EUROCENTRALASIAN LESBIAN*COMMUNITY

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:: *FULL REPORT* ::

A CRIP AND LESBIAN PERSPECTIVE ON DISABILITY RIGHTS

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The EuroCentralAsian Lesbian* Community – EL*C is a lesbian feminist and intersectional network. We publish our own research focused on lesbians and we are present at an institutional level with our advocacy to ensure that lesbian needs are visible, heard and considered when creating policies and laws. For more information, please visit our website: www.lesbiangenius.org

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1. Introduction: Disability, Justice, and Intersectionality

This study begins with a reflection on definitions of disability and key theoretical frameworks adopted in the report. Starting from these frameworks allows the analysis to move from the individual to the structural level and to understand how society constructs disability and its direct impact on the experience of LBQ women and non-binary persons with disabilities.

The social model demonstrates that disadvantage is produced not by the body or mind itself but by social norms, institutions, and practices. Feminist disability theory highlights how gender and sexuality intersect with disability, while crip theory examines how society enforces normative standards of bodies, independence, and productivity. Disability Justice emphasises that experiences of disability are diverse and multifaceted, guiding the study towards the identification of systemic barriers and intersectional inequalities while identifying potentially effective and community-oriented solutions**.**

Adopting these theoretical frameworks is not merely conceptual: it provides analytical tools to understand the multiple intersections of disability, gender, sexuality, and other social identities. Furthermore, this analysis is vital to identify the often-invisible barriers that perpetuate inequalities experienced by LBQ women and non-binary persons. In practice, this orientation allows the study to go beyond a formal approach to law and policy and to critically evaluate policies and institutional practices as further explained in the methodological notes.

1.1 Methodological notes, terminology and study limitations

What is this study about: This study employs a predominantly legal methodology to explore the extent to which the United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides protection to LBQ women and non-binary persons with disabilities. Because the CRPD does not explicitly address sexual orientation, gender identity or gender expression, the research interrogates how far existing legal standards can be interpreted, expanded, or operationalised. To do so, the report adopts a critical, interdisciplinary and participatory methodological approach that integrates doctrinal legal analysis, feminist and crip theoretical lenses, and community-informed knowledge.

Goals and purposes of the study: In line with its dual approach, this study is conceived not only as a legal and academic analysis but also as an intervention directed towards policy stakeholders. One of its aims is to provide evidence-based guidance capable of informing concrete policy developments at the European level and beyond. At the same time, and consistent with the emancipatory traditions of disability studies, the report is intended as a tool for communities themselves: a resource that supports political literacy, strengthens collective awareness, and contributes to grant agency and self-determination for LBQ women and non-binary persons with disabilities across the diverse contexts they navigate.

About the study and its combined interdisciplinary methodologies: The study is grounded in a critical, feminist, and Disability-Justice–oriented epistemology**,** which recognises that law is both shaped by and constitutive of social hierarchies, including those linked to gender, sexuality, disability, race, and class. This perspective rejects the presumption of legal neutrality and instead approaches the CRPD as a dynamic instrument whose interpretation is embedded within political and social struggles.

The analysis:

- ❖ understands disability as both a legal category and a socio-political identity;
- ❖ acknowledges that meaningful knowledge arises from the interaction between formal norms and the everyday realities of the communities that interact with them;

- ❖ centres the positionality and lived experiences of LBQ women and non-binary persons with disabilities;
- ❖ focuses on geographical Europe, while recognising that there are no uniform standards across the region and that the experiences of LGBTIQ+ persons with disabilities vary widely from country to country.

The core of the research consists of a doctrinal and interpretative analysis of the CRPD, its jurisprudence and concluding observations from the CRPD Committee. This analysis is enriched through engagement with feminist disability studies, crip theory, and sociological scholarship that examine embodiment and structural marginalisation. This integration allows us to identify limitations of current legal frameworks and to propose an extensive interpretation of the CRPD, based on the legal praxis and jurisprudence of the CRPD Committee and rooted in lived experience. To further strengthen the CRPD's potential, the author proposes interpretative glosses of selected CRPD articles, in order to guide State Parties' understanding of the Convention.

To ensure the legal analysis is grounded in contemporary advocacy practice, the research includes targeted consultations with the European Disability Forum (EDF),[1] and Women Enabled International (WEI)[2]. These consultations were organised as semi-structured discussion sessions focusing on policy gaps and emerging advocacy priorities. The organisations were selected based on their recognised expertise in disability rights and their intersectional focus on gender and/or sexuality. While not representing all viewpoints within the disability movement, their insights provide crucial institutional, practical, and comparative perspectives.

EL*C organised a workshop in April 2025 attended by over 40 activists from lesbian organisations across the EU, bringing together diverse backgrounds and expertise, with the aim to discuss the scope and objectives of the research.

The analysis is further strengthened by incorporating experiential knowledge through a group interview with queer, crip, and disabled activists from several European countries.[3] Participants were recruited through EL*C's activist networks, ensuring representation across sexual orientations, gender identities, disability types, and geographic regions. The group interview explored issues such as: experiences of belonging and participation in social and political life, barriers to accessing services, with an emphasis on sexual and reproductive health, exposure to and responses to gender-based violence, and the role of community networks in providing support and resilience. Insights from the group interview directly inform the legal analysis of the CRPD and appear in the ***"Why Does It Matter?"*** boxes for each article analysed, where they illustrate how policy gaps translate into lived consequences.

Linguistic notes: As far as language choices are concerned, two disclaimers must be made. The first one is on the use of "persons with disabilities." Because the study primarily examines the CRPD, it adopts the terminology "persons with disabilities", in alignment with United Nations usage and the "people-first" linguistic approach. This choice is made for legal clarity and coherence. At the same time, neither the author nor EL*C distance themselves from political or identity-based understandings of disability; on the contrary, these perspectives inform the entirety of the analysis, even if the terminology does not explicitly reflect identity-first formulations. The second one is on the use of "LBQ women and non-binary persons". The

[1] https://www.edf-feph.org/
[2] https://womenenabled.org/
[3] The group interview was held online and saw the participation of 4 activists based in France, Greece-Austria, Spain and Italy respectively.

terminology is aligned with EL*C's work and focus on lesbian[4] identity and reflects the identities of participants in consultations and the group interview. It is not intended to imply uniformity of experience, but to capture shared socially constructed vulnerabilities within disability, gender, and sexuality in normative regimes.

Limitations: This study recognises several methodological limitations. First, the group interview and stakeholders' consultations rely on purposeful, non-representative sampling, meaning they cannot capture the full diversity of LBQ women and non-binary persons with disabilities across Europe, particularly those outside activist or organisational networks and those living in institutional settings. Second, the legal analysis is constrained by the current state of CRPD jurisprudence and EU policy, both of which remain limited in their understanding of intersectional discrimination. Third, the analysis required selecting specific CRPD articles to prioritise; as a result, equally important domains, such as housing, education, legal capacity or independent living, could not be examined in detail. It is hoped that the cross-cutting articles discussed here can inform future work on these areas. Finally, the findings are time-bound, reflecting legal and policy developments available at the moment of writing (December 2025).

1.2 Disability, Gender, and Sexuality: Social, Feminist, and Crip Perspectives

According to the social model of disability, disability is to be understood as a relational phenomenon: it emerges not simply from individual bodily or cognitive characteristics, but from the interaction between a person's traits and social, cultural, and environmental structures based on normative assumptions about mind/body functioning. In this perspective, disability is socially constructed: the focus shifts from framing disability as a medical problem of the individual to analysing the structural, institutional, and attitudinal factors that produce oppression and inequalities.[5] The social model of disability is often described as a conceptual "hammer",[6] a political tool, capable of relocating the centre of analysis from the individual body to the processes of disablement itself. By highlighting the ways in which society disables people, the social model became strongly intertwined with the emergence of a political subject in the 1980s, particularly in the UK. It allowed the voices and agency of those oppressed by disablement to be recognised and validated, enabling disabled people to organise, mobilise, demand structural change, and challenge systemic exclusion.[7]

This perspective, however, focuses on the centrality of the body both in disability politics and epistemology. Starting from this absence, feminist disability theory and crip theory problematise the apparent neutrality of the disabled experience, revealing that it is far from homogeneous both intrinsically and in the intersection with other sources of social marginalisation. These approaches indeed show the need to uncover and understand the unique mechanisms through which power axes in society operate, starting from how norms are constructed and how deviations from them are treated. This understanding enables the building of alliances and shared practices across marginalised groups.

Feminist disability theory emphasises that disability is a deeply gendered experience. Dominant societal narratives often subsume the experiences of disabled women and gender non-conforming individuals under masculine norms, ignoring how sexism and ableism intersect.[8]

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[4] EL*C uses the word lesbian as a broad inclusive term, that includes all lesbian, bisexual and queer women (both cisgender and trans) and non-binary persons who self-identify as lesbians.

[5] Oliver, M. (1990). *The Politics of Disablement*. Basingstoke: Macmillan. See also discussion of the social model as a conceptual "hammer".

[6] Oliver M, 'The Social Model in Action: If I Had a Hammer' in Barnes C and Mercer G (eds), Implementing the Social Model of Disability: Theory and Research (The Disability Press 2004)

[7] UPIAS, Fundamental Principles of Disability (1975): https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf

[8] Garland-Thomson, R. (2005). Feminist Disability Studies. *Signs*, *30*(2), 1557–1587

Feminist disability perspectives extend the social model by foregrounding sexuality, reproductive rights, and gendered embodiment as central to the experience of disability.[9] Intersecting with feminist disability theory, crip theory provides a queer-informed lens for analysing disability and sexuality. Crip theory challenges normative assumptions about bodies, desire, and gender, recognising the shared histories of oppression and resistance experienced by queer and disabled communities.[10] The concept of compulsory able-bodiedness describes how societal expectations normalise able-bodiedness as the default, making disability the negation or deviation.[11] This concept highlights that able-bodiedness, like heterosexuality, is socially enforced and not a neutral baseline. Crip theory facilitates a more nuanced analysis of struggles and claims, encouraging ways of living where bodily difference, dependence, and vulnerability are not automatically seen as deficits.[12]

1.3 Principles of Disability Justice: values, and transformative potential

Building on these theoretical approaches, Disability Justice offers a transformative framework that starts by questioning the enforcement of formal legal rights to finally address structural, cultural, and institutional inequities. Originating in the US-based Disability Justice Movement (2005),[13] Disability Justice is an explicitly intersectional framework which recognises that oppression is compounded when disability intersects with gender, sexuality, race, class, and other power axes.

This approach foregrounds the lived experiences, agency, and leadership of the most marginalised disabled people: queer disabled people, black and brown disabled people etc. The very essence of the Disability Justice Movement is built upon the idea of the expectation of human diversity. Disability Justice is indeed a cross-disability framework, encompassing sensory, intellectual, mental health/psychiatric, neurodivergent, physical/mobility, learning disabilities, visible and invisible disabilities, chronic illness and more.[14] At the same time it affirms that beyond disability, which is itself a multifaceted experience, people embody multiple identities (disability, gender, sexuality, race, culture) and that true social transformation requires the possibility to live as one's "whole self", without suppressing or fragmenting any dimension of identity.[15]

Beyond challenging what is considered normal, Disability Justice confronts societal fears of vulnerability by centring self-determination but also interdependence as both a value and a practice. As a framework applied at individual, cultural, and societal levels, Disability Justice asks not only what rights people have, but also what collective responsibilities are required to transform unjust systems. This shifts the focus from isolated advocacy to coalition-building with other oppressed groups, developing shared knowledge, solutions, and community power that benefit all. For this reason, it is crucial to apply such a framework in the context of an analysis on LBQ women and non-binary people with disabilities.

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[9] Thomas, C. (1999). Female forms: Experiencing and understanding disability. Open University Press.
[10] McRuer, R. (2006). Crip Theory: Cultural Signs of Queerness and Disability.
[11] McRuer, R. (2006). Crip Theory: Cultural Signs of Queerness and Disability.
[12] Kafer, A. (2013). Feminist, queer, crip. Indiana University Press.
[13] Disability Justice Collective is a group of "Black, brown, queer and trans" people including Patty Berne, Mia Mingus, Stacey Milbern, Leroy F. Moore Jr., Eli Clare, and Sebastian Margaret, who worked towards the notion of Disability Justice. In disability justice, disability is not defined in "white terms, or male terms, or straight terms".
[14] Disability Justice Framework, Disability Activist Collective notes (edited 2014), http://disabilityj.blogspot.com
[15] Sins Invalid (2019).10 principles of Disability Justice: https://sinsinvalid.org/10-principles-of-disability-justice/

While this report focuses on women LBQ and non-binary people with disabilities and their specific experience, it is crucial to acknowledge the diversity even within this group. Not all individuals who fit in this niche will experience oppression in the same way: inequalities may differ depending on the type of disability. For instance, whether a person is institutionalised or living independently, access to economic resources and class, migration status, processes of racialisation, and the country's social, legal, and policy context concerning both disability and LGBT+ issues. Disability Justice's insistence on intersectionality and attention to lived experience ensures that analysis accounts for these differences, rather than assuming a uniform set of vulnerabilities.

