Violence and Discrimination Experienced by Lesbian, Bisexual and Queer Women with Disabilities.

Submission[1] by: Women Enabled International, Diverse Empowerment Foundation, RADIATE, Women Spaces Africa, TCI Global, the US Gender and Disability Justice Alliance, Just Futures Collaborative, Sruti Disability Rights Center, Eurocentralasian Lesbian*Community - EL*C, Disability Rights Fund, Disabled Women Ireland.

Ableism Reinforces LBQ Discrimination

LBQ women[2] with disabilities experience compounded forms of discrimination and violence rooted in the intersection of patriarchy, queerphobia[3], and ableism. Ableism intensifies these harms by systematically denying accessibility, creating isolation, reinforcing infantilization, undermining autonomous decision-making, restricting legal capacity, and institutionalizing women with disabilities. These intersecting forms of oppression create structural barriers that limit access to justice, protection, and essential services. Growing anti-rights and authoritarian political movements heighten threats[4].

Despite persistent intersectional discrimination, the experiences of LBQ women with disabilities - in all their intersectionality related to gender identity and expression, indigeneity, religion, race, ethnicity, socioeconomic status, etc. - remain largely silenced within systems intended to protect the rights of persons with disabilities,

---

[1] The submission is based on experiences and analyses by LBQ activists with disabilities from South Asia, East Africa, North America, and Europe.

[2] This report highlights the experiences of LBQ women with the understanding that the term women includes both cisgender and transgender women. Many gender-diverse people with disabilities who were assigned female at birth (AFAB) have also experienced these forms of discrimination. The intersectional experiences of both cisgender and gender-diverse people with disabilities must be considered to properly encompass the diversity of LBQ women.

[3] For definitions and framing of lesbophobia please see Eurocentralasian Lesbian Community - EL*C Submission to the UN Independent Expert on SOGI (2026), Violence and discrimination against LBQ women in Europe and Central Asia. EL*C report defines “lesbophobia as a specific form of bias that encompasses misogyny alongside stigma linked to non-conforming sexual orientation and gender expression. In our analysis, hatred against lesbians is structured around three entrenched biases: (1) punishment for defying gender-role expectations, (2) punishment for refusing women’s “availability” to men (often accompanied by sexualisation), and (3) punishment for making female sexuality visible outside heterosexual norms.” p. 2.

[4] There is a clear connection between anti-LGBTQ rhetoric from politicians and a rise of hate crimes targeting LGBTQ women. For example, four lesbians were set on fire in Argentina as political leaders compare homosexuality to bestiality. Michael Rios, *Argentina once led on LGBTQ rights. After 4 lesbians are set on fire, critics blame rising intolerance on Milei’s government,* CNN (July 6, 2024), https://edition.cnn.com/2024/07/06/americas/argentina-lgbtq-milei-fire-deaths-intl-latam.

women, and LGBTIQ+ communities[5]. There is also limited data and research on this intersection. Nevertheless, while the UN CRPD does not explicitly name SOGIESC, it enshrines human rights for all persons with disabilities, including LBQ women[6].

Criminalisation

In contexts where consensual same-sex relations are criminalised, predominantly due to colonial legacies, LBQ women with disabilities are exposed to similar patterns of discrimination, stigma, and risk as non-disabled LBQ women. However, these harms are exacerbated by disability-related barriers, including limited access to accessible information, community-based resources, and informal protection mechanisms within LGBTQI spaces.

Moreover, in certain contexts, disability is explicitly instrumentalised within anti-LGBT+ legislative frameworks and anti-rights rhetorics, increasing the risk of criminalisation and exposure to violence. For instance, Uganda's Anti-Homosexuality Act includes "aggravated homosexuality," which heightens punishment for sexual relations involving a person with disability (among others)[7]. This provision severely harms LBQ women with disabilities, as the disclosure of consensual same-sex relations may place their partners at risk of the death penalty. Such legislative provisions are grounded in discriminatory assumptions that persons with disabilities are inherently incapable of providing free and informed consent to sexual relations. This framing constitutes a direct denial of decision-making and bodily autonomy and is incompatible with States' obligations under the UN CRPD.

