



Analytical Paper

Active Inclusion and Equal Opportunities for Women and Girls with Disabilities

Assessing Progress Since 2019

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1. Introduction

Not-for-profit organisations working with or for people with disabilities are increasingly raising their voice about the issues women and girls with disabilities face. The European Platform for Rehabilitation (EPR), as a European network of service providers for people with disabilities, has worked and increased its capacity and experience on the topic in the past years. For instance, in 2019 EPR raised awareness on the barriers experienced by women and girls with disabilities in the EU through an online campaign in social media and published an analytical paper¹ calling for action to end the discrimination of women and girls with disabilities.

In this paper, EPR takes stock of developments that have taken place in the EU since the 2019 EPR Analytical Paper “Women and girls with a disability – Active Inclusion and Equal Opportunities” (hereafter referred to as EPR’s Analytical Paper). It also evaluates the evolution and remaining gaps during this period by looking into the existing EU and international policy frameworks to tackle such inequalities and provides recommendations for EU policy makers.

EPR focuses on innovating and learning together about trends in services addressed to persons with disabilities and working to improve service quality, responding to specific needs. In this paper, EPR provides an update on the main barriers confronted by women and girls with a disability; specifically, those related to the fields of work the EPR network engages with. As such, this paper focuses on the obstacles to access services such as those related to education, employment and health care. Additionally, the paper shares a case study with a good practice from an EPR member. EPR believes that supporting and contributing to the sharing of good practices between EU Member States is a crucial step towards achieving active inclusion and equal opportunities for women and girls with a disability.

The paper unavoidably includes the scourge for both, our society in general and for them in particular, that is violence against women and girls with a disability. This violence is a concrete consequence of the discrimination experienced by this target group as the specific services and case study show.

Finally, this paper gathers conclusions on the above-mentioned issues and presents policy recommendations.

1.1 Inequalities and people with disabilities

Article 1 of the United Nations Convention for the Rights of Persons with Disabilities² states that **persons with disabilities are “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”**. Persons with disabilities are a diverse group of people experiencing different personal, environmental and health factors, and with their own personal preferences and responses to disability³. Moreover, while disability correlates with disadvantage, not all people with disabilities are equally disadvantaged, as further detailed explained below⁴.

¹ European Platform for Rehabilitation (EPR), *Analytical Paper ‘Women and girls with a disability – Active Inclusion and Equal Opportunities’*, 2019, available [here](#).

² United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

³ World Health Organization (WHO) & World Bank, *Report World Report on Disability*, page 8, 2011, available [here](#).

⁴ Idem

In numbers, according to the WHO⁵, as of 2021, an estimated 1.3 billion people have significant disability. **In the EU, it is estimated that there are 101 million people with disabilities⁶.**

Women with disabilities represent 60% of the EU’s overall population of persons with disabilities. In 2024, women were more likely than men⁷ (respectively, 26.2% and 21.5%⁸) to report long-standing limitations – either some or severe – in all EU Member States⁹. This is also reflected at the global level: estimates show that 14.2% of the male population have a disability compared to 18% of the female population¹⁰.

Nearly 80% of persons with disabilities live in low-income and middle-income countries. However, the prevalence of disability is highest in high-income countries than in low-income countries. This difference can be attributed to the high prevalence of musculoskeletal or neurological conditions in high-income countries, and the underdiagnosis and underreporting of disability in low-income settings.

As much as some people are born with a disability, others can acquire them through their life course. The global prevalence of disability increases with age, rising from 5.8% in children and adolescents aged 0-14 years, to 34.4% among older adults aged 60 years and older¹¹ in 2021. This is also the case in the EU where, in 2024, the share of people aged 16 to 24 years who reported disability was 7.1%, while the highest share was recorded among people aged 85 years or over, at 72.3%¹². Additionally, both at the global¹³ and EU level¹⁴, **older women with disabilities are the group with the highest disability prevalence.**

As defined in Article 2 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), ‘**discrimination on the basis of disability** is any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.’¹⁵ The World Health Organisation (WHO) stresses that ‘**different environmental barriers, such as inaccessible education, transportation, employment, and healthcare** may hinder persons with disabilities from participating fully and effectively in society on an equal basis with others’¹⁶.

Following this definition, it can be argued that people with disabilities continue to experience discrimination in Europe. Lack of fully inclusive policies and respect to the enjoyment of their human rights persist. They also see their dignity compromised being **subjects of disrespect and violence due to their disabilities.**

⁵ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, page 23, 2022, available [here](#).

⁶ European Parliamentary Research Service (EPRS), Briefing *Women with disabilities*, 2025, available [here](#).

⁷ Aged 16 years or older

⁸ Eurostat, Dataset *Level of disability (activity limitation) by sex, age and income quintile (hlth_silc_12)*, 2025, available [here](#).

⁹ Eurostat, Article *Population with disability*, 2025, available [here](#).

¹⁰ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, page 25, 2022, available [here](#).

¹¹ Idem, page 24

¹² Eurostat, Article *Population with disability*, 2025, available [here](#).

¹³ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, page 25, 2022, available [here](#).

¹⁴ Eurostat, Article *Population with disability*, 2025, available [here](#).

¹⁵ United Nations, *European Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

¹⁶ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, page 4, 2022, available [here](#).

For instance, 50% of people with disabilities report they experience harassment, compared to 37% of persons without disabilities (over a 5-year period)¹⁷, and 17% of persons with disabilities experience physical violence, comparing to 8% of persons without disabilities¹⁸.

Nowadays, and similarly to the situation described in EPR’s 2019 Analytical Paper, **people with disabilities are denied autonomy** when being confined in institutions against their will, subject to forced sterilisation, and denied of their legal capacity due to their disability¹⁹.

As indicated above, **although disability often correlates with disadvantage, not all persons with disabilities are disadvantaged equally**²⁰. Data indicates that **some people with disabilities experience more barriers than others depending on their type of disability**. For instance, people who experience mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments²¹, and people with more severe impairments often experience greater disadvantage²². As for any other citizen, the **intersection of disability with other factors**, such as sex, age, gender identity, sexual orientation, religion, race, ethnicity, and economic situation also affects the participation of persons with disabilities²³. For example, wealth and status can help overcome activity limitations and participation restrictions.

While people with disabilities are generally exposed to stigma and discrimination, **women with disabilities still experience double discrimination due to their gender and their disability**²⁴. According to global data from the United Nations²⁵, on average, 8% of women with disabilities feel discriminated on the basis of their disability. Additionally, 9% of women with disabilities report feeling discriminated against on the basis of gender compared to 5% of women without disabilities. Global data indicated that women with disabilities **do not enjoy equal opportunities to participate on an equal basis with others in all aspects of society**, experiencing exclusion from inclusive education and training, employment²⁶, access

¹⁷ European Union Agency for Fundamental Rights (FRA), Report *Crime, safety and victims’ rights – Fundamental Rights Survey*, page 22, 2021, available [here](#).

¹⁸ European Union Agency for Fundamental Rights (FRA), Report *Crime, safety and victims’ rights – Fundamental Rights Survey*, page 18, 2021, available [here](#).

¹⁹ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, pages 69-70, 2022, available [here](#).

²⁰ Idem, page 4

²¹ World Health Organization (WHO) & World Bank, Report *World Report on Disability*, page 73, 2011, available [here](#)

²² Idem, page 73; One example of the greater disadvantage experienced by people with severe disabilities is the fact that in 2024, the unemployment rate among people aged 15 to 64 years in the EU with a severe disability was 11.6%, compared with 9.1% for people with some disability, and 5.9% for people without a disability. More information available [here](#).

²³ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, page 4, 2022, available [here](#).

²⁴ UN Women, Policy Paper *30 years of Beijing Platform for Action: An intersectional approach to gender and disability inclusion*, page 5, 2025, available [here](#).

²⁵ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 155-156, 2024, available [here](#).

²⁶ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, pages 76, 2022, available [here](#).

to social protection schemes²⁷, participation in political and public life²⁸ and making decisions about their own lives, including their sexual and reproductive rights²⁹.

Within the diversity of people with disabilities, **women with disabilities are also a diverse group**, which includes numerous factors that impact the barriers they experience to participate in society, including “various personal identities and characteristics besides sex and disability, such as Indigeneity, diverse sexual orientation, gender identity, gender expression and/ or sex characteristics, being poor, a refugee or migrant, illiterate or not speaking the dominant language, being mothers or caregivers of family members with disabilities [...] The different stages of the life cycle also create different contexts for the girl child, adolescents, young women, pregnant and lactating women, and elderly women with disabilities”³⁰ When indirect and direct forms of discrimination are associated with these personal characteristics, women and girls with disabilities will face even higher levels of inequalities and different types of human rights abuses³¹.

Climate change and disasters, war and conflict and wider global systems or structures can also impact women and girls with disabilities³². According to the UN³³, **the Covid-19 Pandemic increased gender inequality, discrimination, and violence against women with disabilities**. For instance, during the pandemic, women with disabilities were more likely to lose earnings than women without disabilities: 74% of women with disabilities compared to 68% of women without disabilities. In the EU, the COVID-19 crisis deeply affected the employment of women with disabilities, as 32% of women with disabilities in employment before the pandemic lost their jobs during the pandemic³⁴. Women with disabilities experienced this impact more than men with disabilities (16% of them lost their jobs), women without disabilities (15%), and men without disabilities (8%)³⁵. During the pandemic, more women with disabilities experienced an increase in their care and domestic work (54%) compared to women without disabilities (49%), men with disabilities (47%) and men without disabilities (44%)³⁶. Moreover, the safety of women with disabilities was undermined during the pandemic³⁷, as they were more likely than women without disabilities to not feel safe at home, and to think that violence in their community had increased³⁸. During lockdowns, this was due to a lack of the usual support services, and the fact that perpetrators perceived that women with disabilities would not be able to leave and resist abuse, and that the police would not

²⁷ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 172, 2024, available [here](#).