2. State of data collection and disaggregation in Europe: the epistemic gap

There is a large share of people with disabilities amongst the EU population: according to Eurostat, in 2024 about 23.9% of people aged 16 or over in the EU had a disability.[16] Despite this, significant gaps in disaggregated data continue to hinder the development of inclusive and targeted policies. This weakness has been explicitly highlighted by the CRPD Committee on the rights of persons with disabilities, which noted that the absence of robust, systematic and comparable disaggregated data, especially data reflecting intersectional realities including gender, sexual orientation, gender identity, gender expression, sex characteristics (SOGIESC), migratory status and other grounds of potential discrimination, remains a serious shortcoming in the implementation of the Convention at the EU level.[17]

Although some gender-disaggregated data does exist - for example, in 2024 Eurostat reported a higher share of women who reported a disability (around 26.8%) than men (around 22%) reported disability,[18] this data remains limited and insufficient for a fully nuanced analysis. Data related to SOGIESC and disability is even more limited: the publicly available dataset from the FRA EU LGBTIQ Survey is extremely sparse and does not provide a thorough representation of LBGTIQ+ persons with disabilities. Consequently, it remains impossible to carry out a meaningful, robust intersectional analysis that captures the combined effects of gender inequalities, SOGIESC issues and disability.

The absence of intersectional data is not only a technical omission but constitutes an epistemic gap: it shapes what can be known about people's lives and which experiences become visible (or remain invisible) to policymakers, researchers, and service providers. Statistical systems, by failing to collect or publish data on gender, non-conforming gender identities, diverse sexual orientations, migratory backgrounds or multiple concurrent impairments, contribute to an ongoing invisibility of certain lived realities. This erasure involves precisely the lived realities of people at the margins: those whose lives intersect disability with non-normative gender identity, sexual orientation, migratory status, ethnicity, socioeconomic vulnerability, etc., and contributes to perpetuate power imbalances in societal structures that do not take into account these lived experiences. Addressing these epistemic gaps requires a deep reconstruction of knowledge practices; it means designing data collection frameworks capable of capturing complex, intersectional identities and combining this quantitative disaggregation with qualitative and community-based research that highlights lived experiences, barriers, and coping strategies. This can only happen in a context where higher ethical standards are met and people

[16] This percentage reflects people who reported some or severe long-standing limitations in their usual activities due to health problems. Of these, 17.2% reported some limitation and 6.7% a severe limitation. See: https://ec.europa.eu/eurostat/statistics explained/SEPDF/cache/122127.pdf

[17] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union, Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025)

[18] See Eurostat data explorer here: https://ec.europa.eu/eurostat/databrowser/view/hlth_silc_28__custom_19134154/default/table

in marginalised positions feel like they can disclose their identity/experience without facing risk. In this sense it is crucial to adopt participatory approaches by involving people with lived experience (including LGBTIQ+ persons with disabilities, migrant disabled people, etc.) in the design of research questions, instruments, and data interpretation.

When knowledge production is reorientated in this way, data becomes more than silent numbers. It can reveal patterns of exclusion, clarify mechanisms of disadvantage, and guide the design of policies that truly respond to real needs. On the contrary, relying on sparse, non-intersectional data risks perpetuating exclusion under the guise of "neutral" policymaking.

A brief overview of some of the key findings based on currently available EU data follows.

2.1 Gender and disability data in the EU

In the Gender Equality Index 2025,[19] some data is disaggregated by gender and disabilities (available in the intersecting inequalities section), but no information is available on sexual orientation nor gender identity. Several areas are covered; the most recent data (2025) demonstrates that women with disabilities have a lower employment rate and according to the survey, only 1 in 4 of them have a full-time job (20%). This data is significantly lower than the number of women without disabilities (50%) and men with disabilities (27%). Data shows that women with disabilities still face barriers in accessing formal education: only 42% of women with disabilities graduated from tertiary education, compared to 51% of women without disabilities. In the area of health, data shows a tremendous gap: only 16% of women with disabilities perceive their health status as good compared to 83% of women without disabilities. Women with disabilities also reports higher unmet needs in medical examinations.

Women with disabilities face significantly higher risks of violence compared to women without disabilities, yet the full scope and nature of these risks remain only partially understood due to limited, dated and fragmented data. According to the European Institute for Gender Equality (EIGE), women with disabilities are more likely to experience physical, sexual, and psychological violence throughout their lives, perpetrated by both intimate partners and others.[20] In the 2014 FRA Survey on violence against women, it was highlighted that about a third of women with disabilities (34%) suffered intimate partner violence, compared with 19% of women without a disability. From the 2024 EIGE Gender- based violence survey it emerged that women with disabilities are estimated to be two to five times more likely to experience violence compared to women without disabilities, as reported by the European Parliament.[21]

In 2021, EIGE highlighted that an important critical gap lies in policy and service provision: many national strategies to combat violence do not specifically address the needs of women with disabilities.[22] Shelter facilities are often physically inaccessible, leaving many women with no safe alternatives. Overall, while there is clear evidence that disability increases the risk of experiencing violence, the available data is limited in scope and is not capable of grasping the specific forms of violence happening at the intersection of gender and disability (e.g. violence from caregivers, violence in institutions etc.).

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[19] https://eige.europa.eu/gender-equality-index/2025

[20] This information is contained in the focus Gender Equality Index 2021: Health and uses data from the 2019 FRA Survey. See: https://eige.europa.eu/publications-resources/toolkits-guides/gender-equality-index-2021-report/inequalities-heighten-risk-violence-against-women?language_content_entity=en

[21] European Parliament, Briefing. Women with disabilities, 2025. See: https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/775872/EPRS_BRI%282025%29775872_EN.pdf

[22] This information is contained in the focus Gender Equality Index 2021: Health. See: https://eige.europa.eu/publications-resources/toolkits-guides/gender-equality-index-2021-report/inequalities-heighten-risk-violence-against-women?language_content_entity=en

2.2 SOGIESC issues and disability data in the EU

In Europe, data on the intersection of SOGIESC aspects and disability is extremely limited. The primary source is the 2023 FRA EU LGBTIQ Survey, which includes information on activity limitations, and allows for some exploration of inequalities among LGBTIQ people with disabilities. Analysis of the earlier 2019 FRA survey by ILGA-Europe and the European Disability Forum (EDF) already highlighted that LGBTIQ respondents with disabilities face disproportionate discrimination, harassment, and barriers in employment, health, and daily life, with trans and non-binary individuals particularly overrepresented among those reporting disability.[23]

According to the 2023 Survey III,[24] these disparities are persistent: 51% of respondents with activity limitations reported experiencing discrimination, compared with 32% of those with no limitations. The survey shows how discrimination hits harder for LGBTIQ people who also belong to other minority groups. Of all respondents experiencing discrimination because of being LGBTIQ (76%), 38% of those who self-identify as a person with disabilities also experienced discrimination on the ground of their disability in the year before the survey. Similarly, hate-motivated harassment is particularly prevalent among LGBTIQ respondents who are asylum seekers or refugees (66%), or who identify as belonging to minority groups in terms of disability (63%), religion (63%), ethnicity or migrant background (61%), or skin colour (60%). Employment discrimination affects 34% of respondents whose activities are severely limited, twice the rate of those without limitations (16%). In healthcare, 29% of severely limited respondents reported discrimination, compared with 10% among those not limited at all.

Despite these insights, the data remain limited. The "disability" variable entails an important number of gaps, measuring only activity limitation, and sample sizes for people with disabilities remain very small. Intersectional analysis combining gender, sexual orientation, and disability is largely impossible in the current 2023 Survey III data explorer[25], making it difficult to examine, for example, the specific experiences of LBQ women or non-binary people with disabilities. Consequently, although the Survey III provides the only pan-European quantitative evidence on discrimination and vulnerability among LGBTIQ people with disabilities, it captures only a partial picture and cannot fully support nuanced, targeted policy interventions.

3. Legal and Policy Frameworks in the European Union

This paragraph is dedicated to the investigation of the dimension of SOGIESC in relation to women and non-binary persons with disabilities in the context of Europe, aiming to understand gaps and articulate potential implementation for future development under the CRPD. Despite decades of EU commitments to equality, both in the fields of gender and disability, SOGIESC issues remain under addressed in disability policy, and disability is mostly absent in gender/SOGIESC-related policy. Meanwhile, LBQ women and non-binary persons with disabilities continue to face multiple, intersecting forms of discrimination, falling through the cracks of national, international, and EU legislation and policy. While EU strategies increasingly mention intersectionality, concrete implementation remains limited, leaving significant gaps in

[23] ILGA Europe, European Disability Forum, Intersections: The LGBTI II Survey – Persons with Disabilities Analysis, 2023: https://www.ilga-europe.org/files/uploads/2023/12/FRA-Intersections-Report-Disabilities.pdf

[24] FRA, LGBTIQ EQUALITY AT A CROSSROADS — PROGRESS AND CHALLENGES. EU LGBTIQ SURVEY III, 2024: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2024-lgbtiq-equality_en.pdf

[25] FRA data explorer on the LGBTI III Survey is available at this link: https://fra.europa.eu/en/publications-and-resources/data-and-maps/2024/eu-lgbtiq-survey-iii

legal protection, policy design, and service provisions, as will be highlighted in the following paragraphs.

3.1. The EU Gender Equality Strategy (2020-2025) and the LGBT+ Strategy (2025-2030)

The EU Gender Equality Strategy (2020-2025) recognised that women may experience discrimination on multiple, overlapping grounds, such as gender, disability, migration status, or sexual orientation; however, this recognition remains largely theoretical. The EU Roadmap for Women's Rights, unveiled on 7 March 2025, provides an indication of the direction for the forthcoming Gender Equality Strategy. This document fails to address the rights of women and girls with disabilities, and it does not reference the UN CRPD, as critically noted by disability rights organisations.[26] Moreover, the recently published EU LGBT+ Strategy (2025-2030) mentions disability only briefly in the area of work and mental health, and does not include any specific consideration for persons with disabilities, living at the crossroad of non-conforming sexual orientation/gender identity and sexism, reinforcing the persistent invisibility of LBQ women and non-binary persons with disabilities in EU policy frameworks.

3.2 EU Disability Rights Strategy 2021–2030

The EU Disability Rights Strategy acknowledges intersectional barriers, including gender, ethnicity, sexual orientation, and socio-economic vulnerability. Women and girls with disabilities are explicitly mentioned, and a gender perspective is embraced in the following areas:

- Create gender- and culture-sensitive mainstream support services;
- Give specific attention to women with disabilities in fostering access to quality and sustainable jobs in order to ensure economic and social inclusion;
- Ensure effective access to justice and combat violence faced by women with disabilities and persons with disabilities living in institutions;
- Ensure sustainable and equitable access to healthcare, including sexual and reproductive healthcare and preventive services.

Despite intersectionality being mentioned and a gender perspective being embraced, the strategy does not adequately reflect the lived experiences of LBQ women and non-binary persons with disabilities or ensure their protection. For example, leadership and participation of these groups in decision-making is underrepresented, as already noted by the CRPD Committee regarding women with disabilities.[27] Intersectionality is briefly mentioned, but it is not specifically addressed in crucial areas where this particular form of discrimination may occur.

3.3 Anti-discrimination directives and the Equal Treatment Directive proposal

The current EU framework, primarily Directive 2000/78/EC, establishes protection against discrimination on the grounds of disability, age, religion or belief, and sexual orientation, but its scope is largely limited to employment and occupation. While it explicitly recognises gender and disability as protected grounds in the employment context, it leaves significant gaps in other areas of life, such as access to goods and services, education, housing, healthcare, and social protection. This limitation has left many individuals, particularly women and non-binary persons with disabilities, vulnerable to compounded forms of discrimination.

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[26] See EDF position https://www.edf-feph.org/women-with-disabilities-inexplicably-left-behind-in-the-eu-roadmap-on-womens-rights/

[27] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union, Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025), par. 21(c).

The Equal Treatment Directive (ETD) proposal, initially presented by the European Commission, seeks to expand protection substantially by:

1. Extending the scope beyond employment to all areas of life, including education, housing, healthcare, social protection, and access to goods and services.
2. Explicitly protecting against multiple and intersectional forms of discrimination, recognising that discrimination can arise at the intersection of disability, gender, sexual orientation, and other characteristics.
3. Strengthening legal safeguards to ensure equality for persons who face compounded discrimination, such as women and non-binary LBT+ persons with disabilities, across all spheres of life.

In February 2025, the European Commission proposed to withdraw this proposal but after pressure of international community, the European Parliament and civil society organisations, including EL*C, the Commission reversed its decision.[28] As noted by the CRPD: without the ETD, persons with disabilities continue to face insufficient legal protection against intersectional discrimination, including discrimination based on gender and LGBTIQ+ status.[29]

3.4 Influence of the CRPD on EU Gender, Disability, and SOGIESC Policies

In this framework, the United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides a binding international framework that can be used to advance the protection of the rights of persons with disabilities. Significantly, the CRPD is the first international treaty signed by the EU, and over the years it has already demonstrated its transformative and groundbreaking potential in relation to EU policy and legislation. The Convention emphasises participation, accessibility, and intersectional inclusion, requiring that policies and strategies address the full diversity of persons with disabilities, including those facing compounded forms of discrimination such as gender and SOGIESC-related factors.