[5] While more community spaces led by or inclusive of LBQ women with disabilities are thriving, the mainstream LGBTQ spaces often remain inaccessible and lack adequate capacity to provide inclusive and rights-based support for LBQ women with various disabilities, including blind, Deaf, neurodivergent, psychosocial, or intellectual disabilities. At the same time, disability-related services often exclude LGBTIQ+ persons, undermining the rights to equality and participation on an equal basis with others.

[6] The past decade is marked by a growing number of recommendations focusing on LGBTQ rights developed by the CRPD in the shadow report process. See: Kirichenko KA, Król A. Intersectionality and the CRPD: an analysis of the CRPD committee's discourse and civil society advocacy at the intersections of disability and LGBTI. Glob Public Health. 2022 Nov;17(11):3224-3242. doi: 10.1080/17441692.2022.2040565. Epub 2022 Feb 27. PMID: 35220883rhetoric.

[7] Amnesty International, (2023), Uganda: Authorities drop charges in death penalty case under Anti-Homosexuality Act, https://www.amnesty.org/en/latest/news/2023/08/uganda-authorities-must-drop-charges-in-death-penalty-case-under-anti-homosexuality-act/

Legal Capacity and Institutionalisation

Women with disabilities, especially with psychosocial or intellectual disabilities, face deprivation of legal capacity and institutionalisation[8], despite CRPD articles 12 and 19 and clear UN Guidelines on deinstitutionalisation[9]. For example, for disabled LBQ women, including older women, this results in others exercising control over intimate relationships, including decisions about maintaining relationships with a life partner[10], in violation of the rights to autonomy, equality before the law, and respect for private life.

Institutionalisation of women historically happened for patriarchal reasons, like non-conformity to traditional female gender norms[11]. The connection between gender and institutionalisation can still be seen today, such as when women are institutionalised after questioning the authority of their husbands[12] or at the request of their spouses after seeking divorce[13]. In the contexts where sexual orientation and gender identity are pathologised, SOGI might be treated as a justified reason for institutionalisation[14] and conversion practices.

---

[8] Detainment in an institution is not only a human rights violation in itself, but it is also inextricably linked to legal capacity violations—both in the institutionalization process and during the time spent in the institution.

[9] CRPD/C/5: Guidelines on deinstitutionalization, including in emergencies (2022), https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpdc5-guidelines-deinstitutionalization-including

[10] The key recommendation is to deinstitutionalize, ensure persons with disabilities can live within communities with the adequate support, and replace substitute decision-making regimes with supported decision-making systems. That said, it is important to highlight that LBQ women with disabilities can face unique challenges within guardianship regimes. For example, in the contexts where same-sex relations are not recognized and guardianship is imposed, guardianship tends to be granted to families of origin, who might be homophobic or transphobic. For example, there are documented cases of guardians restricting contact between people who developed disability in older age and their life-long same-sex partner. In one case, the guardian refused to allow the couple to see each other or give a visit in the institution. This was possible because of interplay between guardianship regimes and lack of legal recognition of queer families. Full deinstitutionalization, marriage equality and supported-decision making would prevent such harmful situations from happening.

[11] See, e.g., Malavika Parthasarathy, supra note 45, at 21, 23-24; Bhargavi V. Davar, Delivering Justice, Withdrawing Care: The Norms and Etiquettes of 'Having' a Mental Illness, in Gendering Mental Health: Knowledges, Identities, And Institutions 1, 3-4 (Bhargavi V. Davar & T.K. Sundari Ravindran eds., 2015); and Kate Moore, Declared Insane for Speaking Up: The Dark American History of Silencing Women Through Psychiatry, Time, June 22, 2021, https://time.com/6074783/psychiatry-history-women-mental-health/