²⁸ Idem, page 172

²⁹ Idem, page 119

³⁰ UN Women, Policy Paper *30 years of Beijing Platform for Action: An intersectional approach to gender and disability inclusion*, page 6, 2025, available [here](#).

³¹ Idem, page 6

³² Idem, page 6

³³ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 183, 2024, available [here](#).

³⁴ Idem, page 184

³⁵ Idem, page 184

³⁶ Idem, page 184

³⁷ United Nations Population Fund (UNFPA) & Women Enabled International (WEI), Report *The Impact of COVID-19 on Women and Girls with Disabilities*, page 16, 2021, available [here](#).

³⁸ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 184, 2024, available [here](#).

have the capacity to pursue their allegations of violence while being reallocated to enforcing social distancing³⁹⁴⁰.

2. EU Policies addressing women with disabilities

This section presents international conventions and EU-level policies addressing the barriers experienced by women with disabilities. A differentiation is made from policies from before and after 2019 to offer a clear perspective on what have been the new developments since EPR's 2019 Analytical paper.

The **United Nations Convention on the Rights of Persons with Disabilities** (UN CRPD) includes equality between men and women as one of its general principles. Article 6 on women and girls with disabilities recognises the multiple forms of discrimination they are exposed to, and calls for the full development, advancement, and empowerment of women.⁴¹ The European Union and its Member States have ratified the UN CRPD which entered into force in 2011.

EU Member States also ratified⁴² the **Convention on the Elimination of All forms of Discrimination Against Women** (CEDAW, 1979). When EPR's 2019 Analytical paper was published, all EU Member States had signed, and 21 had ratified⁴³ the **Council of Europe Convention, also known as the Istanbul Convention (2011), on preventing and combating violence against women**. In 2025, the Convention has been ratified by 22 Member States⁴⁴ Additionally, the European Union ratified the Istanbul Convention in 2023 and published in November 2025 a Baseline Report on the implementation of the Istanbul Convention⁴⁵. The Istanbul Convention was the first legally binding instrument on this field in Europe. It built on the framework already established by the CEDAW with more detailed and concrete measures and specifically stresses the need to combat violence against women applied to Europe. Its acceptance implied national governments and EU obligations to adapt laws, introduce measures and allocate resources to fight violence against women.⁴⁶

The **Charter of Fundamental Rights of the European Union**⁴⁷ includes equality before the law, non-discrimination and equality between men and women on the Articles 20, 21 and 22, respectively. It includes integration of persons with disabilities on its Article 26.

³⁹ Idem, page 184

⁴⁰ United Nations Population Fund (UNFPA) & Women Enabled International (WEI), Report *The Impact of COVID-19 on Women and Girls with Disabilities*, page 17, 2021, available [here](#).

⁴¹ United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

⁴² Office of the United Nations High Commissioner for Human Rights (OHCHR), Treaty Body Database *Ratification Status for the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, n.d., available [here](#).

⁴³ European Parliamentary Research Service (EPRS), At-a-Glance Note *The Istanbul Convention: A tool to tackle violence against women and girls*, 2019, available [here](#).

⁴⁴ EU Countries that have ratified the Istanbul Convention as of 2025 are: Austria, Belgium, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovenia, Spain and Sweden. Bulgaria, Czechia, Hungary, Lithuania and Slovakia have not ratified the Convention. In July 2020, the Polish government announced its intention to withdraw from the Convention, but this has not been enacted. Council of Europe database on the ratification of the Istanbul Convention available [here](#).

⁴⁵ Council of Europe, News Article *GREVIO receives the report by the European Union, 2025*, available [here](#).

⁴⁶ Council of Europe, Working Paper *The Istanbul Convention and the CEDAW framework: A comparison*, n.d., available [here](#).

⁴⁷ European Parliament, *Charter of Fundamental Rights of the European Union*, 2000, available [here](#).

In 2017, the European Parliament, the Council of the EU and the European Commission proclaimed the **European Pillar of Social Rights (EPSR)** at the Gothenburg Social Summit for fair jobs and growth⁴⁸, setting out 20 key principles⁴⁹ to guide EU policy towards a strong social Europe. In its Principle 2, the EPSR calls for Gender Equality to be fostered in all areas, including the participation in the labour market, terms and conditions of employment and career progression, as well as equal pay for work of equal value. Principle 17 of the EPSR focuses on the inclusion of persons with disabilities, and their right to income support, services to participate in the labour market and society, and an adapted work environment. Moreover, Principle 3 on equal opportunities and Principle 16 on healthcare stress the need for non-discrimination of persons with disabilities and the promotion of gender equality within the labour market and public services.

As explained in EPR's 2019 Analytical Paper, the **European Parliament motion for a resolution on women and girls with a disability (2018)**⁵⁰ called for more concrete action to implement the UN CRPD and its Article 6 in the EU and for the European Commission to lead within the **post-2020 European Disability Strategy** as motor for the active inclusion and achievement of equal opportunities of women and girls with disabilities in the EU. In parallel, the 2020 Evaluation⁵¹ of the European Disability Strategy 2010-2020 highlighted that the strategy did not provide specific actions addressing women with disabilities.

Since 2019, several initiatives at the EU level have aimed to foster equal opportunities for women and girls with disabilities.

The **2019 Work-life Balance Directive**⁵² for parents and carers lays down requirements to achieve equality between men and women regarding work opportunities and treatment at work by facilitating the reconciliation of work and family life of workers who are parents or carers. The Directive introduces a new "carers' leave" for workers to provide personal care or support to a relative or a person who lives in the same household as the worker, as well as flexible working arrangements for parents and carers. Articles 10, 11 and 12 guarantee employment protection for workers fulfilling caregiving responsibilities, reinforcing gender equality and disability inclusion within the labour market. Additionally, in Article 5, setting parental leave requirements, specifies that, when transposing the Directive at the national level⁵³, Member States may propose more detailed arrangements for parents with a disability and parents with children with a disability.

In 2020, the European Commission unveiled the **Gender Equality Strategy 2020-2025**⁵⁴. This strategy underlines the need to address across EU policies the intersectionality of gender with other grounds of discrimination, including women with disabilities. It also highlighted how gender stereotypes are compounded with other stereotypes, including on disability. Additionally, it noted how women with a health problem or disability are more likely to experience various forms of violence and proposed the development and financing to tackle such abuse, and violence.

To implement the EPSR, in 2021, the European Commission published the **European Pillar of Social Rights Action Plan (EPSR AP)**. The Action Plan noted the urgency of efforts to address gender-based

⁴⁸ European Commission, Webpage *European Pillar of Social Rights – Building a fairer and more inclusive European Union*, n.d., available [here](#).

⁴⁹ European Commission, Webpage *European Pillar of Social Rights: 20 principles*, n.d., available [here](#).

⁵⁰ European Parliament, Resolution *The situation of women with disabilities (B8-0547/2018)*, 2018, available [here](#).

⁵¹ European Commission, Staff Working Document *Report on the implementation of the UN Convention on the Rights of Persons with Disabilities (CRPD) by the European Union*, 2020, available [here](#).

⁵² European Union, *Directive (EU) 2019/1158 on work-life balance for parents and carers*, 2019, available [here](#).

⁵³ Unlike European Regulations, which directly apply in all EU member states, European Directives must always be transposed into national law. More information available [here](#).

⁵⁴ European Commission, Newsletter Item *Gender Equality Strategy 2020–2025*, 2020, available [here](#).

stereotypes and discrimination. To address this, the Commission proposed/ called for the adoption of several pieces of legislation, which have been adopted since 2021, including: **The EU Directive on improving the gender balance among directors of listed companies**⁵⁵, and the **Equal Pay Directive**⁵⁶. The latter Directive establishes the right for workers to request information on their individual pay level and average pay levels, broken down by sex, of workers performing the same work as them. To ensure that persons with disabilities also enjoy this right, the Directive mandates that employers must provide any information shared with workers or applicants in an accessible format for persons with disabilities, considering their needs.

As part of the 2021 EPSR AP, in 2024 the **EU Directive on combating violence against women and domestic violence**⁵⁷ was adopted. This Directive includes a provision that requires EU Member States to ensure specific support is provided to victims experiencing intersectional discrimination, including women with disabilities, who are at an increased risk of violence against women or domestic violence. It also requires for support services to have sufficient capacity to accommodate victims with disabilities, considering their specific needs, including personal assistance.

Another initiative of the EPSR AP was the **European Strategy for the Rights of Persons with Disabilities 2021-2030**⁵⁸. Although none of the Strategy's flagship initiatives addressed specifically women with disabilities, it does highlight that women with disabilities are two to five times more likely to face violence than women without disabilities. This was considered in Commission initiatives for **digitalisation of justice systems**⁵⁹, **protection of victim's rights**⁶⁰, and **training for judicial professionals**⁶¹. The Strategy also underlined how women with disabilities often do not receive tailored support in healthcare. Most actions included in the Strategy were delivered by 2025, and new actions until 2030 need to be proposed by the European Commission, expected by mid-2026⁶².

