



EUROCENTRALASIAN
LESBIAN*COMMUNITY



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:: KEY FINDINGS ::

A CRIP AND LESBIAN PERSPECTIVE ON DISABILITY RIGHTS



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METHODOLOGY

The research follows a critical, interdisciplinary and participatory methodology:

- Legal Analysis: A doctrinal and interpretive review of a selection CRPD articles and the jurisprudence of its Committee.
- Consultations: Semi-structured interviews with the European Disability Forum (EDF) and Women Enabled International (WEI).
- Community engagement: The framing emerged from a meeting of over 40 lesbian and crip activists across several European countries, followed by an in-depth group interview with four activists and experts reflecting on lived realities.

02



WHY THIS REPORT EXISTS

Lesbian, bisexual and queer (LBQ) women and non-binary persons with disabilities live at the crossroads of ableism, sexism, heteronormativity and cisnormativity. These systems do not simply overlap – they compound one another. And yet, across Europe, disability legislation, gender equality strategies and LGBTIQ+ policies continue to be drafted and implemented in isolation from one another. When policies remain siloed, those who stand at the intersections are rendered invisible. When resources target margins and intersections, they benefit to all and the effects are multiplied.

This report insists that the Convention on the Rights of Persons with Disabilities (CRPD) already contains the legal strength to confront and **address the needs and Human Rights of Persons with Disabilities**. But this will only be truly effective if it is read and implemented through an explicit intersectional lens – one that fully includes sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC).

Bringing together legal analysis and lived experience, this report documents how **LBQ women and non-binary persons with disabilities** face specific and compounded forms of **discrimination in areas** including:

- Equality and non-discrimination
- Violence and abuse
- Family and intimate life
- Health and sexual and reproductive rights
- Community participation and visibility

03



THE GROUNDBREAKING TRANSFORMATIVE POTENTIAL OF THE CRPD

When the Convention on the Rights of Persons with Disabilities (CRPD) entered into force in 2008 and was ratified by the European Union in 2011, it marked a decisive break from the medical model of disability. It affirmed a human rights model. Persons with disabilities were no longer to be treated as objects of care but recognised as full rights holders.

The Convention was groundbreaking on another aspect: it explicitly acknowledged that women with disabilities face multiple and intersecting forms of discrimination. Over time, the Committee on the Rights of Persons with Disabilities has increasingly recognised intersectionality in its General Comments and concluding observations, including references to lesbian, bisexual, transgender and intersex persons.

Yet sexual orientation and gender identity do not appear explicitly in the Convention's text. This silence has consequences. It contributes to policy neglect and fragmented implementation. The goal of this research is to show how the Convention's core principles – dignity, autonomy, non-discrimination, participation and respect for diversity – provide a solid legal foundation for an expansive interpretation that explicitly includes LBQ women and non-binary persons with disabilities.

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INTERSECTIONAL DISCRIMINATION: BEYOND SINGLE-AXIS EQUALITY

(Articles 3, 5, 6, 8)

The CRPD has several articles delineating general principles of equality and allow for an intersectional approach. Discrimination faced by LBO women and non-binary persons with disabilities cannot be understood through a single-axis lens. Disability, gender and sexuality do not operate separately in lived experience. A person may be desexualised because of disability while simultaneously hypersexualised because of queerness. They may find themselves excluded from disability spaces for being queer, and from queer spaces for being disabled. Stereotypes routinely deny their autonomy, intimacy and agency. Inclusive intersectional equality demands more than formal recognition. It requires:

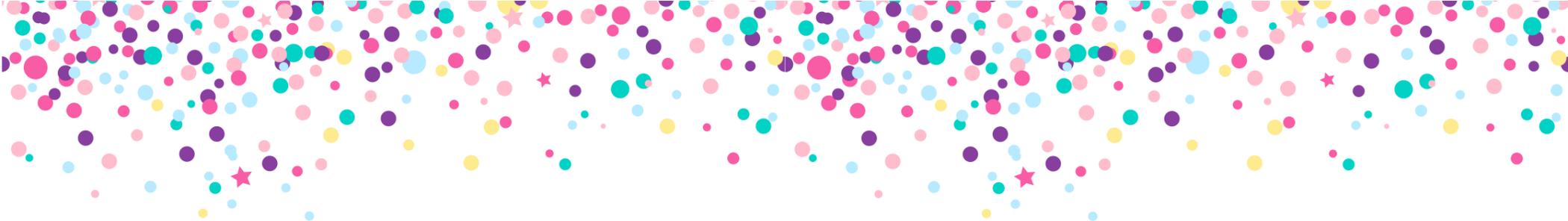
- Explicit recognition of intersectional discrimination in law and policy.
- Collection of disaggregated data that includes disability, gender identity and sexual orientation.
- Awareness-raising measures that name and affirm queer disabled existence.
- The active participation of LBO women and non-binary persons with disabilities in policymaking processes.

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VIOLENCE, DEPENDENCY AND STRUCTURAL VULNERABILITY

(Article 16)

The CRPD dedicates an article on the protection of persons with disabilities from violence and abuse, with explicit references to gender-based violence. LBO women and non-binary persons with disabilities face heightened exposure to violence, often intensified by structural dependency. In many welfare systems, care is organised around family-based support. In these conditions, dependency can be weaponised through threats to withdraw care, enforced isolation, economic control or psychological coercion.



(Institutional settings create further risks, including forced contraception, sexual violence, and denial of gender or sexual identity. Reporting violence is frequently not a viable option when doing so may result in homelessness, institutionalisation or the loss of essential care. Addressing violence for LBQ women and non-binary persons with disabilities requires:

- Accessible and LBQ-affirming shelters and protection services.
- Intersectional training for police, judges and social workers.
- Independent monitoring of institutions.
- Recognition of violence linked to SOGIESC.
- Independent living policies that reduce structural dependency.

06

FAMILY, INTIMACY AND AUTONOMY

(Article 23)

The CRPD guarantees the right to marry, to form relationships, to retain fertility and to raise children. In practice, LBQ women and non-binary persons with disabilities often encounter guardianship regimes that undermine their legal capacity as well as denial of parental rights and barriers to assisted reproductive technologies. Meanwhile, economic precarity restricts independent living and family hostility may be compounded by reliance on relatives for care and survival. For some, marriage is not a freely chosen model of intimacy but a survival strategy to secure medical information or social rights. Autonomy for LBQ women and non-binary persons with disabilities requires:

- Reform of guardianship laws.
- Recognition of diverse family forms.
- Equal access to reproductive technologies.
- Personal assistance schemes enabling independent living.
- Protection against separation of children based on disability or sexual orientation.

07

HEALTH, SEXUAL AND REPRODUCTIVE RIGHTS

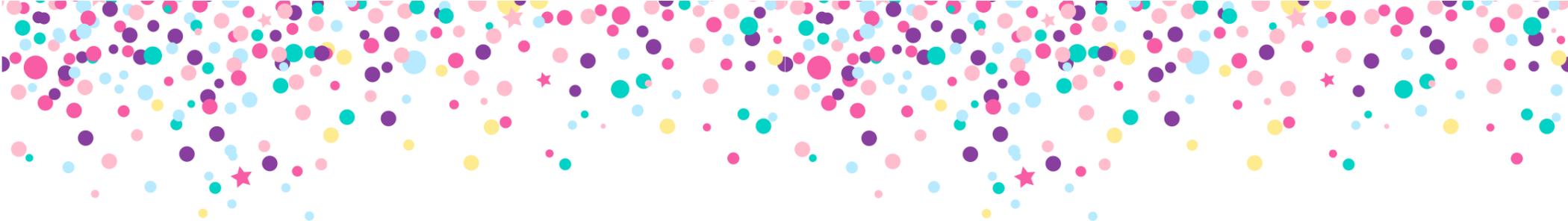
(Article 25)

Under the CRPD, States must ensure gender-sensitive healthcare. Healthcare systems routinely fail LBQ women and non-binary persons with disabilities. Barriers include inaccessible examination equipment, lack of accessible information, heteronormative assumptions in gynaecological care, denial of gender-affirming care, and exclusion from comprehensive sexual education. Harmful stereotypes, such as the portrayal of disabled women as asexual or incapable of consent, increase vulnerability to abuse and limit access to information.