In 2025, the CRPD Committee's final recommendations to the EU called for the systematic incorporation of these principles into all EU policies and legislation[30]. Integrating these recommendations is essential to ensure that women and non-binary LBT+ persons with disabilities are explicitly recognised and protected. The Committee noted in particular the need for policy to acknowledge the heterogeneous nature of the experience of disability, with particular concerns over gender, sex, and LGBTIQ+ status, and emphasised the need to safeguard people from intersectional discrimination in all areas of life (see further paragraph 3.3).[31]

The Committee also highlighted that women and LBTIQ+ persons, together with individuals living in institutional settings, are at higher risk of violence and abuse. It pointed out that the directive on combating violence against women does not explicitly prohibit rape, forced sterilisation, sexual harassment, or other forms of gender-based violence, nor does it ensure access to

[28] https://lesbiangenius.org/a-union-of-equality-or-illusions-the-european-commission-withdraws-the-equal-treatment-directive/

[29] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union, Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025), par. 18(a)

[30] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union: Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025)

[31] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union: Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025), par. 18.

specialised services for persons with disabilities.[32] The Committee further noted a critical gap in data collection; for example, the Eurostat database lacks information related to LGBTIQ+ identity and gender, undermining evidence-based policymaking and the monitoring of intersectional inequalities.[33]

For this reason, the EU was recommended to: I) Ensure explicit legal protection against multiple and intersectional forms of discrimination, including on the grounds of LGBTIQ+ identity and gender; II) Disaggregate data collection on persons with disabilities by LGBTIQ+ identity, gender, race, ethnicity, standard of living, and age; III) Improve access to specialised services and protection mechanisms for victims of gender-based violence, particularly women and girls with disabilities. These observations provide a clear framework for integrating CRPD principles into EU strategies, ensuring that LBQ women and non-binary persons with disabilities are explicitly included and protected.

4. The CRPD: Interpretation and Transformative Potential

4.1 Overview of the Convention

The Convention on the Rights of Persons with Disabilities (CRPD), the main international framework for disability rights, was adopted on 13 December 2006 and opened for signature on 30 March 2007. For the first time, persons with disabilities were not just consulted but actively involved in shaping a major human rights treaty. Through the work of the Special Rapporteur advised by a panel of experts - established by the 1993 *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*[34]- and the influence of the growing global disability rights movement, disabled people were able to influence the United Nations system from within. This marked a turning point, transforming people with disabilities from being seen as passive recipients of support to becoming active participants and agents of change in international lawmaking. The CRPD is the outcome of years of advocacy by disabled people's organisations and their allies, fighting for recognition and equality and challenging the historical oppression and exclusion of disabled people. Throughout the negotiation process, people with disabilities were present at every level: as NGO representatives, members of national delegations, staff in UN agencies, and experts from national human rights institutions. The international disability community was so strong, committed and persuasive, that it succeeded in changing the usual procedure and working methods inside the UN, enforcing the principles of openness, participation and transparency.[35]

An important yet often overlooked aspect of the CRPD's development was the participation of women with disabilities and feminist disability advocates. Organisations such as the *International Network of Women with Disabilities (INWWD)* played a key role in shaping the Convention, particularly in securing Article 6, which explicitly addresses the multiple and intersecting forms of discrimination faced by women and girls with disabilities. While

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[32] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union, Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025), par. 43

[33] Concluding observations on the combined 2nd and 3rd periodic reports of the European Union: Committee on the Rights of Persons with Disabilities, CRPD_C_EU_CO_2-3 (adopted 3–21 March 2025), par. 72.

[34] Standard Rules on the Equalization of Opportunities for Persons with Disabilities, Resolution A/RES/48/96, December 20, 1993.

[35] T. DEGENER, A. BEGGER, *From Invisible Citizens to Agents of Change: a short history of the struggle for the recognition of the rights of persons with disabilities at the United Nations*, cit., p. 38.

mainstream feminist groups were less visible during the drafting process, disabled feminist voices ensured that gender was not sidelined. There was also some involvement of LGBTQ+ activists with disabilities, though their presence was less prominent and often filtered through broader disability rights coalitions. Even if sexual orientation and gender identity are not directly mentioned in the text, the CRPD's emphasis on identity, dignity, and intersectionality opens the door for inclusive interpretations and further advocacy on these fronts.

One of the most important shifts brought about by the CRPD is the rejection of the medical model of disability, which treats disability as an undesirable individual characteristic to be fixed. Instead, the CRPD implements what is increasingly known as the human rights model of disability,[36] as recognised by the CRPD Committee: the term *human rights model* was in fact used in its more recent concluding observations.[37]

This model affirms that disability arises from the interaction between individuals and social, environmental, and attitudinal barriers. In this view, disability is a natural part of human diversity and must be respected as such. The aim is no longer to "cure" or prevent disability at all costs, but to build a society that removes barriers, fights social stigma and respects everyone's rights.

This model places the dignity, autonomy, and equality of persons with disabilities at the centre: people with disabilities are considered subjects of human rights rather than objects of legal regulation. As Theresia Degener, a leading disability rights scholar, explains, this is a shift from a charity-based approach to a rights-based one. [38] It emphasises not only protection from discrimination but also access to education, healthcare, work, and independent living - rights that enable full participation in society. Another key idea is that impairments themselves should not be ignored or hidden. Instead, they are viewed as part of the natural diversity of human life. This model encourages society to embrace these differences and build a fairer world that takes them into account.

A particularly important feature of the CRPD is its recognition of identity and intersectionality. It acknowledges that persons with disabilities may also face discrimination based on gender, age, race, migration status, or other factors. The Convention includes specific articles focusing on the rights of women and children with disabilities, recognising the multiple and intersecting forms of discrimination they face. This is a major advancement in bringing feminist perspectives into disability rights and reinforcing the need for gender-sensitive and inclusive policies. However, other grounds of discrimination - such as race, ethnicity, or religion - are mainly addressed in the preamble, while sexual orientation, gender identity and sexual characteristics are not mentioned at all and would benefit from stronger commitments in future interpretations and practice.

The CRPD also highlights the importance of cultural identity, including recognition of sign languages, deaf culture, and the specific needs of blind and deafblind people, especially in the context of inclusive education. Health services, too, are addressed not just as medical interventions, but as part of a broader human rights framework, focusing on accessibility, autonomy, dignity, and community-based care.

Another major innovation is the CRPD's impact on global development and humanitarian response. For the first time, a human rights treaty requires disability to be mainstreamed in international cooperation and development programmes, bringing it into broader conversations

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[36] See T. DEGENER, G. QUINN, *Human Rights and Disability: The Current Use and Future Potential of United Nations Human Rights Instruments in the Field of Disability*, cit., p. 5.

[37] Concluding Observations on the initial report of Argentina as approved by the Committee at its eighth session (17-28 September 2012), CRPD/C/ARG/CO/1, 2012, October 8, paras. 7-8; Concluding Observations on the initial report of China, adopted by the Committee at its eighth session (17-28 September 2012), CRPD/C/CHN/CO/1, October 15, 2012, paras. 9-10, 16, 54.

[38] . DEGENER, *A Human Rights Model of Disability*, cit., p. 33.

about international justice. The Convention calls for special protection of persons with disabilities in emergencies and natural disasters and ensures that disabled people are included and their organisations involved in monitoring international efforts.

It is also noteworthy that the CRPD is the first United Nations human rights treaty ever ratified by the European Union, which signed the Convention in 2007 and ratified it in 2010. This historic step signalled a strong political commitment at the supranational level: by becoming Party, the EU accepted binding obligations in areas under its competence, such as accessibility, employment, anti-discrimination, and equal treatment. For this reason, the CRPD has become even more relevant within the EU area shaping European-level policy and legal framework. As we will explore later, the Convention plays a key role in framing EU disability strategy and legislation.

The CRPD has a strong monitoring system to ensure States meet their obligations, led by the independent Committee on the Rights of Persons with Disabilities. Ratifying countries must submit regular reports on CRPD implementation, which the Committee reviews in public dialogues, questioning governments and highlighting concerns. Civil society can contribute via alternative reports, sharing the lived experiences of disabled people. Following these reviews, the Committee issues Concluding Observations with commendations and recommendations. The Committee also issues General Comments that clarify and expand the CRPD's scope, offering guidance on issues like gender-based violence, autonomy, and intersectional discrimination; this document will discuss how crucial they are to protect LBQ women and non-binary people with disabilities. Under the Optional Protocol, the Committee can receive individual complaints once domestic remedies are exhausted, initiate inquiries into serious violations, and conduct in-country visits with national authorities.

Ultimately, the CRPD does not create new rights, but it ensures that existing human rights apply equally and effectively to persons with disabilities. It affirms that these rights are universal, inalienable, and rooted in the dignity of every person. By connecting civil, political, economic, and social rights, the CRPD breaks down the artificial divide between different categories of rights. It offers a comprehensive vision, one that challenges historical exclusion and calls for justice, inclusion, and equity.

4.2 Proposals for expansive interpretation and interpretative glosses

As we mentioned earlier, the CRPD puts a strong emphasis on the gender dynamics entailed in the disability experience, but it does not explicitly mention sexual orientation, gender identity and expression, or sex characteristics (SOGIESC). However, the Convention's open-textured provisions offer fertile ground for an expansive, intersectional interpretation. Such a reading is not only possible; it is necessary to fulfil the CRPD's purpose in ensuring the full and effective enjoyment of all human rights by all persons with disabilities, without exception.

In recent years, the CRPD Committee's interpretative practice both in General Comments and in its jurisprudence has begun to cautiously reflect this necessity, though not yet in a systematic or fully articulated way. What emerges is a fragmented, yet increasingly visible, pattern of incipient recognition of the lived realities of LGBTIQ+ persons with disabilities, realities that sit at the intersection of ableism, heteronormativity, cisnormativity, and gender-based violence. This, together with the already existing focus on gender, can provide an expansive framework capable of offering recognition and provide protection to the specific experience of disability embodied by LBQ women and non-binary people.

This expansive reading is not only aligned with the CRPD's preamble and general principles (Articles 1-4), including dignity, autonomy, participation, and non-discrimination, but also reflects a broader evolution in international human rights law. For example, the CEDAW Committee, in General Recommendation No. 35 on gender-based violence against women, explicitly identifies "women with disabilities" and "lesbian, bisexual, transgender and intersex

women" as experiencing intersecting forms of violence and discrimination.[39] The Yogyakarta Principles for the application of international human rights law in relation to sexual orientation and gender identity, adopted in 2017, already recognise that multiple forms of discrimination may intersect to compound exclusion, including on grounds of disability.[40]

Before turning to a detailed, article-by-article analysis of possible expansive interpretations of the CRPD, this section offers a general overview aimed at reconstructing the broader interpretive framework within which such an evolutionary and inclusive reading can live. This preliminary mapping seeks to highlight how the Convention, through its existing principles, language, and interpretative practice, already provides a solid basis for an interpretation that explicitly includes and protects LBQ women and non-binary persons with disabilities. By identifying key entry points and systemic tendencies in the CRPD's normative structure, we aim to provide a conceptual foundation for the more specific proposals that will follow.

A key document for this purpose is General Comment No. 3 (2016) on Article 6 (Women with Disabilities)[41]. While not dedicated to SOGIESC, it introduced critical interpretive shifts by affirming that women and girls with disabilities are not a homogeneous group, and explicitly naming lesbian, bisexual, and trans women. The Comment recognises the compounded nature of the discrimination they face and calls for intersectional, rights-based policies to fight it, mentioning explicit forms of injustice such as harmful practices that strongly affect the LBQ population in general. The Committee emphasises the need for transformative equality and reaffirms that Article 5(2) of the Convention on non-discrimination must be interpreted as embracing intersectional discrimination, as it explicitly mentions discrimination based on disability and "other status", where SOGIESC issues must be included. By grounding equality in substantive and transformative terms, and recognising the need to dismantle specific structural barriers that certain groups of women with disabilities face, the General Comment implicitly opens the door to broader inclusion, even in the absence of a textual enumeration of sexual orientation, gender identity, gender expression and sex characteristics, and provides an opportunity to address the realities of LBQ and non-binary women with disabilities.

As scholars such as Kirichenko and Król affirm,[42] the Committee's Concluding Observations further reflect a growing willingness to interpret CRPD articles in ways that encompass SOGIESC-related concerns; this trend is visible across several articles of the Convention. For instance, under Article 5 on equality and non-discrimination, the Committee has repeatedly urged States to prohibit multiple and intersectional forms of discrimination, explicitly including those based on sexual orientation and gender identity. In the case of Iran, this also led to a rare and significant condemnation of forced medical procedures imposed on individuals labelled as disabled for being LGBTI.[43] Article 17, concerning the integrity of the person, has similarly been used to challenge non-consensual medical interventions on intersex persons, with recommendations calling for criminalisation of such practices and the establishment of redress mechanisms.[44] Awareness-raising obligations under Article 8 have been interpreted as encompassing the need to combat stigma and stereotypes affecting LGBTIQ+ persons with disabilities, including a strong

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[39] CEDAW Committee, *General Recommendation No. 35 on gender-based violence against women*, UN Doc. CEDAW/C/GC/35 (2017), paras. 12, 18.