In March 2025, the European Commission published a **Roadmap on Women's Rights**⁶³, setting out the long-term policy objectives to uphold several principles of women's rights and gender equality: Freedom from gender-based violence; The highest standard of health; Equal pay and economic empowerment; Work-life balance and care; Equal employment opportunities and adequate working conditions; Quality and inclusive education; Political participation and equal representation; and Institutional mechanisms that deliver on women's rights. Although the roadmap references women with disabilities once: "*Special*

⁵⁵ European Union, *Directive (EU) 2022/2381 on improving the gender balance among directors of listed companies*, 2022, available [here](#).

⁵⁶ European Union, *Directive (EU) 2023/970 on strengthening the application of the principle of equal pay between men and women for equal work or work of equal value through pay transparency and enforcement mechanisms*, 2023, available [here](#).

⁵⁷ European Union, *Directive (EU) 2024/1385 on combating violence against women and domestic violence*, 2024, available [here](#).

⁵⁸ European Commission, *Communication Union of Equality: The Strategy for the Rights of Persons with Disabilities 2021–2030*, 2021, available [here](#).

⁵⁹ European Commission, *Communication Digitalisation of justice in the European Union: A toolbox of opportunities*, 2020, available [here](#).

⁶⁰ European Commission, *Communication EU Strategy on victims' rights (2020–2025)*, 2020, available [here](#).

⁶¹ European Commission, *Communication Ensuring justice in the EU — a European judicial training strategy for 2021–2024*, 2020, available [here](#).

⁶² European Commission, *Call for Evidence Page Enhancing the strategy for the rights of persons with disabilities up to 2030*, 2025, available [here](#)

⁶³ European Commission, *Communication A Roadmap for Women's Rights*, 2025, available [here](#); European Commission, *Annex Declaration of principles for a gender-equal society to the Communication A Roadmap for Women's Rights*, 2025, available [here](#).

attention must be paid to women facing intersectional discrimination, based on characteristics such as racial or ethnic origin, religion or belief, disability, age, or sexual orientation.”, it does not delve into the specific inequalities experienced by women with disabilities.

According to the European Commission Work Programme 2026⁶⁴, The European Commission expects to publish a **new Gender Equality Strategy for the period of 2026-2030** by the first quarter of 2026, and a **new set of initiatives of the European Strategy for the Rights of Persons with Disabilities 2021-2030** by the second quarter of 2026. Moreover, a new **EPSR AP** is expected by the end of 2025 to further implement the EPSR⁶⁵.

Having observed the existing EU initiatives to overcome the barriers experienced by women with disabilities, and their evolution since 2019, it is possible two perspectives emerge.

Positively, several pieces of legislation to advance women’s rights, such as the Work-life Balance Directive, the Equal Pay Directive and the EU Directive on Combatting Violence Against Women include provisions to ensure that they also include women with disabilities.

However, even if key strategies and documents, such as the Gender Equality Strategy 2020-2025, the European Strategy for the Rights of Persons with Disabilities and the Roadmap on Women’s Rights draw attention towards the intersectional inequalities, discrimination and violence experienced by women with disabilities, they fall short in addressing many of the barriers presented in Section 3. Although the situation has somewhat improved, women and girls with disabilities are still oftentimes neglected in EU legislation and strategies, which is an obstacle to their full participation in society.

Another important drawback presented in EPR’s 2019 Analytical Paper was the lack of data regarding women with disabilities to inform policymaking, with only a few regular publications on the topic (for instance, the European Institute for Gender Equality (EIGE) includes disability in their reports and Gender Index every year). Since then, progress regarding the collection and access of disability-specific data disaggregated by gender has improved, with a new Eurostat Disability-specific database⁶⁶ launched in 2024⁶⁷, complemented by Eurostat’s Disability Statistics online publication⁶⁸, and the European Social Scoreboard⁶⁹ which also offer gender-disaggregated data. Nevertheless, there is still work to be done, as, for instance, none of the data available on the above-mentioned resources are disaggregated by type of disability. It must be noted that, as reported in the past⁷⁰, the definition of disability still varies drastically from country to country and, apart from the broad definition of Disability in the UNCRPD, there is no other harmonised definition of disability in the EU⁷¹. A lack of disaggregated data per type of disability is a missed opportunity for tailored policy measures addressing different types of disabilities, and the specific barriers faced by women with different disabilities.

⁶⁴ European Commission, Communication *Commission work programme 2026 – Europe’s Independence Moment*, 2025, available [here](#).

⁶⁵ European Commission, Initiative Page *The new Action Plan on the implementation of the European Pillar of Social Rights*, n.d., available [here](#).

⁶⁶ Eurostat, *Disability Database*, n.d., available [here](#).

⁶⁷ Eurostat, News Item *Find out more about people with disabilities in the EU*, 2024, available [here](#).

⁶⁸ Eurostat, *Disability statistics*, n.d., available [here](#).

⁶⁹ Eurostat, *Social Scoreboard*, n.d., available [here](#).

⁷⁰ European Parliamentary Research Service (EPRS), In-Depth Analysis *European disability policy: From defining disability to adopting a strategy*, 2017, available [here](#).

⁷¹ European Parliamentary Research Service (EPRS), Briefing *Understanding EU policies for people with disabilities*, 2021, available [here](#).

3. Barriers faced by women with disabilities

As in EPR's 2019 Analytical Paper, this section addresses the barriers that women with disabilities face in four areas, that are often interlinked: education, employment, violence, sexual assault and forced sterilisation, and healthcare. By comparing the situation between 2019 and 2025, this section takes stock of the progress that has taken place in these four areas, and of the remaining challenges and gaps.

3.1 Education

The right of people with disabilities to education is included both under the UN CRPD Art.24⁷² and under the Sustainable Development Goals, Goal 4 as 'ensuring inclusive and equitable quality education and promoting life-long learning opportunities for all'.⁷³ As underlined by the European Strategy for the Rights of Persons with disabilities 2021-2030⁷⁴, education creates the foundations for combatting poverty and to create fully inclusive societies. However, people with disabilities and women with disabilities, experience important barriers to access education.

People with disabilities are more likely to leave school early. In 2022 in the EU, about 19.2 % of young persons with disabilities aged 18-24 were early school leavers, in comparison with 8.6 % for young persons without disabilities⁷⁵. A report by EASNIE⁷⁶ notes that this is due to risk factors at the individual level, e.g. poor academic performance, absenteeism; socio-economic background; the school system, lacking reasonable accommodation; and discrimination and limited accessible vocational pathways.

When disaggregated by gender, it is interesting to note that, in 2022, **less women with disabilities were early school leavers compared to young men with disabilities** (the proportions being 14.1% and 25.5% respectively)⁷⁷. However, in 2022 the rate of women with disabilities being early school leavers was higher compared to the rates women and men without disabilities (7.2% and 10% respectively)⁷⁸. Young persons with severe disabilities had the highest rate of early school leaving (36.8%), compared to young persons with moderate disabilities (8.7%) and persons without disabilities⁷⁹. Between 2019 and 2022, the gap between the number of early school leavers with and without disabilities decreased, but the analysis of data after 2022 will be key to confirm this trend⁸⁰.

Moreover, in 2022, the **number of young persons with disabilities in the EU that were not in education, employment or training (NEET) (27.3%)** was higher than for young persons without disabilities (12%)⁸¹. However, **the number of NEET young women with disabilities was lower than the number of NEET men with disabilities (24.9% and 30% respectively)**, a situation that reversed among

⁷² United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

⁷³ United Nations Regional Information Centre (UNRIC), Webpage *Sustainable Development Goal 4: Quality Education*, n.d., available [here](#).

⁷⁴ European Commission, Communication *Union of Equality: The Strategy for the Rights of Persons with Disabilities 2021–2030*, 2021, available [here](#).

⁷⁵ European Commission, Report *European comparative data on persons with disabilities: Equal opportunities, fair working conditions, social protection and inclusion – analysis and trends: data 2022*, page 44, 2025, available [here](#).

⁷⁶ European Agency for Special Needs and Inclusive Education, Report *Early School Leaving: Literature Review*, 2016, available [here](#).

⁷⁷ European Commission, Report *European comparative data on persons with disabilities: Equal opportunities, fair working conditions, social protection and inclusion – analysis and trends: data 2022*, page 47, 2025, available [here](#).

⁷⁸ Idem, page 47

⁷⁹ Idem, page 47

⁸⁰ Idem, page 49

⁸¹ Idem, page 54

persons without disabilities (14% of women, and 10.1% of men)⁸². NEET rates were also higher among young people with severe disability (53.3%) compared to young people with moderate disabilities (20.2%) and young people without disabilities (12%)⁸³. It has also been observed that, between 2020 and 2022, the percentage of young NEET people with disabilities decreased (from 30.7% to 27.3%), showing improvements⁸⁴.

Regarding adult participation in learning, in 2022, about 20% of persons with disabilities in the EU aged 25-64 participated in education and training during the last 12 months, compared to 26.7% of persons without disabilities⁸⁵. It must be noted that in 2022, in the EU, **21.8% of women with disabilities aged 25-64 declared they had participated in an education programme, a higher rate than for men with disabilities, with 18% of them having participated in education in the past year**⁸⁶. In 2022, the rates of adult education of persons with a severe disability in the EU were lower than for persons with moderate disabilities, and persons without disabilities (12.4%, 23.4% and 26.7% respectively)⁸⁷.