This obligation must be understood intersectionally, addressing both disability and SOGIESC-related needs and discrimination. For LBQ women and non-binary persons with disabilities, States should ensure:

- Physically accessible sexual and reproductive health services.
- Inclusive and accessible sexuality education.
- Training for healthcare professionals on disability and SOGIESC.
- Equal access to assisted reproduction and gender-affirming care.
- Protection from forced sterilisation and non-consensual interventions.





LIVED EXPERIENCE EVIDENCE

The legal framework acquires meaning through lived experience. Activists' testimonies make visible what policies often ignore:

ON QUEER COMMUNITY ABLEISM:

"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."

ON HEALTHCARE BARRIERS:

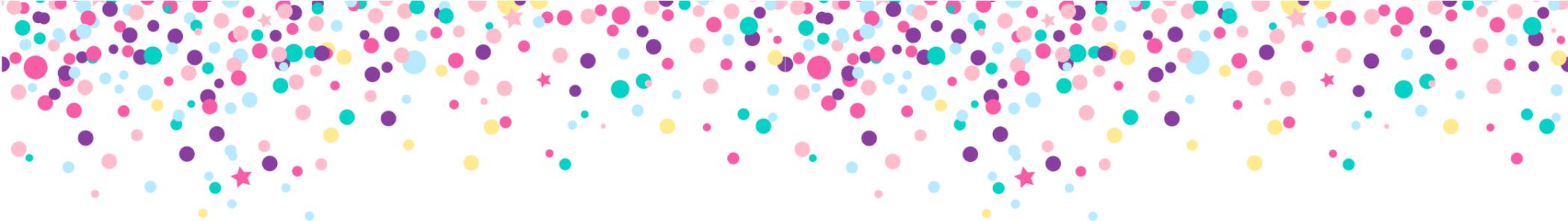
"MOST GYNECOLOGISTS ARE NOT ACCESSIBLE... ACCESSIBILITY MEANS, OKAY, I CAN GET THERE WITH MY WHEELCHAIR, BUT THEN... HOW DO YOU GET INTO THE BED?"

ON NEURODIVERGENCE:

"ACTIVISTS DESCRIBED HOW SENSORY ENVIRONMENTS IN COMMUNITY SPACES EXCLUDE NEURODIVERGENT QUEER PEOPLE."

ON REPORTING ABUSE:

"NOT EVERYBODY HAS THE PRIVILEGE TO REPORT... YOU RISK LOSING EVERYTHING [WHEN YOU DEPEND ON THE ABUSER FOR CARE]."



CONCLUSION AND RECOMMENDATIONS

The European Union must align its equality strategies with the CRPD and with the principles of disability justice. This means mainstreaming intersectionality across policies, explicitly recognizing LBQ women and non-binary persons with disabilities, strengthening legal protections beyond employment, ensuring disaggregated data collection, guaranteeing meaningful participation of affected communities, and providing targeted funding to address compounded inequalities. Concretely, recognizing LBQ women and non-binary persons with disabilities requires:

- **EXPLICIT RECOGNITION OF INTERSECTIONAL DISCRIMINATION IN DISABILITY AND GENDER POLICIES.**
- **COLLECTION OF DISAGGREGATED DATA CAPTURING DISABILITY AND SOGIESC INTERSECTIONS.**
- **DEDICATED FUNDING FOR ORGANIZATIONS LED BY LBQ WOMEN AND NON-BINARY PERSONS WITH DISABILITIES.**
- **REFORM OF GUARDIANSHIP AND INSTITUTIONAL CARE SYSTEMS.**
- **ACCESSIBLE AND INCLUSIVE VIOLENCE PREVENTION AND RESPONSE SERVICES.**
- **INTEGRATION OF DISABILITY AND SOGIESC PERSPECTIVES ACROSS EQUALITY STRATEGIES.**

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