[40] Yogyakarta Principles plus 10, Principle 2, 2017

[41] CRPD Committee, General Comment No. 3 on Article 6: Women and girls with disabilities, UN Doc. CRPD/C/GC/3 (2016), paras. 3, 16, 44.

[42] Kseniya A. Kirichenko & Agnieszka Król (2022) Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI, Global Public Health, 17:11, 3224-3242

[43] CRPD Committee, *Concluding Observations on Iran*, UN Doc. CRPD/C/IRN/CO/1 (2017), para. 14.

[44] CRPD Committee, *Concluding Observations on Switzerland*, UN Doc. CRPD/C/CHE/CO/2-3 (2022), para. 32(b); on intersex, also see *General Comment No. 6* on Article 5, para. 21.

call to action to collect disaggregated data and work on public education campaigns.[45] The Committee has also begun to include LGBTIQ+ persons in its analysis of violence and abuse under Article 16,[46] particularly in relation to gender-based violence, which is particularly relevant for LBQ women and non-binary persons who do not fit into certain gender expectations. Finally, other articles, such as Articles 10, 13, 18, 23, 24, and 25, have been invoked in relation to barriers to justice, legal recognition, education, and health, with particular attention to the rights of intersex and trans persons with disabilities.[47]

In these advancements, the specific experiences of LBQ women and non-binary persons with disabilities remain underrepresented in the Committee's interpretive corpus. Yet, the CRPD inherently carries a strong gender-oriented framework, which offers significant potential for inclusive interpretation. The evolving corpus on SOGIESC issues and the gender-mainstreaming approach constitute concrete elements within the Convention and the Committee's practice that can be cultivated to address the differentiated realities of LBQ women and non-binary persons. These indications demonstrate that the Convention's gender lens can serve as a powerful entry point for developing an intersectional reading that fully recognises their experiences. Building on this potential, any expansive interpretation of the CRPD must go beyond generic references to "multiple discrimination" and actively engage with the contextual realities of subgroups within the LGBTI/gender spectrum.

It is precisely to harness this potential that the present contribution proposes, on one hand, an expansive and inclusive interpretation of selected CRPD articles based on legal analysis, sociological literature and validated by qualitative analysis, and on the other, interpretative glosses that explicitly account for the lived experiences of LBQ women and non-binary persons. In this sense, the proposals developed in this chapter are not suggestions to amend or revise the CRPD's text. Rather, they serve as interpretative aids reflecting how State Parties should read the Convention in light of its general principles, its systemic structure, and the broader evolution of international human rights law. By foregrounding these specific perspectives, we aim at enhancing the CRPD's responsiveness to those whose lives sit at the intersection of disability, gender, and sexuality.

5. Key articles for intersectional interpretation

This section offers an intersectional and expansive interpretation of selected key articles of the Convention, with a specific focus on the experiences and rights of lesbian, bisexual, and queer (LBQ) women and non-binary persons with disabilities. A preceding subsection provides a brief explanation of each article's contents and its relevance for LBQ women, drawing on existing literature and validated through a group interview with activists, from which verbatim quotations are incorporated to reflect lived experiences. Following this, the legal analysis is conducted through a systematic interpretive approach. Each article is examined not only in light of its text but also through relevant General Comments, concluding observations, and jurisprudential practice on the CRPD and connected with broader international human rights law, when relevant. The analysis highlights how these articles are relevant to LBQ women and how they can be applied in a way that reflects, encompasses and protects their lived realities. Moreover, for each article, an interpretative gloss will be proposed with the aim of explicitly referring to LBQ women with disabilities and strengthening their recognition and protection within the existing

[45] CRPD Committee, *Concluding Observations on Morocco*, UN Doc. CRPD/C/MAR/CO/1 (2017), para. 20.
[46] CRPD Committee, *Guidelines on gender-based violence against women and girls with disabilities*, 2022, para. 22
[47] CRPD Committee, *Guidelines on gender-based violence against women and girls with disabilities*, 2022, para. 22

international legal framework. It should be emphasised that the selection of articles is not exhaustive. The focus has been placed on provisions with a strong gender dimension and those whose impacts are most visible and significant for LBQ women and non-binary persons.

5.1 Transversal Issues: Challenges for LBQ Women and Non-Binary Persons with Disabilities (Preamble, Articles 3(g), 5, 6, 8)

Why does it matter?

Rights at stake

Preamble: The Preamble sets the overarching framework for interpreting and implementing the Convention. Amongst other factors, it recognises the particular risks faced by women and girls with disabilities (q), the need to incorporate a gender perspective (s), and the multiple forms of discrimination to which persons with disabilities may be subject to (p).

Article 3 – General Principles: Sets out the core principles guiding the CRPD, including respect for inherent dignity, individual autonomy (including the freedom to make one's own choices), non-discrimination, full and effective participation and inclusion in society, respect for difference and acceptance of persons with disabilities as part of human diversity, equality of opportunity, and accessibility. Letter (g) specifically emphasises equality between men and women.

*Article 5 – Equality and Non-Discrimination***:** Recognises the right of all persons with disabilities to equality before and under the law, and obliges States Parties to prohibit all forms of discrimination on the basis of disability, including multiple forms of discrimination.

Article 6 – Women with Disabilities: Requires States to take measures to ensure the full and equal enjoyment of all human rights by women with disabilities and to address gender-based discrimination.

Article 8 – Awareness-Raising: Obligates States to adopt measures to raise awareness of the rights of persons with disabilities, combat stereotypes, prejudices, and harmful practices, and promote understanding of the capabilities and contributions of persons with disabilities.

Challenges and realities

Disability is deeply gendered: it is an embodied experience which is lived and socially constructed through the lens of gender and sexuality.[48] The dominant narrative, even in the context of human rights, tends to overlook the specific ways in which sexism and ableism intersect.[49] Women with disabilities are denied full subjectivity: they suffer specific forms of discrimination and violence, such as limited healthcare access, major exposure to violence, and exclusion from sexual and reproductive education due to pervasive stereotypes that see them as intrinsically vulnerable, asexual, helpless.[50]

[48] Shildrick, M. (2009). Dangerous Discourses of Disability, Subjectivity and Sexuality. Palgrave Macmillan; Garland-Thomson, R. (1997). Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature. Columbia University Press.

[49] Thomas, C. (1999). Female Forms: Experiencing and Understanding Disability. Open University Press.

[50] Asch, A., & Fine, M. (1988). Women with Disabilities: Essays in Psychology, Culture, and Politics. Temple University Press; Abu-Habib, L. (1995). Women's Reproductive Rights and Health in Developing Countries. Gender & Development, 3(2), 18–24; Hall, K. (2011). Disability, Gender, and the Body: Issues in Health and Reproductive Rights. Disability & Society, 26(3), 341–354.

Being a lesbian, bisexual, or queer woman or non-binary person with a disability compounds these challenges, exacerbating some experiences and creating specific forms of oppression specifically in the areas of relationship, health, and violence (see infra 5.2, 5.3, 5.4).

Stereotypes and normative assumptions exacerbate these challenges. LBQ women and non-binary persons with disabilities are often assumed not to exist at the intersection of disability and sexuality, due to pervasive prejudices that reinforce the idea that they cannot or should not have sexual or romantic lives. They often face a double oppression when it comes to sexuality and identity. On one hand, they are desexualised, infantilised, assumed to be asexual, incapable of desire or relationships; on the other hand, when any sign of sexuality, intimacy or desire emerges, it is frequently hypersexualised, pathologised, or framed as deviant; this is particularly true for individuals with psychosocial disabilities and neurodivergent persons.[51] These misconceptions, coupled with dominant heteronormative and cisnormative expectations, create an additional layer of invisibility and exclusion. LBQ women and non-binary persons with disabilities are even more infantilised, desexualised, invalidated and considered undeserving of autonomy or intimate relationships. At the same time, ableist prejudices directly affect the agency of LBQ women and non-binary people in the possibility of significantly engaging on an intimate level, but also on a community and social level. Paternalistic attitudes, indeed, persist across social, institutional, and community contexts: "*We are always seen as the helped, not as the ones who can help, or tell what they need*".[52]

In fact, individuals must navigate dual marginalised identities while managing pressures of disclosure across multiple contexts and life settings,[53] and a sense of lack of belonging and community. Many LBQ women and non-binary persons with disabilities face rejection or invisibility within both the disability and LGBTQ+ communities.[54] Lesbian, trans, and queer communities, despite presenting themselves as progressive and inclusive, often reproduce normative ideals of bodies and attractiveness, limiting inclusion for disabled individuals: "*I will say that ableism is higher than lesbophobia. (...) Every time I am in a queer space in Paris, I am always the only person with a visible physical disability. And I think there is something specific about physical and visible disability in the queer community, because I noticed that queer people are very normative about [the] body.*"[55] Or also: "*We are very, like, immensely... Sex-positive, but when it comes to dating... it gets... it gets really, really hard when you have, like, certain features, because suddenly it becomes, like, super complicated, no*?"[56] Moreover, queer community participation is often shaped by normative assumptions about bodies and minds,[57] and challenging this hidden ableist assumption is a burden placed on disabled individuals and is also usually not very well welcomed, fuelling a sense of marginalisation: "*I feel it's really hard, especially because a lot of queer and trans folks, we kind of rely on community. So, it's like, if you're not part of this, what are you part of? Where is your place? For example, when you're neurodivergent and there are parties, I really don't understand why we always have to have these party lights. By now we should know that they are really triggering for a lot of people.*"[58]

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[51] Reframing autism, Position Statement on Autistic-LGBTIQA+ Identity, https://reframingautism.org.au/position-statement-on-autistic-lgbtiqa-identity/

[52] G. participant in the group interview from Spain

[53] Harris, S., & Licata, J. (2000). Lesbians with Disabilities: Double Jeopardy and Intersectional Stigma. Journal of Lesbian Studies, 4(3), 25–38

[54] Doucette, J. (1990). Lesbian Women with Disabilities: Navigating Communities. Journal of Social Work, 35(2), 101–115.

[55] L. participant in the group interview based in France

[56] D. participant in the group interview based in Austria

[57] Pieri M., 'Elephants in the Room: Chronically Ill People and Access to LGBTQA+ Spaces', Intersectional Perspectives: Identity, Culture, and Society, 1 (2021), 9-29

[58] D. participant in the group interview based in Austria

These experiences highlight how equality must recognise the specificity of LBQ and non-binary persons with disabilities. Intersectional discrimination, where gender, disability, sexual orientation, and gender expression interact, produces unique social vulnerabilities in healthcare, intimate relationships, and community participation. Yet, achieving equality cannot be limited to guaranteeing formal rights: it requires actively dismantling the stereotypes that underpin exclusion. For LBQ women and non-binary persons with disabilities, this means affirming their existence and visibility, and countering narratives that erase them or depict them as undeserving of autonomy, desire, and intimacy. A gender perspective, therefore, cannot remain bound to a binary understanding of women and men. It must address how norms of femininity, heteronormativity, and cisnormativity intersect with ableism, producing compounded marginalisation. Only by integrating sexual orientation, gender identity, and gender expression into disability and gender frameworks can policies, services, and communities truly respond to the lived realities of LBQ women and non-binary persons with disabilities.

5.1.1 Legal analysis Preamble, letters (p), (q) and (s)

The Preamble of the CRPD defines the Convention's scope and purpose. It situates disability rights within a broader human rights paradigm and affirms the need for dignity, equality, and non-discrimination in all areas of life. Several paragraphs are particularly significant for our purpose: paragraph (p), which mentions the issue of multiple/aggravated forms of discrimination people with disabilities on specific grounds, paragraph (q), which addresses the heightened risk of violence and abuse experienced by women and girls with disabilities, and paragraph (s), which underline the importance of incorporating a gender perspective.

In international human rights law, the preamble serves a critical hermeneutic role. It means that it clarifies the object and purpose of the treaty, and it guides its interpretation by ensuring that its provisions are applied in a manner consistent with its foundational values. The preamble of a convention is often described as a "normative compass" that shapes how rights are understood and implemented.[59] For this reason, its formulation sketches the CRPD's commitment to inclusion and equality and it is an important foundation for developing an expansive and intersectional interpretation of the Convention that could address the marginalisation experienced by LBQ women and non-binary persons with disabilities. Indeed, while the language of these provisions is often based on the binary man/woman, their substance supports a broader and more nuanced interpretation.

At the heart of the CRPD lies the recognition that persons with disabilities are not a homogenous group, and that many face aggravated forms of discrimination. Gender is explicitly identified as a central axis of inequality within the Convention, which adopts a mainstreaming approach by embedding gender considerations across its provisions. This dual premise creates a normative framework that cannot let the specific experiences of LBQ women and non-binary persons with disabilities fall through the cracks. These persons embody and inhabit the intersection of disability and gender, and their exclusion reveals the gaps that arise when these two elements are treated in isolation.