With regards to tertiary or equivalent education, in 2022, only 35% of persons with disabilities in the EU aged 30-34 have completed it, while this figure was 46.6% for persons without disabilities⁸⁸. **Interestingly, more women with disabilities aged 30-34 completed tertiary education than men with disabilities from this range**, the rates being 40.5% and 30.3% respectively⁸⁹. No disaggregated data was found regarding tertiary or equal education by degree of disability. Between 2019 and 2022, the rates of persons with disabilities aged 30-34 and having completed a tertiary or equivalent education in the EU kept increasing (from 33% to 35% respectively)⁹⁰. However, it must be noted that the gap between persons with disabilities and persons without disabilities completing tertiary education has remained stable in the same period⁹¹.

From the above-mentioned statistics it can be concluded that women with disabilities in the EU tend to participate in education more than men with disabilities, with lower rates of early school leaving and NEET, and higher adult learning and tertiary education rates. Nevertheless, as described above, the degree of disability may impact such education pathways of women and girls with disabilities.

Although a positive evolution can be observed in education-related statistics for persons with disabilities, many persons with disabilities in the EU, including women with disabilities, still cannot access inclusive quality education, which can impact their access to the labour market⁹².

From a global perspective, according to United Nations (UN), many children with disabilities have never attended school: On average in 35 countries or areas, 7 per cent of children with disabilities aged 10 to 17 years have never attended school compared to 5 per cent of children without disabilities of the same age⁹³.

⁸² Idem, page 55

⁸³ Idem, page 55

⁸⁴ Idem, page 56

⁸⁵ Idem, page 39

⁸⁶ Idem, page 41

⁸⁷ Idem, page 42

⁸⁸ Idem, page 60

⁸⁹ Idem, page 61

⁹⁰ Idem, page 64

⁹¹ Idem, page 64

⁹² European Disability Forum, *European Human Rights Report 2023*, page 104, 2023, available [here](#); Inclusion Europe, Position Paper *Inclusive Education: Position Paper 2021*, page 4, 2021, available [here](#).

⁹³ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 135, 2024, available [here](#).

The rate of children with disabilities out of school increases the older the child is⁹⁴. **In almost half of the countries studied by the UN, the percentage of out-of-school girls with disabilities is higher than out-of-school boys with disabilities in primary school, and upper-secondary school⁹⁵. When studying lower secondary out-of-school rates, the UN noted that for most countries studied, the lower-secondary out-of-school rate is higher for girls than for boys with disabilities⁹⁶.** Among the countries studied by the UN, 16% of persons without disabilities completed tertiary education, compared to 6% of persons with disabilities⁹⁷. There are different reasons why persons with disabilities do not attend school, including economic reasons, stigma, lack of accessibility of schools, lack of accessible transport to and from school and because of family pressure⁹⁸.

According to UN⁹⁹, the Covid-19 pandemic also had a crucial impact in education systems, abruptly disrupting them and posing major challenges to provide continuous access to education for children and adolescents with disabilities. Due to nationwide school closures and remote instruction becoming the only way for many to continue education, many students with disabilities found themselves at home and without the necessary personal and technological support to make learning possible and effective. At the global level, One in five students with disabilities dropped out during the pandemic; nine in ten students with disabilities did not have a computer at home that was accessible and useful for their learning¹⁰⁰. Many families did not have the financial security to make the needed investments in support and ICT. Almost half of households with children with disabilities did not receive financial support during school closures to cover these additional costs¹⁰¹. This reflects the importance of fostering resilient education systems that do not leave behind persons with disabilities in times of crisis.

3.2 Employment

The right to work on an equal basis with others and the right to ‘just and favourable conditions of work’ are recognised in Article 7 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)¹⁰² and in Article 27 of the UN CRPD¹⁰³, which recognises the right of persons with disabilities to ‘the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible’. The UN CRPD Committee’s General Comment 8 on the right of persons with disabilities to work and employment¹⁰⁴ underlines how ‘discrimination, such as denial of reasonable accommodation, inaccessible workplaces and harassment pose further obstacles to employment in an open labour market’. People with disabilities face a wide range of barriers to their labour market participation, including structural accessibility issues, disability-related stereotypes, and gaps in inclusive employment policies¹⁰⁵. Research emphasises that unemployed persons with disabilities report lower levels of optimism, which underlines the impact employment has not only in addressing ongoing

⁹⁴ Idem, page 136

⁹⁵ Idem, page 138 and 141

⁹⁶ Idem, page 139

⁹⁷ Idem, page 146

⁹⁸ Idem, page 141

⁹⁹ Idem, page 159

¹⁰⁰ Idem, Page 159

¹⁰¹ Idem, Page 159

¹⁰² Office of the United Nations High Commissioner for Human Rights (OHCHR), Treaty *International Covenant on Economic, Social and Cultural Rights*, 1966, available [here](#).

¹⁰³ United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

¹⁰⁴ UN Committee on the Rights of Persons with Disabilities, *General Comment General Comment No. 8 (2022) on the right of persons with disabilities to work and employment*, 2022, available [here](#).

¹⁰⁵ Eurofound, *Report Living and working in Europe 2024*, pages 5-6, 2024, available [here](#).

labour shortages, but in improving the quality of life of persons with disabilities¹⁰⁶. As underlined by the European Strategy for the Rights of Persons with Disabilities 2021-2030, employment is essential for persons with disabilities to have economic autonomy and social inclusion¹⁰⁷.

According to an ILO study, people with disabilities worldwide are less likely to **participate in the labour market**¹⁰⁸ than those without: on average across countries, having disabilities decreases the likelihood of labour market participation by 29% for men, and 20% for women¹⁰⁹. In the EU, 21.8% of people aged 15 to 64 years without a disability were outside the labour force in 2024¹¹⁰. This share was higher for people with some disability (35.0%) and much higher still for people with a severe disability (67.7%). **For people without a disability or with some disability, women were more likely than men to be outside the labour force. For people with a severe disability the reverse was observed, with higher shares for men**¹¹¹.

At the global level, 27% of people with disabilities are **employed** compared to 56% of persons without disabilities¹¹². In all regions of the world, women with disabilities are the least likely to be employed. On average, their employment to population rate (which is 23%) is lower than for men with disabilities (34%), women without disabilities (46%) and men without disabilities (67%). In the EU¹¹³, in 2022, while 76.3% of persons without disabilities between 20-64 in the EU were in employment, only 54.3% of persons with disabilities in that age range were employed. **Moreover, women with disabilities have the lowest employment rate, with only 51.03% of them in employment compared to 58.1% of men with disabilities, 70% of women with disabilities, and 83% of men without disabilities**¹¹⁴. Key barriers to the employment of persons with disabilities include a lack of adequate labour market inclusion and retention measures for persons with disabilities, the lack of adequate skills, as well as overall lack of awareness about legal obligations and policy support measures amongst employers¹¹⁵.

In the EU, the **Disability Employment Gap**¹¹⁶ in 2024 was 24.0%. While between 2019 and 2023 the Disability Employment gap decreased and stabilised (from 24.4% in 2019 to 21.4 in 2023), the gap increased again in 2024. While no studies analyse yet the reasons for this increased disability employment

¹⁰⁶ Idem, Page 6

¹⁰⁷ European Commission, Communication *Union of Equality: The Strategy for the Rights of Persons with Disabilities 2021–2030*, 2021, available [here](#).

¹⁰⁸ The labour force participation rate comprises the share of working age population of working age who are employed and those who are unemployed. The term unemployment includes all working-age persons that are not in employment but carry out activities to seek employment in a recent period, or are available to take up employment given a job opportunity. More information on the definitions is available [here](#).

¹⁰⁹ International Labour Organization, Working Paper A study on the employment and wage outcomes of people with disabilities, page 14, 2024, available [here](#).

¹¹⁰ Eurostat, Statistics Explained Article *Disability statistics – unemployment and people outside the labour force*, 2025, available [here](#).

¹¹¹ Idem

¹¹² United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 237, 2024, available [here](#).

¹¹³ European Commission, Report *European comparative data on persons with disabilities: Equal opportunities, fair working conditions, social protection and inclusion – analysis and trends: data 2022*, page 86, 2025, available [here](#).

¹¹⁴ Idem

¹¹⁵ European Commission, Council of the EU, Report *Joint Employment Report 2025*, page 61, 2025, available [here](#).

¹¹⁶ The disability employment gap is defined as the difference between the employment rates of people with no and those with some or severe limitation in their daily activities, aged 20-64. More information available in the Social Scoreboard website available [here](#).

gap in depth, a UN Report¹¹⁷ underlines how the use of Artificial intelligence for the recruitment and management of candidates is an emerging challenge, as they are not designed to include the perspectives and presence of persons with disabilities.

In OECD countries, persons with disabilities are significantly more likely to **work part-time**, and in 32 countries, one in five persons with disabilities work part-time compared with one in ten among people without disabilities¹¹⁸. The reasons why include difficulties in accessing full-time employment, and a preference of persons with disabilities for part-time employment¹¹⁹. It is noticeable that at the EU-level no the only data regarding in the Eurostat database on disability on the type of contracts of persons with disabilities (if they are part-time or full-time) is from 2011 (showing that while 31.32% of women with disabilities worked part-time, this was only the case for 7.89% of men with disabilities).

The ILO states that persons with disabilities are more likely than others to work in elementary occupations: on average, 24% of employees with disabilities work in elementary occupations compared to 16% for employees without disabilities¹²⁰. **Looking at Eurostat data¹²¹ from 2024, in the EU women with disabilities are the group of workers performing elementary occupations (accounting for 14% of employed women with disabilities), compared to men with disabilities (9.57% of employed men with disabilities), women without disabilities (8.82%), and men without disabilities (6.99%).**

Additionally, women with disabilities are also the least likely to be managers (only 3.05% of employed women with disabilities are), compared to 4.69% of men with disabilities, 4.29% of women without disabilities, and 6.54% of men without disabilities.