[12] "Treated Worse Than Animals" Abuses against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India, Hum. Rts. Watch, at 7, Dec. 3, 2014, https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual

[13] TCI, Reframing the Momentum from "Mental Health" to "Inclusion" of Persons with Psychosocial Disabilities: Report of the Classic Edition Plenary of TCI Asia Pacific, at 37, (2020), https://tci-global.org/wp-content/uploads/2022/03/Bali-Plenary-Report-2018.pdf

[14] Pink News, 2018, Breakthrough for Indian lesbian forced into a mental institution by her family, https://www.thepinknews.com/2018/09/25/india-lesbian-breakthrough-forced-mental-institution-family/

A recent WEI study[15] on legal capacity showed how institutionalisation can be used as a threat to deny the decision-making of LBQ women with disabilities. For example:

> Nihola is a 39-year-old woman with a psychosocial disability in Fiji. She developed feelings for another woman who went to her church. When other church members found out, they called the police, and Nihola was involuntarily admitted to a psychiatric hospital. Nihola explained, “My mom and dad stopped me from liking anyone. They said they would call [a psychiatric hospital], and I would be sent back there if I liked someone. It was bad at [the psychiatric hospital]. I was there for three weeks.”

Moreover, LBQ women with disabilities living in institutions are often limited in their decision-making related to their sexuality and intimate relationships:

> “In the center [institution] where I live, some housemates and staff do not respect my girlfriend, and I really like her. No one knows what I go through and the barriers I face. I’m in love with her. I won’t break up with her just because some people don’t want me to be with her, kiss her…They don’t want me to choose.” – A woman with an intellectual disability in Spain.

Healthcare

Healthcare often remains discriminatory for LBQ women with disabilities due to histories of pathologisation, medicalisation, eugenics, and caregiver control. Limited professional training and provider bias restrict disability- and sexuality-affirming care, with some women being denied rehabilitation after disclosing ties to LGBTIQ+ communities[16].

LBQ women with disabilities frequently delay or avoid accessing SRHR, due to fear of derogatory treatment, breaches of confidentiality, lack of accessible healthcare providers, or fear of harmful assumptions related to reproduction or sexuality[17]. Moreover, persistent desexualisation and infantilization of women with disabilities results in their systematic exclusion from SRHR information. For LBQ women from underprivileged socioeconomic status, this is reinforced by class dynamic making it extremely difficult to afford and access healthcare.

---

[15] Women Enabled International, 2025, *My Body, (but not) My Choice,* pages 52-53. https://womenenabled.org/wp-content/uploads/2025/10/My-Body_but-not_My-Choice.pdf#page=69.99

[16] Wołowicz, A., Król, A. & Struzik, J. Disabled Women, Care Regimes, and Institutionalised Homophobia: A Case Study from Poland. *Sex Res Soc Policy* 19, 777–789 (2022). https://doi.org/10.1007/s13178-021-00586-7

[17] For example, as documented by DEF, a queer mother with chronic pain was denied follow-up SRHR care after providers questioned her disability needs. Fear of exposure and humiliation stopped her from returning, worsening her health outcomes.

In most countries, existing laws fail to recognise families of choice in medical decision-making. This deepens the dependency of LBQ women on families of origin who might be unfirming of their sexual orientation or disability. In many countries, like in India, the right to take healthcare decisions, inherit property, and access welfare benefits is tied to relations by blood or marriage[18], thus legally invisibilising families of choice[19]. For LBQ women who come from abusive families, this legal and institutional barrier erodes autonomy and perpetuates cycles of dependence and alienation.

In Uganda, LBQ women with disabilities are frequently assumed to be sexually inactive or unfit for parenthood, which means they are refused contraception, provided with no or inadequate sexual health information, and cannot access fertility counselling and IVF. Healthcare providers often demand spousal consent, male partner presence, or family approval, which LBQ women cannot provide without risking exposure or harm. Disability-based discrimination is concrete: architectural access to clinics is restricted, chronic pain is dismissed as exaggeration, and psychosocial distress is framed as deviance and then pathologised to justify coercion and exclusion. For LBQ women with disabilities, this results in forced disengagement from healthcare, unsafe self-medication, or cross-border health-seeking, increasing financial and health risks.

