaranteeing SRHR and the right to privacy for women with disabilities including, provisions of reasonable accommodation and accessibility of all public institutions to ensure access to SRHR for women with disabilities in Georgia.
2. Provide specific provisions for rights of women with disabilities in policy and strategy documents on SRHR and human rights, including the Georgian National Youth Policy, National Maternal and Newborn Health Strategy, The Demographic Security Policy, National Strategy for the Protection of Human Rights in Georgia, and ensure meaningful participation and consultation of women with disabilities in forums discussing health and rights in Georgia.
3. Organize and run awareness raising campaigns on local and national level for reducing stigma against SRHR of women with disabilities and their private and family life; arrange regular consultations with women with disabilities and with organizations that work on this issue to better inform these campaigns.
4. Guarantee the involvement and consideration of input of women with disabilities in all decision-making bodies as primary stakeholders in SRHR programs. Organize accessible consultations during every process and discussion dealing with health and SRHR rights.
5. Eliminate the practice of forced sterilization, suppression of sexual self-expression and violation of the right to privacy in all health care facilities, especially psychiatric facilities. Ensure disciplinary proceedings against medical facilities continuing these illegal practices.
6. Ensure complete access to SRHR services, including contraception and abortions, and the infrastructural changes necessary to accommodate women with disabilities. This should also include comprehensive sexuality education at all levels of schooling, including day-care centers.



7. Develop and implement a plan of deinstitutionalization to provide conditions for independent, private and family living for women with disabilities. Secure necessary support in terms of accessible housing, education, employment, and personal assistance for enabling childcare and parenthood for women with disabilities.
8. Organize strategy, action and capacity building of legal, medical and social welfare professionals to combat violence against women and girls with disabilities. Provide specialized training and retraining in consultation with women with disabilities.
9. Collect disaggregated gender and disability data to explain current discrepancies and enable better planning of meaningful services for women and girls with disabilities. Reform the State registration process for people with disabilities from the outdated diagnose-based model to be more inclusive.

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<sup>i</sup> Georgia, United Nations Universal Periodic Review, 2019. Available at: [https://lib.ohchr.org/HRBodies/UPR/Documents/session23/GE/UPR2ndCycle\\_midterm.pdf](https://lib.ohchr.org/HRBodies/UPR/Documents/session23/GE/UPR2ndCycle_midterm.pdf)

<sup>ii</sup> Human Rights Committee, *Concluding observations on the fourth periodic report of Georgia*, 19 August 2014, CCPR/C/GEO/CO/4, available at: [http://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR/C/GEO/CO/4&Lang=En](http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CCPR/C/GEO/CO/4&Lang=En).

<sup>iii</sup> Public Defender's Office of Georgia, *Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment, 42-44, 2019*. <http://www.ombudsman.ge/res/docs/2019040211031497196.pdf>

<sup>iv</sup> *Id*

v *Id*

vi Public Defender's Office of Georgia, *Human Rights in the Context of Sexual and Reproductive Health and Well-being in Georgia: Country Assessment*. p.26, 2019. <http://www.ombudsman.ge/res/docs/2019040211031497196.pdf>

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viii Maka Meshveliani, *Thematic Inquiry on Accessibility of Healthcare Services for Women and Girls with Disabilities* 17. (2020), Available at (05.05.2020): [http://parliament.ge/ge/ajax/downloadFile/133126/Thematic\\_Inquiry\\_report\\_ENG](http://parliament.ge/ge/ajax/downloadFile/133126/Thematic_Inquiry_report_ENG)

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xii Public Defender (Ombudsman) of Georgia, Submission to the Committee on the Rights of Persons with Disabilities, 35, 2017, [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fIFS%2fGEO%2f39674&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2fCRPD%2fIFS%2fGEO%2f39674&Lang=en)

xiii Partnership for Human Rights [PHR], *The law and it's Implementation Review of SRHR of adolescents with disabilities*, p. 32, 2018, <https://phrgeorgia.wordpress.com/2019/07/09/%e1%83%a8%e1%83%94%e1%83%96%e1%83%a6%e1%83%a3%e1%83%93%e1%83%a3%e1%83%9a%e1%83%98-%e1%83%a8%e1%83%94%e1%83%a1%e1%83%90%e1%83%ab%e1%83%9a%e1%83%94%e1%83%91%e1%83%9a%e1%83%9d%e1%83%91%e1%83%98-2/>

xiv *Id* at 33.

xv Hatewatch, The World Congress of Families an Anti-LGBT hate group, met in Tbilisi and provided a platform for anti-LGBT and anti-choice voices, <https://www.splcenter.org/hatewatch/2016/06/01/world-congress-families-gathering-tbilisi-showcases-anti-lgbt-rhetoric-and-conspiracy>

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xvii Public Defender (Ombudsman) of Georgia, *Sexual and Reproductive Health and Human Rights: National Assessment, Key Findings*, p. 9, [https://georgia.unfpa.org/sites/default/files/pub-pdf/Sexual%20and%20Reproductive%20Health%20and%20Rights%20Country%20Inquiry.%20Key%20Findings\\_ENG.pdf](https://georgia.unfpa.org/sites/default/files/pub-pdf/Sexual%20and%20Reproductive%20Health%20and%20Rights%20Country%20Inquiry.%20Key%20Findings_ENG.pdf)

xviii *Id* at 9.

xix National Democratic Institute [NDI], *Thematic Inquiry on Accessibility of Healthcare Services for Women and Girls with Disabilities*, p. 39, 2019, [http://parliament.ge/ge/ajax/downloadFile/133126/Thematic\\_Inquiry\\_report\\_ENG](http://parliament.ge/ge/ajax/downloadFile/133126/Thematic_Inquiry_report_ENG)

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<sup>xxv</sup> Ministry of Internal Affairs, annual reports of the criminal statistics, Available at:  
<https://info.police.ge/uploads/5e3a6b603887b.pdf>, <https://info.police.ge/uploads/5a90001f27496.pdf>

<sup>xxvi</sup> Partnership for Human Rights, *Collection, Processing and Dissemination of Gender Statistics to Combat Gender-based Violence in Georgia*, p. 54 (2019.)

<sup>xxvii</sup> Partnership for Human Rights, Nana Gochiashvili, Ana Abashidze Anna Arganashvili, *Oral Histories of Women with Psychosocial Issues*, 2015. P. 12. Available at: <http://www.parliament.ge/uploads/other/75/75682.pdf>

<sup>xxviii</sup> *Id.*

<sup>xxix</sup> Maka Meshveliani, Thematic Inquiry on Accessibility of Healthcare Services for Women and Girls with Disabilities 10. (2020):  
[http://parliament.ge/ge/ajax/downloadFile/133126/Thematic\\_Inquiry\\_report\\_ENG](http://parliament.ge/ge/ajax/downloadFile/133126/Thematic_Inquiry_report_ENG)