Persons with disabilities experience a pay gap. According to the ILO, at the global level, persons with disabilities earn 12% less per hour than their counterparts without disabilities¹²². At the EU level, in 2022, persons with disabilities earned on average 8.8% less than persons without disabilities¹²³. However, it must be noted that the disability pay gap decreased in the EU for all age groups studied between 2019 and 2022¹²⁴. **In addition, women with disabilities earn 8.5% less than men with disabilities.** The equivalent gender pay gap among persons without disabilities is 17%. The pay gap is also different among persons with moderate disabilities (7.1%) and persons with severe disabilities (21.5%).

According to the ILO¹²⁵, three quarters of the difference in wages between persons with and without disabilities is not explained by educational attainment, age and occupation. Some factors that may impact this gap include possible limitations to the productivity of people with disabilities as a result of a mismatch between their capacities and the requirements of their jobs; trade-offs between greater job flexibility or work-place accommodations for workers with disabilities and the level of their wages; and

¹¹⁷ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 241, 2024, available [here](#).

¹¹⁸ OECD, Report *Disability, Work and Inclusion: Mainstreaming in All Policies and Practices*, page 44, 2022, available [here](#).

¹¹⁹ Idem

¹²⁰ International Labour Organization, Working Paper *A study on the employment and wage outcomes of people with disabilities*, page 22, 2024, available [here](#).

¹²¹ Eurostat, Dataset *Employed persons by level of disability (activity limitation) and occupation*, 2024, available [here](#).

¹²² International Labour Organization, Working Paper *A study on the employment and wage outcomes of people with disabilities*, page 124, 2024, available [here](#).

¹²³ European Commission, Report *European comparative data on persons with disabilities: Equal opportunities, fair working conditions, social protection and inclusion – analysis and trends: data 2022*, page 75, 2025, available [here](#).

¹²⁴ Idem

¹²⁵ International Labour Organization, Working Paper *A study on the employment and wage outcomes of people with disabilities*, page 124, 2024, available [here](#).

discrimination against this population group¹²⁶. Discrimination may occur simply because employers have negative attitudes towards people with disabilities, or because they infer the ability of a candidate with disabilities from the perceived average ability of people with disabilities¹²⁷.

According to EIGE, the combination of women's shorter working time and lower earning potential due to part-time work, lower pay and career breaks due to caregiving responsibilities has an impact on their pensions, leading to a 25% **gender pension gap** in the EU¹²⁸. However, no specific data exists at the EU level on the pension gap of women with disabilities, which would be an important indicator to study to understand the situation of women with disabilities.

It is also worth noting how, globally, the **Covid-19 crisis** exacerbated the barriers experienced by persons with disabilities to secure and maintain employment¹²⁹. The pandemic caused a shock to labour markets, with many companies pausing recruitment or restructuring existing workforces¹³⁰. **According to the UN, on average, the percentage of employed persons with disabilities decreased by 11% for persons with disabilities and 7% for persons without disabilities from 2019 to 2020, and the negative impact was greater on women with disabilities than on men with disabilities**¹³¹. During the pandemic, working from home posed a difficulty for persons with disabilities due to the absence of equipment and support available in the workplace, increasing the risks of losing their incomes and jobs¹³². While the pandemic accelerated the process of digitalisation of the economy and the world-of-work and this could bring opportunities for persons with disabilities (including digital labour platforms offering new income-generating opportunities to workers, and offering flexible work arrangements), in practice 49% of workers with disabilities faced barriers to work online or by telephone.¹³³

In sum, it is possible to observe that, while women and girls with disabilities in the EU participate more and for longer periods in education than men with disabilities, they still experience increased barriers to employment such as lower employment rates, performing more elementary occupations, and experiencing a pay gap. This indicates there are limitations in the available pathways to employment of women with disabilities. Furthermore, while key improvements have taken place in recent years, like a reduction of the gender pay gap among persons with disabilities, work still needs to be done to eliminate such a pay gap (not only between men and women with disabilities, but between persons with and without disabilities), and to tackle the recently increased disability employment gap, the gender employment gap among persons with disabilities and the vulnerability experienced by persons with disabilities, and in particular women with disabilities, in case of an economic shock such as the Covid-19 pandemic.

¹²⁶ Kruse, Douglas, Lisa Schur, Sean Rogers, and Mason Ameri. 2018. "Why Do Workers with Disabilities Earn Less? Occupational Job Requirements and Disability Discrimination". *British Journal of Industrial Relations* 56 (4): 798–834. Available [here](#).

¹²⁷ Longhi, Simonetta. 2017. *The Disability Pay Gap*. UK Equality and Human Rights Commission. Available [here](#).

¹²⁸ European Institute for Gender Equality (EIGE), Report *Gender Equality Index 2025: Sharper Data for a Changing World*, page 56 and 114, 2025, available [here](#).

¹²⁹ United Nations, Report *Relationship between the realization of the right to work and the enjoyment of all human rights by persons with disabilities*, page 4, 2021, available [here](#).

¹³⁰ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 256, 2024, available [here](#).

¹³¹ Idem, pages 255-256

¹³² United Nations, Report *Relationship between the realization of the right to work and the enjoyment of all human rights by persons with disabilities*, page 4, 2021, available [here](#).

¹³³ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 256, 2024, available [here](#).

As explained by the European Commission, any discrimination in the labour market may explain high rates of poverty¹³⁴. **While 28.8% of persons with disabilities were at risk of poverty in the EU in 2023, 10% higher than for persons without disabilities, such rate was higher for women with disabilities than for men with disabilities (29.8% compared to 27.6%)**¹³⁵. Tackling the above-mentioned issues will therefore be essential to work towards eradicating poverty experienced by persons with disabilities, and particularly women with disabilities.

3.3 Violence, sexual assault, forced sterilisation

Article 16 of the UNCRPD¹³⁶ states that persons with disabilities have the right to freedom from exploitation, violence and abuse, including their gender-based aspects. This is also reflected in Goal 5 of the UN Sustainable Development Goals, on achieving gender equality and empowering all women and girls, with a specific target (target 5.2) to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation¹³⁷.

However, as described in Section 1.1, persons with disabilities continue to face a heightened risk of violence and abuse in their home environment and in institutions, in particular women, older persons and children with disabilities¹³⁸. Moreover, persons with disabilities are also targeted by hate speech and bullying, including in education institutions, and human traffickers exploit the vulnerabilities of persons with disabilities for the purpose of sexual exploitation, forced begging and sham marriages¹³⁹¹⁴⁰.

Women with disabilities experience **double discrimination**¹⁴¹ due to their gender and their disability which places them at a higher risk of gender-based violence, sexual abuse, neglect, mistreatment and exploitation. In the EU, **women with disabilities are two to five times more likely to face violence than women without disabilities**¹⁴².

Women with disabilities are at particular risk of **sexual violence**, with 13% of women with disabilities compared to 10% of women without disabilities having experienced sexual violence at least once in their lifetime at the global level¹⁴³. In the EU, 34% of women with a health problem or a disability have experienced physical or sexual violence by a partner in their lifetime¹⁴⁴.

¹³⁴ European Commission, Report *European comparative data on persons with disabilities: Equal opportunities, fair working conditions, social protection and inclusion – analysis and trends: data 2022*, page 136, 2025, available [here](#).

¹³⁵ European Commission, Council of the EU, Report *Joint Employment Report 2025*, page 91, 2025, available [here](#).

¹³⁶ United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

¹³⁷ United Nations Regional Information Centre (UNRIC), Webpage *Sustainable Development Goal 5: Achieve gender equality and empower all women and girls*, n.d., available [here](#).

¹³⁸ European Commission, Communication *Union of Equality: The Strategy for the Rights of Persons with Disabilities 2021–2030*, page 18, 2021, available [here](#).

¹³⁹ Idem

¹⁴⁰ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 167, 2024, available [here](#).

¹⁴¹ UN Women, Policy Paper *30 years of Beijing Platform for Action: An intersectional approach to gender and disability inclusion*, page 5, 2025, available [here](#).

¹⁴² European Parliament, Resolution *European Parliament resolution of 11 December 2018 on the situation of fundamental rights in the European Union in 2017 (2018/2103(INI))*, 2018, available [here](#).

¹⁴³ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 167, 2024, available [here](#).

¹⁴⁴ European Parliament, Resolution *European Parliament resolution of 11 December 2018 on the situation of fundamental rights in the European Union in 2017 (2018/2103(INI))*, 2018, available [here](#).

Women with disabilities are **not only subjected to the same violence, exploitation and abuse against women, but are also subject to specific forms of violence**, such as the denial of food or water, or threat of any of these acts; removing assistance dogs or assistive devices; restricting access to others; forced medical procedures or interventions without free and informed consent, including in the context of sexual and reproductive health such as forced or coerced sterilisation or contraception; economic exploitation, neglect, humiliation, concealment, abandonment, abuse, including sexual abuse and sexual exploitation by state and non-state institutions, within the family or the community; and infanticide¹⁴⁵.

According to ONCE Foundation, EPR Member, and as further developed in section 4.1, **women with disabilities are who have been victims of gender-based violence have experience vulnerability** due to a damaged self-esteem, reduced self-defence, social invisibility, accessibility barriers, economic dependence and fear of losing their children.