Moreover, research conducted in the U.S.A. shows that due to minority stress, disabled LGBTQ+ youth were significantly more likely than non-disabled LGBTQ+ youth to screen positive for both anxiety and depression, a trend that was observed in both cisgender LBQ girls with disabilities and gender-diverse youth with disabilities[20]. Experiencing disability discrimination increased the likelihood of a suicide attempt by nearly two and a half times for LBQ girls and gender-diverse youth with disabilities[21].

Additionally, psychosocial and intellectual disabilities are increasingly used as a justification for banning or restricting gender affirming care for gender-diverse LBQ

[18] Additionally, while some legal provisions in India recognise the limited circumstances under which adults have the right to nominate a decision maker irrespective of the nature of their relationship, e.g., under The Mental Healthcare Act 2017 or in cases where a person is terminally ill and lacks decision-making capacities, these provisions are narrowly framed and inconsistently implemented. In most situations, healthcare providers, hospitals, and financial institutions continue to overemphasise the need for “next of kin”, typically blood relatives, in-laws, or spouses in making medical decisions. See for example, Vidhi Centre for Legal Policy (2025), End of life care and the law in India Addressing common concerns, https://vidhilegalpolicy.in/wp-content/uploads/2024/06/Vidhi-EOLC-Toolkit-FAQ.pdf#page=3.08

[19] Rakshita Goyal and Shreyashi Ray, (2025), Why the Law Should Recognise Chosen Families, https://thewire.in/law/why-the-law-should-recognise-chosen-families

[20] Human Rights Campaign Foundation, (2024), Disabled LGBTQ+ Youth Report, A Descriptive Overview of the Experiences of Disabled LGBTQ+ Youth, https://reports.hrc.org/2024-disabled-lgbtq-youth-report#introduction

[21] The Trevor Project, (2023), Research Brief: The Mental Health of LGBTQ+ Young People with Disabilities, https://trevorproject.github.io/survey-2024/assets/static/TTP_2024_National_Survey.pdf

women and girls. For example, in the U.S.A.[22], several states have enacted laws banning care for trans youth that include findings that trans people are more likely to have psychosocial or developmental disabilities and therefore should face additional hurdles to access the care[23].

Parenting and Family Recognition

In many countries, LBQ women with disabilities lack legal recognition of their same-sex relationships. Simultaneously, some countries restrict marriage for certain people with disabilities[24]. Where same-sex relationships are recognised, for example U.S.A., U.K., and Canada, marriage can lead to reduced or terminated disability benefits, forcing LBQ women with disabilities to choose between legal partnership and essential social support.

LBQ women with disabilities who are parents, or who wish to become parents, are criminalised or socially rejected as queer women, while simultaneously being treated as incapable or dependent parents due to disability. In Uganda, DEF's documentation shows heightened surveillance by families, community leaders, healthcare providers, and state actors over LBQ parents with disabilities, resulting in fears about child separation, denial of custody, and coerced concealment of family relationships[25]. LBQ parents with disabilities report administrative barriers in accessing birth registration, guardianship recognition, parental consent processes, and custody documentation for their children.

The Anti-Homosexuality Act 2023 has significantly deepened fear and invisibility for LBQ women with disabilities in Uganda. DEF has documented cases where healthcare workers and local authorities threaten to report LBQ parents seeking SRHR services, leading them to avoid essential care. This criminalised environment disproportionately harms persons with disabilities who rely on caregivers, community networks, and public services, limiting their ability to access information or safely

---

[22] The United States is currently attempting to exclude people with a diagnosis of gender dysphoria from disability rights protections. This undermines the medical decision-making of gender-diverse LBQ women with disabilities, attempts to antagonise relations between the LGBTQ and disability communities, and denies access to critical health care services. See: Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance, 90 Fed. Reg. 59478 (Dec 19, 2025).