For this reason, while the language of the preamble is primarily binary, it offers an interpretative opening to broaden the scope to include diverse gender identities and sexual orientations. For example, the preamble's recognition of heightened risks (q), combined with the hermeneutic principle of purposive interpretation, supports an inclusive understanding that encompasses the compounded discrimination faced by LBQ and non-binary persons with disabilities, especially in regard to violence and social exclusion. This is particularly relevant given the forms of institutional, medical, and interpersonal violence disproportionately experienced by this group,

[59] Dinah Shelton, Remedies in International Human Rights Law (Oxford University Press, 2005), 17-20.

which often remain unaddressed in both gender-based and disability-based policy frameworks. As we will explore in greater detail in the discussion of Articles 5 and 6, and as emerges from the evolving jurisprudence of the CRPD Committee, the Convention is gradually embracing a more explicit articulation of intersectionality.

In this light, taking gender seriously from the standpoint of equality means recognising how structural dynamics affect those whose identities fall outside heteronormative and cisnormative expectations. The term "sex", as it appears in the Convention and its interpretive documents, should be understood in a way that reflects this awareness. It cannot be read restrictively as referring only to binary categories of (straight, cisgender) men and (straight, cisgender) women, but must instead encompass the diverse lived realities of women whose experiences are shaped by their sexual orientation, gender identity, gender expression, and sex characteristics, as well as of non-binary persons. Accordingly, the Convention's anti-discrimination provisions and gender-based obligations must be interpreted in a way that includes LBQ women and non-binary persons with disabilities.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Preamble
(*p*) *Concerned* about the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, **gender, gender identity, gender expression, sexual orientation, sexual characteristics,** language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status,
(*q*) *Recognizing* that women and girls with disabilities - ***particularly those facing intersecting forms of discrimination based on sexual orientation, gender identity and expression, sex characteristics, race, ethnicity or migration status*** - are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,
(*s*) *Emphasizing* the need to incorporate a*n* ***intersectional*** gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities.

5.1.2 Legal analysis Art. 3 - General principles (g)

Article 3 of the CRPD sets out the general principles that must address the Convention's interpretation and implementation. Article 3(g) of the CRPD expresses a commitment to "equality between men and women**"** as a core general principle, providing a normative basis for gender mainstreaming across the entire Convention. This means that even where gender is not explicitly mentioned, all CRPD provisions must be applied through a gender-sensitive lens, ensuring that gender equality is consistently integrated into disability rights. Gender mainstreaming within the CRPD requires that States' disability policies do not reproduce and reinforce gendered inequalities (negative obligations) but proactively dismantle them (positive duties), and this should particularly support people with disabilities who face compounded discrimination, such as LBQ women and non-binary persons.

Amongst the other principles, one that is particularly relevant for this purpose is the principle of "respect for difference and acceptance of persons with disabilities as part of human diversity and humanity". This principle plays a pivotal role in advancing a rights-based, complex understanding of disability. In this framework, persons with disabilities are individuals to be recognised in their full diversity, meaning that they might also have a wide range of gender identity, sexual orientation, gender expressions and sexual characteristics combined with other personal characteristics. When read in conjunction with the principle (g) "equality between men and women", principle (d) concurs in supporting a more expansive and nuanced reading of

gender within the Convention, capable of overcoming the gender binary and heteronormative assumptions. This goes together with the implementation of an intersectional paradigm as promoted by the Committee of the CRPD, already briefly discussed in 4.3.1 and will be further explained in 4.3.3 and 4.3.4.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 3 – General principles
The principles of the present Convention shall be:
(*g*) Equality between men and women ***and persons of all genders, regardless of their gender identity, sexual orientation, gender expression and sexual characteristics***.

5.1.3 Legal analysis Article 5 - Equality and non-discrimination

Article 5 of the CRPD affirms the right of all persons with disabilities to equality before and under the law, and to equal protection and benefit of the law. It prohibits discrimination on the basis of disability and obliges States Parties to provide reasonable accommodation to ensure substantive equality. Particularly relevant, for an intersectional reading, is the clause that prohibits discrimination not only on the basis of disability, but also on the basis of "other status". This open formulation allows for an evolutionary interpretation capable of addressing the complex and overlapping systems of oppression that affect those at the margins of disability, gender and LGBTIQ+ identities. For LBQ women and non-binary persons with disabilities, discrimination emerges at the intersection of ableism, misogyny and sexism, strict gender norms and social expectations, shaped by heteronormativity and cisnormativity.

Although the CRPD Committee has not yet developed a consistent jurisprudence on SOGIESC-related discrimination, a few individual communications point to the need for a broader and more nuanced understanding of compounded forms of vulnerabilities. These cases illustrate how an expansive, intersectional reading of Article 5 is necessary. For example, in *X v. Tanzania,*[60] the Committee found that the State's failure to prevent and remedy the violent attack and mutilation of a man with albinism constituted discrimination. This decision shows that harm rooted in bodily difference, social stigma, and entrenched prejudice is not only personal but structural, demonstrating that the "other status" clause should be interpreted broadly to include sexual orientation, gender identity, gender expression, and sex characteristics. In *O.O.J. v. Sweden,*[61] concerning the planned deportation of an autistic child, the Committee addresses the failure of the State to consider intersecting vulnerabilities, disability, age, migration status, and potential trauma, reinforcing the importance of intersectional analysis in the assessment of discrimination. Moreover, in several Concluding Observations the Committee called upon States to address intersectional forms of discrimination against people with disabilities, including those on SOGIESC grounds.[62] This trajectory provides a basis for arguing that the specific experiences of LBQ women and non-binary persons with disabilities are within the protective scope of Article 5 and must find explicit recognition and consideration in both jurisprudence and future normative developments.

[60] X v. Tanzania, CRPD/C/21/D/48/2018
[61] O.O.J. v. Sweden, CRPD/C/18/D/28/2015.
[62]CRPD Committee, European Union CRPD/C/EUR/CO/2-3, Sweden CRPD/C/SWE/CO/2-3 (2024),Belgium CRPD/C/BEL/CO/2-3, Azerbaijan CRPD/C/AZE/CO/2-3, Germany 2023, New Zealand CRPD/C/NZL/CO/2-3, France CRPD/C/FRA/CO/1 , India CRPD/C/IND/CO/1, Spain CRPD/C/ESP/CO/2-3, Poland CRPD/C/POL/CO/1

This interpretative possibility is explicitly supported by General Comment No. 6 on this article,[63] in which the CRPD Committee calls for an intersectional and transformative understanding of equality, grounded in the lived experiences of discrimination faced by persons with disabilities who also belong to other marginalised groups. Notably, the Comment explicitly mentions lesbian, gay, bisexual, transgender and intersex persons among those whose experiences should inform anti-discrimination frameworks.[64]

Indeed, the Comment clarifies that the Convention implements inclusive equality, which suggests the implementation of a substantive approach that goes beyond formal equality before the law, embracing four interconnected dimensions:[65]

1. Redistributive dimension, aimed at addressing socioeconomic disadvantages. In the case of LBQ and non-binary persons, this points to the urgent need to address the historical process of marginalisation and segregation they face, including barriers to education, employment, and healthcare.
2. Recognition dimension, which seeks to combat stigma, stereotyping, prejudice, and violence, while affirming the intersectionality of identities and the inherent human dignity of each person. In our specific case it highlights how stigma, prejudice, and violence affect these individuals at the intersection of ableism, sexism, hetero/cisnormativity, affirming their intrinsic dignity and complex identities.
3. Participative dimension, that reaffirms the social nature of people as members of communities, ensuring their full inclusion and recognition in society. This aspect calls for LBQ women and NB persons' full inclusion in social, cultural, and political life and their participation and involvement in policymaking, which challenges their marginalisation both within disability rights and LGBTIQ movements.
4. Accommodating dimension, which requires making space for difference as a matter of human dignity. For LBQ women and non-binary persons with disabilities, it stresses the necessity of shaping environments capable of embracing and representing human difference, not only through reasonable accommodations but also via broader cultural and institutional changes.

Moreover in the Comment, the Committee explicitly recognises that persons with disabilities often experience multiple and intersecting forms of discrimination, based not only on disability, but also on gender, age, ethnicity, sexual orientation, gender identity, and other statuses. It calls on States to move beyond single-ground approaches and to implement intersectional, rights-based legislation and policies that effectively address compounded barriers, such as the ones experienced specifically by LBQ women and non-binary persons with disabilities. The importance of ensuring equal access to education, healthcare, employment, and justice is underlined, alongside the need for systematic collection of disaggregated data to inform and monitor such efforts; of course, this shall include the possibility to compare data such as gender/gender identity, gender expression and sexual orientation. Most importantly, the General Comment emphasises that States Parties must identify subgroups facing intersectional discrimination and adopt specific measures to achieve inclusive equality; amongst these it is clear that LBQ women and non-binary persons with disabilities represent a crucial group whose specific experience of marginalisation is in need of being recognised and addressed. This means that while persons with disabilities are entitled to the same rights and benefits as the general population, States must also take concrete and targeted actions to ensure de facto equality. In

[63] CRPD Committee, General Comment No. 6 on Equality and Non-Discrimination, CRPD/C/GC/6 (2018).
[64] CRPD Committee, General Comment No. 6 on Equality and Non-Discrimination, CRPD/C/GC/6 (2018), §§ 7–8.
[65] CRPD Committee, General Comment No. 6 on Equality and Non-Discrimination, CRPD/C/GC/6 (2018), §§ 11

particular, they must enable LBQ women and non-binary persons with disabilities to fully enjoy all human rights and fundamental freedoms by tackling structural barriers and implementing concrete policies and positive measures that dismantle the compounded forms of exclusion they face.[66]

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 5 – Equality and non-discrimination
1. States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.
2. States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds, ***with particular attention towards intersecting factors including but not limited to sexual orientation, gender identity and expression, and sex characteristics.***
3. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.
5. States Parties shall take action to tackle intersectional discrimination with specific legal policy and procedural responses.
4. Specific measures which are necessary to accelerate or achieve de facto equality of persons with disabilities shall not be considered discrimination under the terms of the present Convention.

5.1.4 Legal analysis Article 6 - Women with disabilities

Article 6 of the CRPD recognises that the experience of women and girls with disabilities is distinct and must be specifically addressed. The article states that this group is subject to multiple forms of discrimination and for this reason it obliges States Parties to take measures to ensure their full and equal enjoyment of all human rights and fundamental freedoms. In particular, the CRPD mentions full development, advancement, and empowerment, notions that are strictly connected to the idea of inclusive and transformative equality, mentioned in the previous paragraph. This article recognises how gender has a specific impact in shaping disability experience and how, only by addressing this factor explicitly, certain forms of discrimination can be tackled.

If gender lies at the core of this provision, it is crucial to note that the CRPD acknowledges that women with disabilities are not a homogenous group, as clarified in General Comment No. 3 (2016).[67] While being socialised, perceived, and identifying as women is a common experiences to women with disabilities, the CRPD recognises how this may take on significant nuances depending on other factors. The Comment mentions indigenous women; refugee, migrant, asylum-seeking, and internally displaced women; women in detention or institutions; women living in poverty; together with lesbian, bisexual and transgender women, and intersex persons. The recognition of diversity is crucial because women with disabilities frequently experience both multiple discrimination, where different grounds accumulate, and intersectional discrimination, where these grounds interact simultaneously in a way that produces qualitatively distinct forms of exclusion.[68] Grounds such as age, ethnicity, migration status, religion, sexual orientation, gender identity, gender expression, and socio-economic background often intersect with disability and gender, creating specific vulnerabilities that remain under addressed in both

[66] Ibid., §§ 13–14.
[67] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 5–7
[68] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 16–17

disability and gender equality frameworks. In particular, the Comment, by mentioning lesbian, bisexual, transgender, and intersex women, recognises the unique role occupied by those challenging gender norms and social expectations around gender while being a person with a disability: which implies multiple layers of discrimination but also, and more importantly, compounded forms of invisibility.

General Comment No. 3 on Article 6 highlights that such compounded forms of discrimination manifest most acutely in three domains of concern: violence (see infra), sexual and reproductive health and rights (see infra), and structural discrimination.[69] The Committee has consistently raised alarm over the persistence of gender-based and disability-based violence, including sexual violence, forced sterilisation, coerced medical interventions, economic exploitation, and institutionalisation that disproportionately affect women and girls with disabilities.[70] It has also underscored the structural marginalisation they face in accessing education, employment, healthcare, and justice, as well as their systematic exclusion from decision-making processes in political and public life.[71] Harmful practices, such as child marriage, "mercy killings", or practices grounded in sociocultural and religious justifications, further deepen their social isolation and subordination. All these specific forms of violence and discrimination are experienced, as will be further discussed, with peculiar intensity and forms by LBQ women and non-binary people with disabilities, and an extensive interpretation of the CRPD would help uncover and address such experiences.