Forced sterilisation is considered a form of violence against women and girls with disabilities as contained in the UN CRPD (Articles 12,17,23,25)¹⁴⁶. It can be defined¹⁴⁷ as a process resulting in a permanent incapacity of natural reproduction. This process is forced when a person undergoes sterilisation without their knowledge or consent or after expressly refusing it, or if the sterilisation takes place in the absence of a serious and immediate threat or risk to health and life. Sterilisation is coerced when the person is compelled to accept sterilisation by their family and/or medical professionals, or when it is required by policies or legislation to have access to services or changes in legal documents. **Although forced sterilisation means depriving women and girls with a disability of their sexual and reproductive rights, as of September 2022, it is still authorised by the legislation of 14 EU Member States**¹⁴⁸. There is a lack of transparency and data from Member States about the number of persons who have undergone forced sterilisation and to determine if the practice is increasing or decreasing, but reports from civil society organisations show that this practice continues in several EU Member States¹⁴⁹.

Although women and girls with disabilities are at higher risk of violence than others, they have less access to both mainstream and support services, and to justice due to the denial of their privacy and obstacles to their freedom of movement; denial of decision-making and autonomy; obstacles to their access to information about available assistance; and a lack of recognition by national laws of their legal capacity¹⁵⁰. **Targeted programmes and services to eliminate violence against women and girls with disabilities (e.g. awareness-raising, training and education opportunities) have at the core of their practice to create opportunities to empower women out of the situation of violence they are in** but are not always available¹⁵¹. Also, programmes to address violence against women, regardless of if they have a disability or not (e.g. shelters for victims of violence), often suffer from a lack of investment in specific support services for women with disabilities¹⁵². Moreover, the justice system, gender-based violence prevention and protection services, and information about them are largely inaccessible to women and girls with disabilities¹⁵³.

¹⁴⁵ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 168, 2024, available [here](#).

¹⁴⁶ United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

¹⁴⁷ European Disability Forum, Report *Forced sterilisation of persons with disabilities in the European Union*, page, 8, 2022, available [here](#).

¹⁴⁸ Idem, page 12

¹⁴⁹ Idem, page 14

¹⁵⁰ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 168, 2024, available [here](#).

¹⁵¹ Idem, page 168

¹⁵² Idem, page 168

¹⁵³ Idem, page 168

ONCE Foundation underlines several barriers experienced by services for women with disabilities who are victims of gender-based violence, including:

- **Invisibility** of the reality of women with disabilities, especially in rural areas, which remains largely unknown and underrepresented, making it difficult to design responsive and inclusive services.
- Women often face **revictimisation** when seeking help from institutional resources, particularly those with intellectual and psychosocial disabilities, due to inadequate protocols.
- **Accessibility barriers**, both physical and attitudinal, prevent women from accessing support services and resources on equal terms.
- There is a pressing need to improve the **training of professionals** in public institutions, particularly in the areas of gender-based violence prevention and gender equality, to ensure they can adequately support and respond to the needs of women with disabilities.

The support of family members, caregivers and community members is often essential for women with disabilities to access gender-based violence services. **However, in many cases, such support-persons are themselves the perpetrators of sexual and gender-based violence.** This is an important barrier for women with disabilities to access gender-based violence services, especially if they are reliant on the perpetrator for income, housing and other support¹⁵⁴.

As already mentioned in section 1.1, the safety of women with disabilities during the **Covid-19 pandemic** worsened¹⁵⁵, as they were more likely than women without disabilities to not feel safe at home¹⁵⁶. During lockdowns, a key cause of this worsening was the lack of the usual support services, and the fact that perpetrators perceived that women with disabilities would not be able to leave and resist abuse¹⁵⁷¹⁵⁸.

The situation presented in this section is similar to what was presented in EPR's 2019 Analytical Paper, which shows a perpetuation of violence against women with disabilities, and a lack of collection of key data at the EU level, such as on forced sterilisation. Additionally, the worsening of the violence experienced by women with disabilities during the Covid-19 pandemic highlighted the existing gaps in the system to ensure their safety. It also stressed the importance of overcoming them, and to ensure that crisis-management measures include the perspectives of vulnerable groups, such as women with disabilities.

3.4 Access to healthcare

As the WHO affirms, 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'¹⁵⁹. The EU Charter of Fundamental Rights includes that 'everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all the Union's policies and activities'¹⁶⁰. Article 25 of the

¹⁵⁴ Idem, page 169

¹⁵⁵ United Nations Population Fund (UNFPA) & Women Enabled International (WEI), Report *The Impact of COVID-19 on Women and Girls with Disabilities*, page 16, 2021, available [here](#).

¹⁵⁶ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 184, 2024, available [here](#).

¹⁵⁷ Idem, page 184

¹⁵⁸ United Nations Population Fund (UNFPA) & Women Enabled International (WEI), Report *The Impact of COVID-19 on Women and Girls with Disabilities*, page 17, 2021, available [here](#).

¹⁵⁹ World Health Organization, Report *WHO global disability action plan 2014–2021: Better health for all people with disability*, 2015, available [here](#).

¹⁶⁰ European Parliament, *Charter of Fundamental Rights of the European Union*, 2000, available [here](#).

UN CRPD recognises the right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability¹⁶¹.

Persons with disabilities often have increased needs for healthcare as they need to access general healthcare services and disability-related healthcare services¹⁶². **Nevertheless, persons with disabilities face more barriers to accessing and using healthcare and have greater unmet healthcare needs than persons without disabilities**¹⁶³.

According to EIGE¹⁶⁴, **in 2024, people with disabilities were less likely to report good health, and women with disabilities were the least likely to do so** (only 16% of them did), compared to men with disabilities (18%), women without disabilities (83%), and men without disabilities (85%). However, it is worth pointing out that the gender gap of self-perceived health decreased between 2015 and 2024 for persons with disabilities and without disabilities¹⁶⁵.

When it comes to **unmet medical needs of persons with disabilities, Eurofound reported that, in 2024, gender was a key determinant with 42% of women with disabilities having unmet medical needs**, compared to 36% of men with disabilities, 18% of women without disabilities, and 15% of men without disabilities¹⁶⁶.

While some of the differences in health outcomes among persons with disabilities can be referred to as inequalities (differences that can be explained to some extent by the underlying health condition or impairment), a significant proportion of the health outcomes between persons with and without disabilities are linked to unjust or unfair factors that are avoidable and cannot be explained by the underlying health condition or impairment, also known as health inequities¹⁶⁷. **Such inequities pose barriers for persons with disabilities to exercise their right to the highest attainable standard of health, by leading to premature deaths or higher rates of acquiring new health conditions of persons with disabilities, often driven by reduced access to healthcare and rehabilitation services**¹⁶⁸.

Barriers to healthcare experienced by persons with disabilities¹⁶⁹ can be **attitudinal**, including healthcare professionals not treating with dignity and respecting their autonomy; **physical** such as the absence of auditory and visual cues, working elevators or ramps, automatic doors, hallways or doors wide enough to accommodate people using mobility devices, handrails, accessible parking, appropriate signage, adapted bathrooms or adjustable height furniture (like examination beds, chairs or equipment); **communication** barriers, including lack of accessible information, training of healthcare professionals in appropriate and respectful communication with people with disabilities, and inaccessible digital health environments; **transportation and geographical barriers**, linked to the availability of services, distance to health centres and a lack of accessible transport; **policy barriers** include health policies not always being disability inclusive; and **financial barriers**, which impact persons with disabilities in a direct way, as

¹⁶¹ United Nations, *UN Convention for the Rights of Persons with Disabilities (UNCRPD)*, 2006, available [here](#).

¹⁶² World Health Organization Regional Office for Europe, *The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030*, page 4, 2022, available [here](#).

¹⁶³ *Idem*, page 4

¹⁶⁴ European Institute for Gender Equality (EIGE), Report *Gender Equality Index 2025: Sharper Data for a Changing World*, page 100, 2025, available [here](#).

¹⁶⁵ *Idem*, page 100

¹⁶⁶ Eurofound, Article *Respondents with disabilities hit harder by unmet medical needs*, 2025, available [here](#).

¹⁶⁷ World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, pages 16–17, 2022, available [here](#).

¹⁶⁸ *Idem*, pages 17–18

¹⁶⁹ World Health Organization Regional Office for Europe, *The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030*, page 4–5, 2022, available [here](#).

they may reduce their ability to pay for medication, therapies or rehabilitation services, and in an indirect way by reducing their ability to afford heating or food.

Furthermore, women with disabilities are less likely to attend key medical checkups such as breast cancer and cervical cancer screenings¹⁷⁰. One key barrier to breast health for women identified by with disabilities, is non-accessible medical equipment and facilities¹⁷¹. According to a recent study by the European Commission, women with disabilities were more likely than men to be excluded from cancer screening¹⁷².

The UN¹⁷³ underlines that **persons with disabilities persistently experience a lack of access to information about their reproductive rights, and about sexual and reproductive health and related services**. Consequently, persons with disabilities, and in particular individuals with intellectual disabilities end up with low levels of sexuality education, and sexual and reproductive health knowledge. **Stigma and stereotypes significantly limit access to sexual and reproductive healthcare by persons with disabilities and the realisation of their reproductive rights**, with relatives, teachers and healthcare providers often feeling anxious, not trained, and a lack of confidence about discussing sexuality with them¹⁷⁴. According to the UN, there is also a prevalent assumption that persons with disabilities are either non-sexual or hypersexual¹⁷⁵. Women and girls with disabilities experience **stigma and stereotypes about sexuality, which leads to their exclusion from sexuality education programmes by parents, guardians or teachers**¹⁷⁶. Stereotypes include the false beliefs that girls and young women with disabilities can be targeted for exploitation and abuse, are unsuitable for marriage, and are unable to manage their fertility or raise children¹⁷⁷. In addition, women with disabilities face **barriers to access family planning**¹⁷⁸ and, when it comes to maternal health, **21% of births of mothers with disabilities are not attended by a skilled health worker, compared to 19% for women without disabilities**¹⁷⁹.