[23] See, e.g., Ohio HB 68, sec. 2(D) (2023), https://legiscan.com/OH/text/HB68/id/2863440; Arkansas 1570, sec. 2(4) (2021), https://www.arkleg.state.ar.us/Home/FTPDocument?path=%2FACTS%2F2021R%2FPublic%2FACT626.pdf; see also GA SB141, sec. 1(4) (2023), https://legiscan.com/GA/text/SB141/id/2692266.

[24] International Disability Alliance, (2024), IDA's Compilation of CRPD Committee's Concluding Observations Article 23 Respect for home and the family, https://www.internationaldisabilityalliance.org/sites/default/files/article_23_crpd_2.pdf

[25] DEF is a disability-led and LBQ-centered grassroots organization. DEF's findings are based on peer-led casework, survivor accompaniment, service referrals, and confidential testimonies shared through grassroots programs in Uganda.

assert their rights. Violence against LBQ women with disabilities includes threats of reporting to police, landlords, employers, forced outing to family members, extortion and blackmail, and physical attacks. Dependency on caregivers or family members can also increase exposure to isolation, coercive control, and intimate partner violence, including sexual violence[26].

Housing

Access to safe, affordable, and dignified housing is deeply associated with autonomy, community participation, and bodily integrity - yet it remains a distant reality for many due to patriarchy, ableism and heteronormativity, economic precarity and unemployment. Article 19 of the UNCRPD affirms the right "to live in the community, with choices equal to others", however, in many countries, there is an absence of anti-discrimination protection in housing based on disability or sexual orientation, leaving individuals with no legal safeguarding tool when denied housing or forcefully evicted[27].

In rental markets, queer and disabled women are often perceived as "burdensome" tenants or as "liabilities" - economically unreliable, dependent, and infantilised. For example, in India, unmarried women wanting to rent a flat are repeatedly questioned about marriage, approval of their families, or "respectability". At the same time, same-sex relationships are framed as illegitimate or inappropriate. Queer tenants face harassment, threats of eviction, higher rents or upfront denial to rent a place. Intrusive questions about sexual life, marital status, and family arrangements often affect the landlord's decision[28]. LBQ disabled women are often coerced into living with families of origin or male relatives, with limited privacy or even when there is violence, due to their perceived dependence. Landlords refuse to rent their property to disabled queer women unless a male guardian is named on the lease, reflecting patriarchal structures and ableist stereotypes[29].

---

[26] Allied civil society organizations provide critical legal aid, however, most programs are not designed to include LBQ women with disabilities, due to under-resourcing and security risks. LBQ women with disabilities thus rely on informal safety strategies such as peer referrals to safer providers, discreet accompaniment to services, and travelling long distances to access more inclusive care.

[27] Thus, it is pertinent for policymakers to enact enforceable anti-discrimination legal protections in both public and private housing for LBQ women and disabled women. Public housing schemes must mandate universal, accessible design to maximise safety and autonomy, particularly for disabled women.

[28] Inclusion at Work, (2021), The Hidden Housing Crisis within India's LGBTQ+ Community, https://inclusionatwork.live/the-hidden-housing-crisis-within-indias-lgbtq-community/

[29] According to DEF findings, in Uganda, criminalisation, stigma, and gendered norms intensify housing exclusion for LBQ women with disabilities. Many cannot report harassment, eviction, or exploitation without fear of retaliation, exposure, or criminalisation. As a result, informal and insecure housing arrangements often become the only option, increasing vulnerability to violence and undermining autonomy, especially for women who rely on others for mobility, healthcare access, or daily support. These harms are compounded by climate-related displacement: when floods or

A severe lack of accessible housing, universal design, and unaddressed reasonable accommodation needs result in housing discrimination[30]. A limited supply of accessible housing options means LBQ women with disabilities often must pay more, while they are also more likely to experience poverty and have higher living costs due to access needs, assistive technology, rehabilitation, and care needs. A persistent disability-related employment gap, segregation into low-paid[31], insecure work, and insufficiently enforced non-discrimination protections on the grounds of sexual orientation place LBQ women with disabilities in heightened economic insecurity, which highlights the importance of class analysis and addressing poverty within this community[32].