The interpretative trajectory established by General Comment No. 3 requires an intersectional and purposive reading of Article 6. In line with Article 5, States Parties are called upon to move beyond single-ground approaches and to implement legislation and policies that effectively address the lived realities of women and girls with disabilities in all their diversity, including LBQ women and non-binary people. This entails, inter alia, the systematic collection of disaggregated data that must include information such as sex, gender identity, sexual orientation, and disability status, and the design of targeted measures to dismantle structural barriers.[72] Indeed, General Comment No. 3 emphasises that inclusive equality cannot be achieved without specifically addressing the experience of these subgroups facing heightened levels of marginalisation, among them lesbian, bisexual, queer, transgender, and non-binary persons with disabilities, whose compounded experiences of ableism, sexism, heteronormativity, and cisnormativity remain largely invisible in current legal and policy frameworks. The CRPD Committee in its concluding observation in Lithuania, urged the country to incorporate in Equal Opportunities policies measure capable of addressing the multidimensional discrimination of women and girls with disabilities, especially on the grounds of sexual orientation and gender identity. [73] It should be acknowledged, however, that such efforts can be particularly challenging in restricted contexts, such as in parts of Eastern Europe where legal and social environments limit the safety and visibility of LGBTQ+ persons (e.g., laws on "propaganda" and other measures).[74]

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[69] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 31–37

[70] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 32-34

[71] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 44–47

[72] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 36–37

[73]CRPD Committee, Concluding observations on the initial report of Lithuania, CRPD7C/LTU/CO/1, 11 May 2016

[74] To have an overview on these laws and a brief analysis on the impact for feminist/LGBTIQ movement see: EL*C, Lesbophobia Observatory 2024, Chapter II, https://lesbiangenius.org/wp-content/uploads/2024-Observatory_final-report.pdf

In this light, Article 6 must be understood not merely as a recognition clause, but as an operative provision obliging States to address structural exclusion through transformative and intersectional measures. The article does not merely address the condition of women with disabilities but recognises how gender shapes experiences of disability in a wider sense and how this further connects with other forms of marginalisation. The protection it affords extends to all women and non-binary persons with disabilities, including LBQ women and non-binary persons who face particular gender scrutiny over their lives in different contexts and countries. For example, in some jurisdictions, women with disabilities may face restrictions on their legal capacity, limiting their autonomy in healthcare, financial, or personal decisions. Being LBQ or non-binary can exacerbate these restrictions due to social stigma, discriminatory assumptions, or targeted policies. Other examples include barriers to accessing sexual and reproductive health services, higher risk of gender-based violence, or exclusion from social support programmes. Further and more specific examples will be discussed later in this document.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 6 – Women *and gender diverse people* with disabilities
1.States Parties recognize that women and girls with disabilities and ***gender diverse people,*** are subject to multiple ***and intersecting forms of*** discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.
2.States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women ***and gender diverse people***, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

5.1.5 Legal analysis Article 8 - Awareness-raising

Article 8 of the CRPD requires States Parties to promote awareness and combat stereotypes, prejudices, and harmful practices concerning persons with disabilities. Paragraph 1(b) explicitly mentions that such discrimination may be based on gender. At the same time, General Comment No. 7 underscores the necessity for awareness-raising initiatives to be inclusive of all forms of diversity within the disability community.[75]For these reasons, as sketched out previously in the analysis and according to the current CRPD interpretation, it is necessary to acknowledge both a comprehensive view of the notion of gender and to recognise that women and girls with disabilities are not a homogeneous group. An intersectional lens must therefore be applied even in Article 8, in order to raise social awareness of the intersecting forms of discrimination experienced by different groups of people with disabilities, challenging not only harmful stereotypes but also systemic invisibility. This is particularly relevant for lesbian, bisexual, queer (LBQ) women and non-binary persons with disabilities, whose identities and life experiences often fall outside normative social expectations of femininity and gender roles.

Inclusive awareness-raising must therefore explicitly address this invisibility and support empowerment by making these groups visible, challenging entrenched stereotypes, and breaking taboos around disability, gender, and sexuality. This is already in line with the work carried out in the framework of the CRPD, as in 2019 the Committee urged Norway to implement

[75] CRPD Committee, *General Comment No. 7 on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention*, CRPD/C/GC/7 (2018), § 23.

public awareness-raising and education programmes to combat negative stereotypes against persons with disabilities, including those on the grounds of SOGIESC.[76]

Inclusive awareness-raising initiatives under Article 8 should aim to render visible these historically marginalised groups, challenging both social taboos and systemic invisibility. Women with disabilities are already at risk of marginalisation, but those with non-conforming sexual orientations, gender identities and gender expressions are even more likely to be erased. By explicitly including LBQ women and non-binary individuals in awareness campaigns, States Parties can begin to dismantle the heteronormative and cis-normative barriers that exacerbate exclusion. This approach aligns with a gender mainstreaming perspective, recognising the diversity of women's experiences and acknowledging that targeted measures are needed to address compounded forms of discrimination and social exclusion. It is essential that persons with disabilities, including LBQ women and non-binary individuals, are actively involved in the design, implementation, and evaluation of awareness raising campaigns. This participatory approach ensures that initiatives are relevant, effective, and truly reflective of the lived experiences of these communities.

Such awareness raising efforts contribute directly to transformative equality and social justice. By making the specific experiences of LBQ women and non-binary persons with disabilities visible, they promote the recognition of rights, enable social participation, and affirm agency. Awareness raising under an intersectional lens can help break cycles of invisibility, fostering social inclusion, challenging discriminatory norms, and enhancing the realisation of human rights for all women and non-binary persons with disabilities.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPREATIVE GLOSS:
Article 8 – Awareness raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:
(*a*) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;
(*b*) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex, ***gender, gender identity, gender expression, sexual orientation, sexual characteristics a***nd age, in all areas of life;
(*c*) To promote awareness of the capabilities and contributions of persons with disabilities.
2. Measures to this end include:
(*a*) Initiating and maintaining effective public awareness campaigns designed:
(i) To nurture receptiveness to the rights of persons with disabilities;
(ii) To promote positive perceptions and greater social awareness towards persons with disabilities ***and the intersectional forms of discrimination they might experience****;*
(iii) To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;
(*b*) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;
(*c*) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;
(*d*) Promoting awareness training programmes regarding persons with disabilities and the rights of persons with disabilities.

5.2 Art. 16 - Freedom from exploitation, violence and abuse

Why does it matter?

Rights at stake

Article 16 of the CRPD recognises the right of all persons with disabilities to live free from exploitation, violence, and abuse, whether occurring in the community, in institutions, or in domestic settings. It obliges States Parties to implement effective measures to prevent and respond to all forms of violence, including sexual, physical, and psychological abuse, as well as coercion and neglect. The article also highlights the need for accessible reporting and protective services, ensuring that persons with disabilities can exercise their right to personal security and bodily autonomy. The article calls for States to be attentive towards gender and age dimensions both in legislation and services.

Challenges and realities

LBQ women and non-binary persons with disabilities face compounded risks of violence due to intersecting forms of marginalisation. Gender-based violence intersects with ableism, heteronormativity, and cisnormativity, producing unique forms of vulnerabilities.

These risks include intrafamilial abuse, coercion, sexual violence, forced sterilisation, and broader violations of autonomy, especially for people with intellectual/psychosocial disabilities.[77] Dependency on family members or caregivers for daily assistance can be weaponised through threats to withdraw care, restrict access to partners, or expose individuals to control and coercion. As one participant explained: "*I know disabled people who were not able to escape from violent families because they were dependent on them to receive assistance. And shelters were neither physically accessible or capable of offering the needed assistance. So basically, as Italian welfare is based on families providing care, if you physically depend on violent family or partners, you cannot leave the violent setting.*"[78] The lack of independent living support systems and adequate welfare provisions structurally reproduces this cycle of dependency and violence, that might be connected and/or amplified by lesbophobia, biphobia and transphobia. Individuals, especially ones with intellectual/psychosocial disabilities, may feel their legal capacity threatened by the disclosure of their non-conforming gender identity/sexual orientation. The sexual orientation, gender identity of people with disabilities, especially autistic people, are often invalidated precisely because of their disability, which also increases their exposure to conversion therapy, resulting in multiple violations of their fundamental rights. [79] Institutional contexts reveal further dimensions of violence.

Queer persons with disabilities living in institutions encounter not only physical and sexual abuse but also the denial of their sexual and gender identities, as they are infantilised and prevented from exercising autonomy. As one participant highlighted: "*There is queer people in institutions, and it's very difficult for them to embrace their queer identity, because the professionals are not queer-friendly, and they are considered as life-long children.... in most institutions, people are*

[77] Women Enabled International, My Body, (but not) My Choice: Legal Capacity Violations Against Women with Intellectual or Psychosocial Disabilities and Recommendations for Action (2025)

[78] P. participant in the group interview based in Italy

[79] Strang, J. F., Powers, M. D., Knauss, M., Sibarium, E., Leibowitz, S. F., Kenworthy, L., Sadikova, E., Wyss, S., Willing, L., Caplan, R., Pervez, N., Nowak, J., Gohari, D., Gomez-Lobo, V., Call, D., & Anthony, L. G. (2018). "They thought it was an obsession": Trajectories and perspectives of autistic transgender and gender-diverse adolescents. Journal of Autism and Developmental Disorders, 48, 4039 4055. https://doi.org/10.1007/s10803-018-3723-6

forced to take contraception, and there is a lot of sexual violence. The fact that contraception is compulsory means we cannot see the rape and the sexual violence, because people don't get pregnant."[80] This testimony shows how systemic practices, such as compulsory contraception, both facilitate violence and render it invisible. Applying an intersectional lens highlights how heteronormativity and cisnormativity deepen these risks. Lack of inclusive sexual education,[81] barriers and stereotypes of queer relationships involving people with disabilities, make queer disabled individuals less prone to draw their own boundaries and recognise consent. The lifelong medicalisation of disabled bodies further exacerbates exposure to violence: *"We live in a medicalised world since we are very little, always touched, so it's not easy to put boundaries and consent, because you don't even know what consent is when you are subject to this."*[82] This points to the need to address not only overt violence but also the structural conditions that blur the recognition of consent and bodily integrity.

Even when violence is recognised, reporting is obstructed by pervasive structural barriers.[83] Shelters, sexual and reproductive health facilities, and legal remedies are often inaccessible both from a disability perspective and from a SOGIESC perspective.[84] Moreover, desexualising stereotypes and infantilisation discourage survivors from reporting intimate partner violence and undermines their credibility before authorities and courts. As mentioned earlier, visibility of sexual orientation or gender identity, as well as a non-conforming gender expression, can be used as a form of blackmail within family contexts, placing LBQ women and non-binary persons at risk of psychological, physical, and economic violence while silencing their ability to seek justice.

What is crucial is also how limited access to social support networks and pervasive barriers to community participation and intersectional factors increase isolation, making it harder to seek protection or alternative assistance: "*I think one of the main issues we tend to forget is that not everybody has the privilege to report, even if there is a system. From that perspective, under-reporting really makes sense, because when are we ever in the position to be able to lose everything that we risk losing when we report something? That is not very often the case."*[85] For example, the threat of institutionalisation, sometimes wielded as a tool of control by families or caregivers, compounds vulnerability. All these forms of violence remain under addressed in both disability policies and generic GBV frameworks, creating a condition of double invisibility. Existing services and legal protections largely fail to account for the intersection of disability and SOGIESC identities, leaving LBQ women and non-binary persons with disabilities systematically unprotected.

5.2.1 Legal analysis of Art. 16

Article 16 obliges States Parties to prevent, protect against, investigate, and prosecute exploitation, violence and abuse against people with disabilities in all settings, paying particular attention to gender and age dimensions both in measures and services. This article is particularly relevant from a gendered perspective, as it recognises that there are specific forms of violence against people with disabilities that are rooted in gender dynamics and must be addressed as

[80] L. participant in the group interview based in France
[81] See on this: EDF, EDF position paper on gender stereotypes against women with disabilities (2025), p.4
[82] L. participant in the group interview based in France
[83] Women Enabled International, Fact Sheet: The Right of Women and Girls with Disabilities to be Free from Gender-Based Violence
[84] ILGA-Europe & European Disability Forum. (2023). Intersections: The LGBTI II Survey – Persons with Disabilities Analysis, p. 18
[85] D. participant in the group interview based in Austria

such to be prevented and combatted effectively. In General Comment No.3 on Art. 6,[86] space is dedicated to Art. 19 to explore forms, causes and consequences of gender-based violence against women and girls with disabilities and the barriers that must be redressed. The Comment emphasises that women with disabilities are at heightened risk of violence compared to other women and that stereotypes, such as infantilising women with disabilities, desexualising them, or, conversely, hypersexualising certain groups (e.g. women with albinism), impede the exercise of human rights.[87] Violence is linked to harmful gender/disability stereotypes, deprivation of legal capacity, and forced institutionalisation, and it affirms States' due-diligence duties to prevent, protect, investigate, prosecute and provide reparations, including by training judicial actors.[88]