The **Covid-19 pandemic** exacerbated existing barriers and created new ones regarding the access to healthcare for persons with disabilities. According to the European Commission¹⁸⁰, in the EU, a disproportionate number of people with disabilities died compared to people without disabilities. People

¹⁷⁰ Andiwijaya FR DC, Bessame K, Ndong A, and Kuper H. 2022. *Are breast and cervical cancer screening uptake lower among women with disabilities? A systematic review and meta-analysis*. Int J Environ Res Public Health, in press. Available [here](#); Welch Saleeby, Patricia, and Josalin Hunter-Jones, 2016, Article *Identifying Barriers and Facilitators to Breast Health Services among Women with Disabilities*, Social Work in Public Health, 31(4), 255–263. Available [here](#); Breast Cancer Now, Article *Improving breast screening for women with physical disabilities*, 2026, available [here](#).

¹⁷¹ Welch Saleeby, Patricia, and Josalin Hunter-Jones, 2016, Article *Identifying Barriers and Facilitators to Breast Health Services among Women with Disabilities*, Social Work in Public Health, 31(4), 255–263. Available [here](#).

¹⁷² European Commission, Report *Study report on people with disabilities regarding their access to screening programmes, diagnoses and treatment for cancer, barriers in accessibility and affordability of cancer care for disabled patients, and differences in the quality of care they receive*, page 24, 2025, available [here](#).

¹⁷³ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 119, 2024, available [here](#).

¹⁷⁴ Idem, page 120

¹⁷⁵ Idem, page 120

¹⁷⁶ Idem, page 119

¹⁷⁷ Idem, page 120

¹⁷⁸ Idem, page 124

¹⁷⁹ Idem, page 124

¹⁸⁰ European Commission, Report *COVID-19 and people with disabilities in Europe: Assessing the impact of the crisis and informing disability-inclusive next steps. Synthesis report with input from the country experts of the European Disability Expertise (EDE)*, page 33, 2021, available [here](#).

with disabilities living in institutional or communal care settings¹⁸¹ and persons with intellectual disabilities¹⁸² became more vulnerable, experiencing higher infection and death rates. Moreover, **women and girls with disabilities were directly affected and disproportionately disadvantaged due to the increased risk of infection, morbidity and mortality**¹⁸³. The measures taken to manage the pandemic, such as lockdowns, physical distancing, school closures, disruptions to health services, and prioritisation of health services hampered access to regular health consultations, medication, psychosocial support, rehabilitation, including assistive technology provision, as well as personal assistance and home and school-based support services, thus heavily impacting the independence and autonomy of persons with disabilities¹⁸⁴. Persons with disabilities experienced difficulties to accessing timely and equal medical attention due to a lack of accessible information about symptoms and primary steps in case of infection, inaccessible transportation, lack of financial resources, lack of personal assistance, lack of access to Covid-19 testing, lack of access to personal protective equipment, and to discriminatory practices in Covid-19 treatment in health facilities¹⁸⁵. With regards to sexual and reproductive health, the pandemic led to service disruptions that affected access to abortion, contraceptives and testing for HIV and sexually transmitted infections which, compounded with school closures and lockdowns exacerbated existing barriers to access information and services¹⁸⁶.

Similarly to what was described in EPR’s 2019 Analytical Paper, women with disabilities continue to face increased barriers to access healthcare services, with higher unmet healthcare needs and lower self-reported good health than other groups. They also continue key barriers to access regarding sexual and reproductive healthcare. Furthermore, the Covid-19 pandemic not only underlined the existing challenges persons with disabilities, and in particular women with disabilities, experience when it comes to access to healthcare, but also showed the need for stronger inclusive healthcare systems and preparedness strategies that include a gender perspective, and that consider and mitigate the impact of crises on persons with disabilities.

4. Services for women with disabilities

EPR members strive to provide high quality services addressed to people with disabilities. Although most services are provided equally to women and men, specific projects and services are developed on issues specifically faced by women and girls with a disability. As such, violence against women with a disability stands out as a key issue that service providers can help to address.

To illustrate this, in this section EPR puts into the spotlight a good practice from its membership that focuses on empowering women with disabilities, and specifically, those who have been exposed to gender-based-violence.

4.1 Case Study: “Women in ON Mode” – ONCE Foundation, Spain

In 2020, Once Foundation and Inserta Empleo (ONCE Foundation’s specialised training and employment services) launched “Mujeres en Modo ON-VG” (Women in ON Mode) to empower Women with Disabilities

¹⁸¹ Idem, page 34; World Health Organization (WHO), Report *Global report on health equity for persons with disabilities*, pages 16-35, 2022, available [here](#).

¹⁸² Idem, page 35

¹⁸³ Idem, page 35

¹⁸⁴ Idem, page 36

¹⁸⁵ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 109, 2024, available [here](#).

¹⁸⁶ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 131, 2024, available [here](#).

who are Victims of Gender Violence through training, employment, and entrepreneurship. This project is co-financed by the European Social Fund, under the Spanish “Operational Programme for Social Inclusion and Social Economy” (Programa Operativo de Inclusión Social y Economía Social).

This initiative emerged from a **process of observation and active listening** of women with disabilities who were part of Inserta Empleo. Within the standard employment services for persons with disabilities, guidance professionals identified cases where, alongside disability and gender, another layer of social exclusion appeared: being a victim of gender-based violence.

From 2017, data on the women who were victims of gender-based violence was collected based on self-disclosure by the women using the services, which allowed Inserta Empleo and ONCE Foundation to identify areas where targeted support was needed.

According to ONCE Foundation, women with disabilities who are victims of gender-based violence experience increased vulnerability for several reasons:

- **Damaged self-esteem:** Early experiences of harassment and bullying significantly affect confidence from childhood.
- **Reduced self-defence:** Physical or cognitive limitations make it easier for abusers to manipulate and control.
- **Social invisibility:** Society strips women with disabilities of capacity for loving relationships, which makes it harder to be believed when reporting.
- **Accessibility barriers:** Lack of sign language interpreters, Braille forms, or easy language creates obstacles to reporting.
- **Economic Dependence:** Abusers use disability to justify keeping victims out of labour market, ensuring financial control.
- **Fear of Losing Children:** Women fear being deemed "incapacitated" to care for children, with custody given to abuser.

Moreover, as described by Fundación ONCE’s published study¹⁸⁷, women participating in the Women in ON Mode project have experienced all kinds of violence against women: psychological violence, physical violence, economic violence, sexual violence and vicarious violence. In particular, psychological violence, through control and emotional abuse, affects 91% of women with disabilities.

Then, in 2020, they developed a more intensive support methodology, enabling more women with disabilities affected by gender-based violence to break free from abuse and begin their Recovery Cycle.

The programme’s 4 key components

1. A personalised intervention methodology, the Recovery Cycle:

The Recovery Cycle focuses on empowerment and employment, while ensuring the confidentiality of all personal data. It aims to foster both personal and professional autonomy among participants, and its ultimate goal is to support their integration into the labour market either through employment or the development of entrepreneurial projects. It consists of a structured three-phase intervention to restore confidence and enable employment readiness:

- i. **Personal development:** focusing on therapeutic care, self-esteem reconstruction and identifying strengths.
- ii. **Professional development:** through job skills training, digital competences, job search strategies and specialised courses.

¹⁸⁷ Fundación ONCE, Report *Visibilidad de una realidad oculta a través del dato*, 2023., available [here](#).

- iii. **Labour intermediation and placement:** by connecting candidates with cooperating companies for labour integration.

2. A network of professionals (the Compass Team):

The Compass Network of Professionals are the team of professionals in charge of identifying and reaching out to women with disabilities who are victims of gender-based violence, and who encourage them in participating in individualised pathways within the Recovery Cycle. These professionals are highly qualified in both employment guidance for persons with disabilities and job placement for persons with disabilities, as well as in addressing gender-based violence. These professionals work under a shared knowledge management methodology, which fosters continuous learning and provides an ongoing source of information on new experiences, guidelines, and best practices. They also receive targeted training to address the specific needs they identify in their work with women.

To date, more than 47 Compass professionals have been involved across the country, supported by the broader team of professionals within the organisation. A dedicated network of 21 Compass professionals has been deployed in rural areas, working in collaboration with public and private entities to reach women with disabilities in rural areas who are victims of gender-based violence. This outreach aims to engage them in the project, understand their realities and environments, and address the unique challenges they face in accessing employment.

- 3. A **dynamic evolving project designed** to adapt and create new resources based on needs identified through active listening to the women involved.

To monitor the level of empowerment of participating women, the programme designed and implemented **the ‘Empowerment Measurement Questionnaire’**, which objectively evaluates each woman’s starting point and tracks her progress throughout the various actions and interventions, and helps identify critical factors that directly influence their Recovery Cycle. This tool is based on the five individual empowerment components of Bronfenbrenner’s “Ecological Model on Human Development”.

- 4. **Awareness-raising and fostering collaboration** to amplify the project’s impact.

This is achieved through: First-hand testimonies from the women involved in the initiative; Events and meetings with experts, potential employers, and public and private organisations committed to combating gender-based violence; Information to increase understanding of the intersection between disability and gender-based violence, and to generate new sources of statistical data.