Asylum and Refugee Systems

While we observe forced displacements due to conflicts, climate change, and hostile realities, for the disabled LGBTQ+ community, it is also due to anti-rights agendas, safety risks and accessibility concerns. LBQ women with disabilities seeking asylum experience compounded violence and discrimination. Disability increases dependency on inaccessible reception systems, while sexual orientation increases exposure to harassment and the need to conceal identity in unsafe environments. These realities undermine dignity, autonomy, integrity, and equal participation[33].

---

disasters force relocation, emergency shelters and temporary housing frequently fail to meet accessibility requirements.

[30] Study by Miloon Kothari, Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, “Women and adequate housing”, E/CN.4/2005/43, paragraph 64). https://www.un.org/womenwatch/enable/E-CN4-2005-43_Housing.pdf

[31] Michelle Lee Maroto, David Pettinicchio, 2022, Disability and economic precarity, The Gender Policy Report, http://genderpolicyreport.umn.edu/disability-and-economic-precarity/

[32] While comprehensive data on poverty among LBQ women with disabilities is lacking due to the absence of disaggregated data, women with disabilities experience higher rates of poverty, which is likely exacerbated by discrimination based on sexual orientation. On poverty among women with disabilities see for example: Disability Data Poverty, Multidimentional Poverty, https://www.disabilitydatainitiative.org/twentyreport/disability-data-initiative-2022-report/multidiversional-poverty

[33] The lack of addressing the needs of LBQ asylum seekers with disabilities has serious consequences for the implementation of Article 11 of the UN CRPD. The 2024 CRPD Concluding Observations for the Netherlands highlight, among others, the need to provide training for professionals, establish disability- and gender-responsive protocols, establish a data-collection mechanism to inform the development of targeted policies for asylum seekers with disabilities, and ensure access to high-quality mobility aids for asylum seekers. The 2025 Concluding Observations by the CRPD Committee to the EU have highlighted that the Committee recommends to “align policies and standards among member States to prevent detention, pushbacks and denial of access to territory of persons with disabilities in migrant situations”. See: Committee on the Rights of Persons with Disabilities, (2024), Concluding observations on the initial report of the Kingdom of the Netherlands, https://docs.un.org/CRPD/C/NLD/CO/1, Committee on the Rights of Persons with Disabilities (2025), Concluding observations on the combined 2nd and 3rd periodic reports of the European Union, https://digitallibrary.un.org/record/4080772?v=pdf.

For example, in the Netherlands, recognised as a host country for LGBTI asylum seekers[34], in 2024–2025, there was a backlog exceeding 50,000 open cases[35], which resulted in prolonged stays in asylum reception centres and emergency facilities. COC Nederland's 2025 survey found that over 50% of LGBTI asylum seekers experienced bullying, harassment, threats, or violence in shelters, and many did not feel safe enough to be open about their identity[36]. LGBTI Asylum Support has documented 700+ incidents[37] annually over multiple years, including harassment, intimidation, and violence in and around reception centres.

For LBQ women with disabilities, this insecurity is intensified by prolonged confinement and inaccessibility. Firstly, disabled LBQ women remain in reception centres, sometimes for longer than 12 months, simply because no accessible placement exists. Secondly, LBQ women with disabilities may be forced to rely on staff or roommates for basic daily activities and access (e.g., transport, accessible facilities and safe reporting), reducing autonomy and increasing exposure to control, neglect, or harassment. Moreover, in mixed-gender reception settings, harassment can take gendered forms, including sexual intimidation. Bisexual women face additional erasure due to assumptions of heterosexuality and dismissal of same-sex relationships, increasing isolation, risk, and weakening access to LGBT protection.