Several conducts and forms of violence are mentioned specifically, such as sexual violence within the family, relationships, and community and institutional settings; forced, coerced and otherwise involuntary medical interventions (including sterilisation and procedures without free and informed consent); neglect (e.g., withholding medication, communication support, menstrual/sanitation assistance); economic coercion and exploitation; and practices amounting to cruel, inhuman or degrading treatment, such as restraints, isolation and overmedication.[89] These harms are exacerbated by institutionalisation, which increases impunity because access to remedies is curtailed and perpetrators experience little risk of discovery.[90] It is also recognised that there are context specific risks for girls, such as harmful practices, child/early/forced marriage and mercy killings, and for women in conflict and humanitarian settings as well as for refugees, migrants and asylum seekers.[91] Systemic barriers to shelters and services, sexual and reproductive health services and justice, fuel all these forms of violence and are created by inaccessibility, stereotyping, lack of procedural accommodations and fear of losing caregiver support.[92]

Read purposively and in light of the Committee's General Comment No. 3 and No. 6, this provision can be read as requiring intersectional design and delivery of protection systems that recognise how gender, disability and SOGIESC interact to heighten risk of exposure to violence and produce distinctive patterns of harm for LBQ women and non-binary persons with disabilities. At the same time, the CEDAW General Recommendation No. 35also recognises that gender-based violence is a phenomenon that requiring comprehensive, intersectional state response: this reinforces the need to integrate disability and SOGIESC considerations across prevention and redress. [93]

Applying this framework with an intersectional lens highlights how heteronormativity and cisnormativity deepen the risk of violence against LBQ women and non-binary persons with disabilities, which consist of specific harmful practices and is compounded by systemic

[86] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016)
[87] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 29-30
[88] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 26
[89] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 31-34, 53-55, 57
[90] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 53-54
[91] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), §§ 35–37, 49
[92] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 48
[93] Committee on the Elimination of Discrimination against Women (CEDAW), General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19, CEDAW/C/GC/35, 26 July 2017.

invisibility, as mentioned at the beginning of this chapter. All these forms of violence remain under addressed in disability or generic GBV policies. An extensive interpretation is required in order to tackle effective gender-based violence and apply Art. 16 properly: this would imply designing LBQ-inclusive prevention and response systems, including accessible, LBQ-affirming shelters and complaint mechanisms.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 16 – Freedom from violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects, ***those related to SOGIESC, and other intersectional forms of discrimination.***
2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, gender- and disability-sensitive ***and informed by intersectionality.***
3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States Parties shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.
4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.
5.States Parties shall put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted.

5.3 Article 23 - Respect for home and the family

Why does it matter?

Rights at stake

Article 23 guarantees that persons with disabilities have the right to marry and found a family, make autonomous decisions on reproduction and family planning, retain fertility, and receive appropriate assistance in their child-rearing responsibilities. It further obliges States to prevent the unjustified separation of children from their parents based on disability and to prioritise care within the family or community. The article establishes that disability alone cannot justify limitations on autonomy, parental responsibilities, or intimate relationships.

Challenges and realities

While the article itself does not explicitly adopt a gendered perspective, its implications are deeply connected to gender and identity, as family life is a site where social norms about sexuality, gender roles, and disability strongly converge. For women with disabilities, particularly those with psychosocial or intellectual disabilities,[94] legal and social frameworks frequently presume incapacity to marry, form partnerships, or raise children. These presumptions are often rooted in stereotypes of dependency and vulnerability,[95] which become even more entrenched when sexual orientation, gender identity or gender expression do not align with hetero/cisnormative expectations.

As a result, LBQ women and non-binary persons with disabilities face compounded forms of discrimination that remain largely invisible in mainstream family law and disability rights policies. In practice, heteronormative legal regimes, guardianship laws and disability-related prejudices result in failure: neglected recognition of same-gender unions, exclusion of partners from care decisions, denial of parental rights, and limited access to assisted reproductive technologies. Systemic and legal barriers also intersect with familiar power dynamics,[96] shaping the very essence of the experience of LBQ women and non-binary people with disabilities.

In fact, dependency on relatives for daily care can be weaponised through restrictions on relationships, coercion, or even threats of withdrawing essential support. Where welfare systems rely on family care, lack of personal assistance and economic resources can make queer intimate life precarious or invisible; family hostility therefore not only denies recognition but may materially obstruct relationships: "*I used to have a relationship with another disabled woman with high assistance needs. She lives with her family due to the lack of personal assistance and the financial resources needed for an independent living. But her family did not like me, so meeting at her place was uncomfortable. And for her coming to my place was very difficult because of the price of travelling with an assistant. As a consequence, sometimes we had to meet at a hotel in her city. (...) So her family's homophobia combined with the lack of assistance and independent living were a big obstacle for us. And every time we met was very expensive, showing also the effect of class on our sexual lives.*"[97]

This extract illustrates how family-based dependency, combined with lesbophobia, produces both symbolic and material exclusion: relationships are hidden, stability is denied, and the cost (economic and emotional) of intimacy rises steeply, which in turn constrains the effective enjoyment of Article 23 rights. The denial of family life and respect for relationships is not confined to the private sphere: harassment in public and professional domains also curtail the right to family life. For example, one of the participants recounted experiences of lesbophobic harassment within sport teams where a visible queer relationship became the ground for exclusion and mistreatment. Institutional settings further undermine protections. In institutions residents are infantilised and professionals are not queer-friendly; reproductive autonomy is curtailed through coercive practices (e.g. compulsory contraception), and sexual violence may be concealed. In some contexts, harmful practices such as coerced sterilisation, denial of

[94] Pérez-Curiel, V., Vicente, M., Morán, L., Gómez, R., et al. (2023). The Right to Sexuality, Reproductive Health, and Found a Family for People with Intellectual Disability: A Systematic Review. International Journal of Environmental Research and Public Health, 20(3), 1842. See also: Women Enabled International, My Body, (but not) My Choice: Legal Capacity Violations Against Women with Intellectual or Psychosocial Disabilities and Recommendations for Action (2025)

[95] Vaidya, S. (2015). Women with Disability and Reproductive Rights: Deconstructing Discourses. Social Change, 45(4), 517-533.

[96] Pieri, M. (2020). Illness comes to bed: Chronically ill lesbian women discuss sex, intimacy, and sexual practices. Journal of Lesbian Studies, 25(3), 212–226.

[97] P. participant in the group interview based in Italy

reproductive autonomy, or "corrective" practices continue to target disabled persons whose sexual orientation, gender identity or gender expression defies social norms.[98]

In the group interview participants also discussed how lack of accessible, independent support pushes people toward formal legal arrangements (marriage) for pragmatic reasons, not as an expression of desired family form but as a way to secure access to healthcare, records, or basic rights: *"I know of people that got married only to... to have, like, access to each other's medical records. So it's... and I don't think that this is what we should do, you know? Or, like, having formalised relationships before the state so that one person can access the health system."*[99] This illustrates how legal regimes that gatekeep essential services through marital or formal status effectively coerce relational choices, eroding the autonomy Article 23 aims to protect.

5.3.1. Legal analysis of Art. 23

While General Comment No. 3 (2016) does not explicitly focus on Article 23, it underscores that women with disabilities face multiple and intersecting forms of discrimination in family, reproductive, custodial, and relational contexts. The Committee notes obstacles such as denial of legal capacity, forced sterilisation, and institutional separation of children which disproportionately affects women with disabilities. The gendered nature of issues related to family and reproduction is being clearly affirmed within the CRPD framework and can indeed be found in several Concluding Observation from the Committee.[100]

As mentioned above, LBQ women and non-binary persons with disabilities often face additional barriers in the family sphere, also connected to highly nonhomogeneous legal standards in relation to their family life across EU. Apart from these barriers that vary a lot from country to country, the Committee widely recognised that guardianship regimes and stereotypes about capacity frequently impede women with psychosocial or intellectual disabilities from exercising their legal and reproductive rights,[101] and it is necessary to point out how this situation might even be exacerbated when that person does not fit in the social hetero/cisnormative expectations. In the last few years, lesbian mothers have faced significant challenges in many countries across Europe in the recognition of their family status: in 2023 in Italy, some of these families were challenged by the Ministry of the Interior regarding the registration of both mothers on the birth certificate.[102] Although this was later resolved through a Constitutional Court ruling allowing both mothers to be recognised,[103] the case illustrates how legal and institutional barriers, combined with discriminatory assumptions about sexual orientation, can impede parental rights and access to family life. Institutions, overbearing caregivers, and legal systems may invoke stereotyped notions of incapacity to deny LBQ women and non-binary persons with disabilities the right to marry or raise children. This form of compounded exclusion is grounded not only in disability bias but also in discriminatory assumptions about sexual orientation and gender

[98] OHCHR — Joint statement / press release on LGBT persons living with disabilities (Oct 2023)

[99] D. participant in the group interview based in Austria

[100] For example: United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the combined second and third periodic reports of Zambia*, CRPD/C/ZMB/CO/2-3, 15 October 2024; United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the combined second and third periodic reports of Bangladesh*, CRPD/C/BGD/CO/2-3, 15 October 2022; United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Myanmar*, CRPD/C/MMR/CO/1, 15 October 2019; United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Cuba*, CRPD/C/CUB/CO/1, 15 October 2019; United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Serbia*, CRPD/C/SRB/CO/1, 15 October 2016.

[101] See for example United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Serbia*, CRPD/C/SRB/CO/1, 15 October 2016.

[102] https://lesbiangenius.org/lesbians-march-on-italian-embassies/

[103] Italian Constitutional Court, decision n.68/2025

identity. It was asserted by the Committee, that both women and LGBTIQ persons suffer a disproportionate burden in accessing assisted reproductive technologies and that States needed to ensure equal access to such techniques.[104] To address these gaps, an extensive reading of Article 23 might bound States to ensure that marriage, parenthood, and family planning rights are safeguarded regardless of sexual orientation or gender identity. Legal capacity and guardianship laws must be reformed so they do not disqualify LBQ and non-binary persons with disabilities from assuming familial roles. Support services, including reproductive health and parenting support, must be accessible and embrace diverse family structures and identities.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 23 – Respect for home and the family

1. 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, ***including with regard to diverse sexual orientations, gender identities, gender expressions and sex characteristics***, 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;

(*c*) Persons with disabilities, including children, retain their fertility on an equal basis with others.

2. States Parties shall ensure the rights and responsibilities of persons with disabilities, with regard to guardianship, wardship, trusteeship, adoption of children or similar institutions, where these concepts exist in national legislation; in all cases the best interests of the child shall be paramount. States Parties shall render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities.

3. States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families.

4. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents. ***States Parties shall guarantee that this protection extends equally to families and parents with disabilities in all their diversity, taking into account intersecting forms of discrimination that may arise from gender, sexual orientation, gender identity, or other status.***

5. States Parties shall, where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.

combined second and third periodic reports of Australia, CRPD/C/AUS/CO/2-3, 15 October 2019.

5.4 Article 25- Health

Why does it matter?

Rights at stake

Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) recognises the right of persons with disabilities to the highest attainable standard of health without discrimination. States Parties are obliged to ensure that health services are accessible, comprehensive, and sensitive to the needs arising from disabilities. This includes sexual and reproductive healthcare, preventive and curative services, and health education. The article explicitly requires that disability not be used as a basis to deny or limit access to health services, and that measures be taken to provide care that respects autonomy, dignity, and bodily integrity. Health services must also be, according to the CRPD, gender sensitive.

Challenges and realities

Health is a highly gendered domain, and at the intersection with disability this becomes particularly significant. For women with disabilities, healthcare systems frequently fail to meet basic needs, especially in the field of sexual and reproductive health.[105] Research consistently shows that disabled women often receive inadequate sexual education, limited access to gynaecological care, and experience poorer maternal health outcomes.[106] Structural barriers - from inaccessible clinics and diagnostic equipment to the absence of sign language interpreters - further restrict access to essential services that are designed on able-bodied people:[107] "*Most gynaecologists are not accessible… accessibility means, okay, I can get there with my wheelchair, but then there are other issues, for example how do you get into the bed?"*[108]

For LBQ women and non-binary persons with disabilities, these challenges are exacerbated by heteronormativity and cisnormativity: "*There is also a problem of accessibility for deaf people… they don't have access to sign language, and even when they do, professionals are not queer-friendly. For instance, they misgender trans people."*[109] Fear of discrimination or lesbophobia often leads lesbian and bisexual women to avoid disclosing their sexual orientation to healthcare providers,[110] creating a cycle of invisibility where health professionals presume heterosexuality, treat disabled patients as asexual, or focus narrowly on reproductive risks while neglecting broader sexual health and well-being:[111] "*To have endometriosis as a queer or a trans person… most of the talk around it is about the possibility of having or not having children, and not about how to deal with this condition… if the desire to become pregnant is not there."*[112]

Heteronormativity also manifests in very concrete ways. Preventive screenings frequently fail to account for non-heterosexual practices; protocols for sexual and reproductive healthcare presume heterosexuality and cisgender identity; fertility treatments and assisted reproductive

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[105] EDF, Position Paper Sexual and reproductive health and rights of women and girls with disabilities, 2019
[106] Mitra, M. et al. (2021). Maternal health outcomes among women with disabilities: A systematic review.
[107] Groce, N., Izutsu, T., Reier, S., Rinehart, W., & Temple, B. (2009). Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note. WHO & UNFPA.
[108] P. participant in the group interview based in Italy
[109] L. participant in the group interview based in France
[110] Austin, E. L. (2013). Sexual orientation disclosure to health care providers among urban and non-urban southern lesbians. Women & Health, 53(1), 41–55; St. Pierre, M. (2012). Under what conditions do lesbians disclose their sexual orientation to primary healthcare providers? A review of the literature. Journal of Lesbian Studies, 16(2), 199–219.
[111] Dune, T. M. (2012). Constructions of sexuality and disability: Implications for people with cerebral palsy. LAP Lambert Academic Publishing; Santos, A. C., & Santos, A. L. (2018). Yes, we fuck! Challenging the misfit sexual body through disabled women's narratives. Sexualities, 21(3), 303–318.
[112] D. participant in the group interview based in Austria

technologies remain inaccessible to lesbian and bisexual women as well as non-binary people with disabilities due to both ableist and heteronormative biases. Non-binary persons and gender-nonconforming lesbians face additional barriers when rigid gender norms in medical settings lead to misgendering, exclusion from preventive screenings, and a lack of appropriate sexual health information.[113] When compounded by poverty, undereducation, and pervasive social stigma, these obstacles produce profound health inequities. Evidence shows higher rates of sexually transmitted infections, untreated mental health conditions,[114] and maternal morbidity among LBQ women and non-binary persons with disabilities.