The Women in ON Mode initiative has fostered **partnerships with employers** to promote the employment of the participating women. As part of the project, they have also developed the “**Employer Guide for Supporting Women with Disabilities Who Are Victims of Gender-Based Violence**”¹⁸⁸ in response to needs expressed by Compass professionals and employers who had hired or were interested in hiring women from the program. It was co-created with input from key stakeholders (including employer, Compass professionals, and the women themselves) through focus groups, life stories, and interviews. The guide provides practical recommendations for welcoming and supporting these women in the workplace.

The programme also built strategic partnerships with other key stakeholders, such as organisations specializing in gender-based violence and public entities, to enhance its impact and reach.

Project Results

¹⁸⁸ Inserta Empleo – Fundación ONCE, *Guía de asesoramiento a empresas para fomentar la inserción laboral de mujeres con discapacidad víctimas de violencia de género*, n.d., available [here](#).

When it comes to the project's results, by the end of 2025, **6000 women went through the 'Women in ON Mode' programme across the whole of Spain**. By undergoing the Recovery Cycle, women with disabilities experienced several **improvements in their safety**:

- 75.5% know how the cycle of violence is established and maintained.
- 70% of them are currently safe from immediate threat, and 75.5% have managed to leave the cycle of violence completely.
- For 77.1% the abuser cannot reach them through any channel.
- 64.9%, have no contact with the abuser whatsoever.
- 75.5% of them have established legal protections, and 58.8% have reported their abuser.

Regarding **employment**, 19.1% of participants in 'Women in ON Mode' found jobs through Inserta Empleo, with 13.3% holding permanent contracts.

Regarding **the lack of available data** on the intersection of disability and gender-based violence, and recognizing that data is essential to make this hidden reality visible and drive action, partners launched the study "Visibility Through Data: Women in ON Mode" (Visibilidad de una realidad oculta a través del dato: mujer, discapacidad y violencia de género)¹⁸⁹, between 2022 and 2023. The study was based on information collected since 2020 through direct support provided to women participating in the project. Data was gathered using the intervention methodology and the "Case Assessment File", completed for each woman.

Anonymised data gathered in the project is also analysed and made publicly available through the Observatory on Disability and the Labor Market in Spain (ODISMET), where a new open-access data bank on women with disabilities and gender-based violence¹⁹⁰ was created.

5. Conclusions

The United Nations affirms that many countries still address gender and disability issues separately without focusing on the intersection between the two in key areas such as gender equality law and disability law, domestic violence or gender-based violence laws, labour, or health¹⁹¹.

Women and girls keep being discriminated against based on their gender in the EU and worldwide. People with disabilities still are not equal to others nor enjoy the same rights and active inclusion in society. Women and girls with disabilities experience a double discrimination based on gender and on their disability that makes it twice as hard to be equal to others and hinder their access to education, their employability and their access to healthcare. Moreover, women and girls with a disability are at higher risk of experiencing violence.

EU policies addressed at combating and eradicating this discrimination prove to be at present insufficient since this discrimination remains at EU level. More efforts should be put in place to have specific policies addressed at women and girls with a disability to ensure their equal participation and active inclusion, backed up by sufficient funding and monitoring mechanisms. Sharing good practices can help guide Member States on this task.

Even if there is still a long way to go until achieving equality, upcoming opportunities, such as the new actions of the European Strategy for the Rights of Persons with Disabilities 2021-2030 and the new

¹⁸⁹ Fundación ONCE, Report *Visibilidad de una realidad oculta a través del dato*, 2023., available [here](#).

¹⁹⁰ ODISMET – Observatorio sobre Discapacidad y Mercado de Trabajo (Fundación ONCE & Inserta Empleo), Webpage *Mujeres con discapacidad y violencia de género (Mujeres en Modo ON-VG)*, n.d., available [here](#).

¹⁹¹ United Nations Department of Economic and Social Affairs (UN DESA), Report *UN Flagship Report on Disability and Development 2024*, page 187, 2024, available [here](#).

European Pillar of Social Rights Action Plan, and the continuous implementation of the UN CRPD are opportunities not to be missed.

6. Recommendations

- The **European Strategy for the Rights of Persons with Disabilities 2021-2030** included actions in the areas of access to education and skills development, employment, justice and healthcare of persons with disabilities, as well as ensuring their safety and protection, however most of them do not tackle the specific situation of women with disabilities and their barriers. Therefore, within the upcoming actions of the strategy until 2030 different opportunities arise to include a gender perspective in these areas:
 - Regarding **education, skills development and employment** as underlined in section 3.2, it seems that while women with disabilities tend to remain for longer in education, there is still an employment gap among men and women with disabilities. This points out that women with disabilities may be experiencing barriers in their pathways towards employment. Therefore, it would be advisable to study this phenomenon as part of the Disability Employment Package.
 - The European Commission proposed the development of guidance for Member States on **access to justice** for persons with disabilities in the EU. The status of this deliverable is still “ongoing”¹⁹². As part of the next actions of the Disability Strategy, the European Commission should complete such a guidance and ensure that it includes the perspective of women with disabilities, who as they experience more and intersecting violence.
 - With regards to **healthcare**, the European Commission should put in the spotlight the barriers faced by persons with disabilities, and in particular women with disabilities, as well as good practices at the national and local level through awareness-raising to reduce discrimination towards women with disabilities in healthcare. In addition, the European Commission should further study the barriers experienced by women with disabilities when it comes to sexual and reproductive healthcare and promote supporting women with disabilities to make their own decisions, when it comes to medical treatment and sexual and reproductive healthcare. In particular, the European Commission should call for Member States to abolish laws allowing for forced or coerced reproductive health interventions, therefore guaranteeing free and informed consent for women with disabilities.
 - New actions of the strategy should foster the **collection of key data** that is currently unavailable, including data on the number of people with disabilities working part-time, the gender pension gap among persons with disabilities, data about the number of women with disabilities in Europe who are victims of gender-based violence, as well as data about the number of women who have undergone forced sterilisation.
- The **new European Pillar of Social Rights Action Plan (EPSR AP)** is also an opportunity to:
 - **Strengthen data collection** to back up policy initiatives and funding programmes aiming to improve the inclusion and equal opportunities for women with disabilities. It must be noted that the European Social Scoreboard, aiming to monitor the progress of the EPSR only includes the disability employment gap as a relevant indicator for the inclusion of people with disabilities. It would be essential for more indicators linked to the education, employment, access to health, and access to justice of persons with disabilities disaggregated by gender to be included in the Scoreboard and monitored. This would ensure that the indicators from the Social Scoreboard,

¹⁹²European Commission, Webpage *Monitoring framework of the Union of Equality: Strategy for the Rights of Persons with Disabilities 2021–2030*, n.d., available [here](#).

which feed into the European Semester¹⁹³, provide a more comprehensive picture of the experiences of people with disabilities, and in particular, women with disabilities.

- The new EPSR AP should also promote a gender and disability perspective in the **Union of Skills'** actions¹⁹⁴ to ensure women with disabilities acquire the skills they need to enter the labour market. Additionally, it should promote for the upcoming **Quality Jobs Act**¹⁹⁵ to ensure quality jobs for women with disabilities, therefore boosting their employment and equal pay.
- The new EPSR AP must also include concrete measures and monitoring mechanisms to eradicate **violence against women**.
- The upcoming **European Gender Equality Strategy post-2025** must address the discrimination experienced by women with disabilities across the areas of life studied in this paper include the perspective of women with disabilities in all its initiatives. This Strategy is also an opportunity to tackle the violence experienced by women with disabilities, including forced sterilisation, and to call for the collection of missing data on women with disabilities.
- The **EU Strategy on Victims' Rights 2020-2025**¹⁹⁶ should be re-vamped for the period **2026-2030**. It should encourage the European Parliament and Council to conclude negotiations¹⁹⁷ on the proposed Directive updating the 2012 Directive establishing minimum standards on the rights, support and protection of victims of crime. The updating of this piece of legislation presents a key opportunity to include provisions to address the violence experienced by women with disabilities and to ensure accessible services for women with disabilities being victims of gender-based violence. Moreover, a re-vamped strategy on victim's rights would be an opportunity to raise awareness about the experiences of women with disabilities who have suffered gender-based violence.
- In the upcoming **Multiannual Financial Framework 2028-2034**, should ensure a strong Social Fund, that is engrained in the National and Regional Partnership Plans (NRPPs), to guarantee enough funding for actions fostering the inclusion of women with disabilities and working towards eradicating violence against women. European funding is essential for initiatives such as 'Women in ON Mode' to continue their meaningful work. Moreover, the horizontal requirements, which must be fulfilled by Member States to receive EU funds linked to their NRPPs, must include a mention of implementing the UN CRPD, to ensure that Member States are required to respect the rights of persons with disabilities, including women with disabilities.
- Considering the **lessons learned from the Covid-19 pandemic**, it is essential that in the management of health emergencies and other kinds of crises the inclusion of and accessibility for persons with disabilities are taken into consideration. This should also be embedded and preparedness plans.

¹⁹³ European Commission, Factsheet *Social Scoreboard – 2018 Country Reports*, 2018, available [here](#).

¹⁹⁴ European Commission, Webpage *Union of skills*, n.d., available [here](#).

¹⁹⁵ European Commission, Webpage *Quality jobs for companies and workers in Europe*, n.d., available [here](#).

¹⁹⁶ European Commission, Webpage *EU Strategy on victims' rights (2020–2025)*, n.d., available [here](#).

¹⁹⁷ European Parliament, Webpage *Revision of the Victims' Rights Acquis*, n.d., available [here](#).

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