For LBQ women with disabilities seeking asylum, disability-related healthcare and reasonable accommodation needs are routinely delayed during waiting periods. They must repeatedly justify their need for essential goods and support, such as appropriate beds, accessible bathrooms, accessible transport, continuity of pain management, psychosocial support, and timely specialist referral. Often, their requests are treated as administrative issues rather than as urgent disability-related needs[38].

For example, an LBQ woman with a mobility disability remained in an asylum reception centre for over a year because no accessible housing alternative existed. During this period, she experienced repeated harassment, could not safely disclose her identity, and developed severe anxiety. Despite requests for safer accommodation, she remained in the facility because there were no accessible

---

[34] Existing monitoring rarely disaggregates by disability or captures LBQ women specifically, reinforcing invisibility in protection responses. In addition, SOGI is not systemically registered in asylum reception data, limiting visibility of LBQ women with disabilities and weakening targeted protection measures, producing serious harm that remains under-documented.

[35] Asylum Information Database, VluchtenligenWerk Nederland, European Council on Refugees and Exile, (2025), Netherlands - Country Report, https://asylumineurope.org/reports/country/netherlands/

[36] COC Nederland (2025), Welcoming Equality 2023-2025, https://coc.nl/wp-content/uploads/2025/10/250724-Welcoming-Equality-2023-2025-DEF-EMBARGO.pdf

[37] NL Times, (2024), Lesbian, gay, trans asylum seekers feel unsafe in Dutch shelters: aid organizations,https://nltimes.nl/2024/03/11/lesbian-gay-trans-asylum-seekers-feel-unsafe-dutch-shelters-aid-organizations

[38] For example, months without appropriate bedding or pain management can worsen chronic pain, cause sleep deprivation, and lead to reduced mobility, while delayed psychosocial support can mean untreated trauma responses in unsafe environments.

placements available. Furthermore, an LBQ woman with chronic and psychosocial distress waited months for specialist referral and for sustained mental health support, worsening trauma symptoms and conditions.

Ableist and Gender-Based Violence

The gendered violence that queer disabled women experience within their homes, institutions, and within community spaces is deeply entrenched within the systemic cycles of perceived dependence on caregivers and families. Disabled women and girls are up to ten times more likely to experience violence than their non-disabled peers[39]. Furthermore, evidence shows that violence among LBQ disabled women is 2 times higher than among heterosexual disabled women[40]**.** Research from Europe reveals that trans women and non-binary persons are more likely to experience violence than their cisgender LGBQ peers, but trans people with disabilities and ethnic minorities are even more likely to experience discrimination and violence than non-disabled, non-minority trans people.[41] The lack of access to adequate housing and livelihood often traps disabled LBQ women in cycles of dependence, increasing their exposure to violence and limiting their ability to seek exit or redress.

Violence against women with disabilities has many forms[42]. In the intersectional context, we observe failure of legal protections, inaccessible reporting paths, formal or informal denial of legal capacity, hate crimes[43], coercive medical treatments, disbelief in testimonies, or harmful assumptions such as that women with disabilities

---

[39] UNFPA India, (2024), United efforts required to end violence against people with disabilities, https://india.unfpa.org/en/news/united-efforts-required-end-violence-against-people-disabilities

[40] Learning Network, Center for Research and Education on Violence against Women and Children, Women with Disabilities and D/deaf Women, Housing, and Violence, https://www.gbvlearningnetwork.ca/our-work/issuebased_newsletters/issue-27/index.html#:~:text=Violence%20among%20women%20with%20a,disability%20who%20identified%20as%20heterosexual.

[41] Jacob Evje, Sam Fluit, & Tilmann von Soest, *Transgender People Experience More Discrimination and Violence than Cisgender Lesbian, Gay, or Bisexual People: A Multilevel Analysis across 30 European Countries*, INT'L J. TRANSGENDER HEALTH 9–10 (Dec. 23, 2024).