Health inequalities are not solely the result of technical inaccessibility; they are also shaped by limited cultural competence among healthcare providers, systemic funding priorities that overlook marginalised groups, and the absence of intersectional frameworks that simultaneously account for disability, queerness, and reproductive rights. As reported during the group interview, while some promising initiatives exist, such as mobile mammography units in Bologna,[115] specialised gynaecological practices in Paris,[116] and hospitals in Toledo equipped to support pregnancy for paraplegic patients,[117] these efforts remain isolated and primarily concentrated in large urban centres, leaving many individuals without realistic access. Community-driven resources, including online directories of queer- and disability-friendly healthcare providers and self-organised ambulatory care, help to bridge critical gaps, yet they rely heavily on voluntary networks and are often underfunded.

5.4.1 Legal analysis of Art. 25

General Comment no. 3 explores how, for women with disabilities, this right is particularly critical, as they face multiple barriers rooted in both gender- and disability-based discrimination.[118] This is especially evident in sexual and reproductive health, where harmful stereotypes - such as assumptions that women with disabilities are asexual, incapable of self-determination, or overly sexual - profoundly threaten their rights.[119] These stereotypes restrict access to healthcare and information and influence legal and social practices that undermine autonomy. The Committee has reported that barriers to healthcare for women with disabilities are both structural and attitudinal. Many facilities and equipment, such as mammogram machines or gynaecological examination beds, are physically inaccessible.[120] Transportation to clinics may be unaffordable or unavailable, and health professionals may deny care due to prejudices, particularly against neurodivergent women or specifically women with intellectual, psychosocial, or sensory disabilities.[121] Access to sexual and reproductive health information is also limited, as educational materials are often not provided in accessible formats, and harmful

[113] Pieri, M. (2020). Illness comes to bed: Chronically ill lesbian women discuss sex, intimacy, and sexual practices. Journal of Lesbian Studies, 25(3), 212–226.
[114] Nakkeeran N, Nakkeeran B. Disability, mental health, sexual orientation and gender identity: understanding health inequity through experience and difference. Health Res Policy Syst. 2018 Oct 9;16
[115] Reported by a group interview participant
[116] Reported by a group interview participant
[117] https://hnparaplejicos.sanidad.castillalamancha.es
[118] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016).
[119] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 38.
[120] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 42
[121] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 343.

assumptions about asexuality may lead to exclusion from sexuality education.[122] These factors increase vulnerability to sexual violence and restrict opportunities for informed decision-making.

The centrality of gender in Article 25 is reinforced by the Committee's jurisprudence, which regularly notes insufficient consideration of the gender dimension by States in providing health services, particularly sexual and reproductive health.[123] The Committee has urged States to design specific healthcare protocols for persons with disabilities, including training programs on sexual and reproductive health with a cross-cutting gender and intersectional perspective.[124] For example, in 2017, Canada was recommended to establish measures ensuring that transgender and gender-diverse persons with disabilities have equal access to health services, including abortion and gender-affirming care.[125] Collectively, these observations show a clear trend: the Committee expects States to provide gender-responsive, disability-inclusive health systems and remove Sexual and Reproductive Health and Rights (SRHR) barriers faced by women and girls with disabilities, particularly in contexts of compounded or intersectional discrimination (in this sense the need to provide gender-affirming care for trans women with disabilities is crucial).

This aligns with international approaches to gender-sensitive medicine. According to the WHO, it is crucial to understand how gender norms, roles, and relationships impact the health of men and women, as well as how these constructions affect all those who do not conform to gender norms.[126] Applying a gender-sensitive lens to health also requires considering SOGIESC aspects and how they shape different experiences. This well-established notion of gender sensitive healthcare must be interpreted in an extensive and intersectional way, encompassing the experiences of LBQ women and non-binary people with disabilities.

Health policies, however, frequently fail to recognise these intersections, often assuming heterosexuality or a strict male/female binary, leaving LBQ women with disabilities invisible in programme design and implementation. As mentioned earlier, access to sexual and reproductive health services is limited not only by ableism but also by heteronormative biases, which hinder preventive screenings, STI prevention, fertility treatments, and other essential care. For instance, the CRPD Committee highlighted that assisted reproductive technologies are less accessible to lesbian and bisexual women with disabilities.[127]

To address these gaps, an extensive reading of Article 25 could require States to ensure that health services, including sexual and reproductive health, are gender sensitive in a broad sense, encompassing diverse gender identities and experiences, in particular those of LBQ women and non-binary persons with disabilities. Services must be physically accessible and designed to respect diverse identities, fostering autonomy, dignity, and equitable access. This includes ensuring that medical personnel are trained to deliver care, free from heteronormative and cisnormative biases, with the skills and understanding needed to respond competently to the intersection of disability, gender identity, and sexual orientation.

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[122] CRPD Committee, General Comment No. 3 on Women and Girls with Disabilities, CRPD/C/GC/3 (2016), § 40

[123] See for example: CRPD Committee, Concluding observations on the combined 2nd and 3rd periodic reports of Ukraine, 2 October 2024; CRPD/C/UKR/CO/2-3, Concluding observations on the combined second and third periodic reports of Belgium, CRPD/C/BEL/CO/2-3, 30 September 2024; Concluding observations on the initial report of Switzerland, CRPD/C/CHE/CO/1, 13 April 2022,

[124] CRPD Committee, Concluding observations on the initial report of the Bolivarian Republic of Venezuela, CRPD/C/VEN/CO/1, 20 May 2022

[125] CRPD Committee, Concluding observations on the initial report of Canada, CRPD/C/CAN/CO/1, 8 May 2017

[126] https://www.who.int/health-topics/gender#tab=tab_1

[127] United Nations Committee on the Rights of Persons with Disabilities, Concluding observations on the combined second and third periodic reports of Australia, CRPD/C/AUS/CO/2-3, 15 October 2019.

Here is how the CRPD States Parties should interpret and apply the CRPD consistently with its object and purpose and current evolution:

INTERPRETATIVE GLOSS:
Article 25 – Health
States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive ***and consider SOGIESC aspects***, including health-related rehabilitation.
In particular, States Parties shall:
(*a*) Provide persons with disabilities with the same range, quality and standard of free or affordable healthcare and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes;
(*b*) Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
(*c*) Provide these health services as close as possible to people's own communities, including in rural areas;
(*d*) Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities ***on an intersectional perspective*** through training and the promulgation of ethical standards for public and private health care;
(*e*) Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
(*f*) Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

6. Conclusions and policy recommendations

This report has demonstrated that the UN Convention on the Rights of Persons with Disabilities already contains the normative and interpretative potential to recognise and address the specific experiences of LBQ women and non-binary persons with disabilities. Through its commitment to gender mainstreaming, the acknowledgement of multiple and intersecting forms of discrimination, and the concept of inclusive equality, the CRPD provides a framework capable of highlighting the compounded barriers faced by these groups in the areas of violence, health, and family and private life.

The persistent marginalisation documented in this report does not merely point to a lack of legal standards, but rather to the need for a more consistent, intersectional and transformative interpretation of existing ones. Strengthening this reading of the CRPD requires not only action at the national level, but also supportive and coherent policy engagement at the EU level, particularly to enhance how gender mainstreaming is applied within disability policies and how disability perspectives are integrated within broader gender, LGBTIQ and equality frameworks.

In this context, the principles of disability justice offer a concrete operational lens through which the CRPD's transformative promise can be realised in practice. While fully respecting the limits of its competences, the European Union is well placed to support and consolidate this interpretative evolution by promoting coherence, visibility and evidence-based approaches

across disability, gender equality and LGBTIQ policies, thereby contributing to a more effective implementation of the Convention. In view of the forthcoming revision of the EU Disability Strategy, the EU has a key role to play within its competences: setting standards, coordinating Member States' action, supporting evidence-based policymaking, funding targeted measures, and ensuring coherence across equality, gender and disability frameworks.

General recommendations at EU level

Building EU policies in line with the CRPD and disability justice principles requires:

- **Explicit recognition of LBQ women and non-binary persons with disabilities** across EU disability, gender equality and LGBTIQ equality strategies, avoiding binary and heteronormative framings of gender;
- **Systematic integration of intersectionality** as an operational principle in EU equality policies, in line with the CRPD Committee's understanding of inclusive equality;
- **Intersectional data collection and monitoring**, including disability, gender, gender identity, sexual orientation and other relevant grounds, supported by EU agencies such as EIGE and FRA, while fully respecting data protection standards;
- **Meaningful participation and leadership** of organisations lead by LBQ women and non-binary persons with disabilities in policy design, implementation and evaluation, in line with Articles 4(3) and 33 CRPD;
- **Strengthened legal protection beyond employment**, covering healthcare, housing, social protection, education and access to services, recognising that the future Equal Treatment Directive, even if adopted, will represent only a first step;
- **Targeted EU funding and support mechanisms** to address compounded inequalities, including through CERV, ESF+, EU4Health and other future iterations of these programmes, ensuring accessibility and intersectional eligibility criteria.

Recommendations on Violence (Article 16 CRPD)

In the area of violence, EU actions should build on the CRPD, the recent Directive on combating violence against women and domestic violence, while acknowledging that generic GBV frameworks often fail to address disability and SOGIESC-specific risks.

The EU should therefore:

- **Encourage Member States**, in the transposition and implementation of the Violence Against Women Directive, to explicitly address the situation of women and gender-diverse persons with disabilities, including LBQ women and non-binary persons, as groups facing heightened and specific risks of violence;
- **Promote the development of accessible and LBQ-affirming support services**, including shelters, helplines and reporting mechanisms, through EU funding and guidance, ensuring both accessibility and SOGIESC competence;
- **Support training programmes** for police, judiciary, social services and healthcare professionals on intersectional violence against persons with disabilities, integrating disability, gender and SOGIESC perspectives;
- **Encourage Member States to collect and analyse disaggregated data** on violence against persons with disabilities, including gender identity and sexual orientation where possible, to address systemic under-reporting and invisibility;

- **Ensure coherence** between EU disability policies and EU anti-violence frameworks, explicitly recognising institutionalisation, dependency-based abuse and coercive medical practices as forms of violence requiring prevention and redress.

Recommendations on Family and private life (Article 23 CRPD)

In the domain of family and private life, EU competences are limited, but the EU retains an important coordinating and normative role through non-discrimination law, free movement, and fundamental rights frameworks.

The EU should:

- **Encourage Member States to remove discriminatory barriers** affecting the recognition of relationships, parenthood and family life of persons with disabilities, including those in same-gender or non-normative family forms across States;
- **Promote the inclusion of disability and SOGIESC perspectives** in EU initiatives on work–life balance, care strategies and deinstitutionalisation, recognising how family-based dependency can restrict autonomy and intimate life;
- **Support Member States through funding and policy guidance** to develop independent living services and personal assistance schemes, reducing forced reliance on families and enabling autonomous choices in relationships and family life;
- **Encourage reforms of guardianship and substituted decision-making regimes**, in line with Article 12 CRPD, to prevent the denial of parental rights and intimate autonomy on the basis of disability.

Recommendations on Health (Article 25 CRPD)

Health is an area of shared competence where the EU can play a significant role in coordination, standard-setting, funding and data collection, particularly in relation to accessibility and non-discrimination.

The EU should:

- **Integrate an intersectional, gender-sensitive approach** into EU health initiatives, including EU4Health, explicitly addressing disability, sexual orientation and gender identity as interconnected determinants of health;
- **Encourage Member States to ensure accessible, inclusive sexual and reproductive healthcare**, including preventive screenings, fertility services and assisted reproductive technologies, without discrimination on grounds of disability or SOGIESC;
- **Support training and capacity-building** for healthcare professionals on disability and SOGIESC-inclusive care, including through EU-funded programmes and exchanges of good practices;
- **Promote the development of accessible health infrastructure and equipment**, including gynaecological and diagnostic services, through EU funding instruments;
- **Support data collection and research** on health inequalities affecting LBQ women and non-binary persons with disabilities, in cooperation with EU agencies and research programmes, to inform evidence-based policymaking.