[42] A recent analysis published in Behanbox has highlighted the conundrum of disabled women and queer persons in leaving their abusive partners and households in India. The analysis shows that abuse in the case of disabled individuals can take on many forms and shades that are implicit and do not always encompass overt violence. A disabled woman may be forced into feeling that her health is a burden on her caregivers. Abuse can take other forms like not providing or delaying repairs for accessibility devices like wheelchairs, hearing aids etc. These factors affect mobility, accessibility and increase dependence, making the experience of abuse and interpersonal violence even more isolating for disabled survivors of violence. The findings of interviews with women and queer persons with disabilities showed that the effect of abuse can be even more pronounced due to internalised ableism and "self-loathing" for their bodies. See: Gitika Mantri, 2022 Why It Is Hard For Disabled Women, Queer Persons To Leave Abusive Partners, https://behanbox.com/2022/06/16/why-it-is-hard-for-disabled-women-queer-persons-to-leave-abusive-partners/

[43] Pyo, J., & Hayes, B. E. (2024). Disability, Gender Identity, and Sexual Orientation: An Intersectional Analysis Assessing Perceived Threat of Hate Crimes. *Feminist Criminology*, *20*(5), 502-525. https://doi.org/10.1177/15570851241301094

are not subjected to sexual violence or should be thankful for interest shown in women with disabilities, hindering addressing sexual abuse[44]. GBV laws continue to operate within ableist and heteronormative frameworks and largely fail LBQ women with disabilities who have survived or are surviving violence inflicted by caregivers and partners. In cases of interpersonal violence within queer women's relationships, violence survivors often have no place to seek safe support. Intersectional discrimination exacerbates the difficulties related to reporting, access to support and justice, e.g. making it often impossible to find accessible and LGBTQ-friendly shelters. Legal mechanisms often ignore the accommodation needs of survivors with disabilities, thus limiting access to justice, and this gap in the GBV response further widens if the disabled woman identifies as LBQ.

ANNEX 1

Key Recommendations

- States should recognise and address multiple and intersectional forms of discrimination against LBQ women with disabilities in line with obligations under CEDAW & CRPD.
- Repeal all laws and policies criminalising and discriminating against SOGIESC, including those posing specific threats (e.g. through aggravated offence) to persons with disabilities on the basis of denying the right to consent to non-heterosexual intimate relations due to disability.
- Prevent and address violence faced by LBQ women with disabilities. Ensure survivors' services are accessible and disability and LBQ-affirming.
- Recognise and protect queer families, including families led by LBQ parents with disabilities, within SRHR, family law, and social protection frameworks. Ensure safeguards against child separation and coerced concealment.
- Ensure that gender identity-affirming healthcare is accessible and does not exclude gender-diverse persons with disabilities.
- Ensure asylum reception and emergency accommodation meet accessibility standards, including a guaranteed pathway to accessible housing for persons with disabilities, to prevent prolonged confinement in unsafe and inaccessible centres. Establish protection and support protocols for LBQ women with disabilities in reception centres, including immediate transfer options when harassment or threats are reported.
- Enact enforceable anti-discrimination legal protections in both public and private housing including based on SOGIESC and disability. Implement programs that support accessible and affordable housing. Public housing

[44] Women Enabled International, Fact Sheet: The Right of Women and Girls with Disabilities to be Free from Gender-Based Violence, https://womenenabled.org/reports/wei-fact-sheet-gbv/.

schemes must mandate universal, accessible design to maximise safety and autonomy, particularly for disabled women.

- Prioritise deinstitutionalisation and repeal any legislation that allows substitute decision-making or that allows any other form of violation of Article 12 of the Convention on the Rights of Persons with Disabilities.
- Prevent and address conversion practices, including targeted towards LBQ women with disabilities, including with intellectual and psychosocial disabilities.
- Address health inequities among LBQ women with disabilities, especially in SHRH, through protocols and training of healthcare professionals and service providers.
- Ensure that disability-related services are inclusive and supportive of LBQ women. Ensure LGBTI+ services are accessible and supportive for persons with disabilities.