



EDF position paper on gender stereotypes against women with disabilities

European Disability Forum Position Paper
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**EDF position paper on the General Recommendation on
Gender Stereotypes.**

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Introduction

The European Disability Forum is an independent NGO that advocates for the rights of 100 million Europeans with disabilities. EDF is a unique platform which brings together representative organisations of persons with disabilities from across Europe. EDF is run by persons with disabilities and their families. We are a strong, united voice of persons with disabilities in Europe.

Background

Women and girls with disabilities constitute 29,2% of the total population of women in the European Union¹ and around 60% of the overall population of 100 million persons with disabilities in Europe².

They face barriers and discrimination in all areas of life and, in addition to discrimination by disability, they are also exposed to the gender-based stereotypes that are quite common in our society and lead to innumerable human rights violations.

Because of myths, stereotypes and lack of knowledge of disability, women and girls with disabilities face discriminatory treatment and abuses that particularly affect their sexual and reproductive health and rights, with important and sometimes irreparable consequences on their lives.

This document shares examples of the most common stereotypes and false myths that women and girls with disabilities face, every day and everywhere, and recommendations on how to effectively combat and eliminate them.

¹ [Eurostat, Level of disability \(activity limitation\) by sex, age and income quintile \(2025\)](#).

² [European Disability Forum, Third EDF Manifesto on the Rights of Women and Girls with Disabilities \(2024\)](#).

Main Stereotypes faced by women with disabilities

Stereotype: “Women with disabilities are not able to provide care for children and relatives”

One of the most common stereotypes refers to the impossibility for women with disabilities to support their children and relatives, where and if needed. On the contrary, according to the Gender Equality Index of the European Institute on Gender Equality, women with disabilities are often (more often than men) carers for children and relatives.³

On average in the European Union (EU), 28% of women with disabilities are caring for and educating their children or grandchildren, older persons or persons with disabilities, every day, comparing to 20% of men with disabilities, 26% of men without disabilities and 40% of women without disabilities.

Stereotype: “Women with disabilities cannot have children and/or it is in the ‘best interest’ not to have children”

No decision can be made based on the “best interest” principle. Women with disabilities have rights as everybody else and decision on their lives and own bodies can only be with their free and informed consent. Women with disabilities are still often victims of forced sterilisation, contraception, abortion, menstrual management, as well as other medical procedures performed without their free and informed consent, despite the fact that such acts are specifically prohibited under the Istanbul Convention, and the UN Convention on the Rights of Persons with Disabilities.⁴ Women and girls with high support needs, intellectual or psychosocial disabilities, women who are deafblind and those with multiple disabilities, and in particular those living in institutional settings - are particularly vulnerable to such abuses.

Moreover, the presumption of infertility of women and girls with disabilities generates in some young men the thought and desire to have unprotected intercourse because of the impossibility of having an unwanted pregnancy. This, in addition to highlighting widespread ignorance about the need and reasons for having protected intercourse, highlights how, for some, presumed infertility makes women and girls with disabilities attractive.

³ [European Institute for Gender Equality \(EIGE\), Factsheet on "Gender equality needs to reach everyone - gender equality and disability" \(2018\).](#)

⁴ [Council of Europe, Commissioner for Human Rights comment on "Addressing the invisibility of women and girls with disabilities" \(2022\).](#)

It is therefore fundamental to ensure the full enjoyment of women and girls' sexual and reproductive health and rights and combat the root causes of disability-related stigma.

Stereotype: “Women and girls with disabilities do not need sexuality education, they are not sexually active and other people must control their sexuality and fertility as they are not deemed capable of making the right decisions for themselves”

There is a generalised lack of awareness, information, education and training, aimed at women and girls with disabilities, their families and professionals in the healthcare, educational and legal sectors. Sexual and reproductive health services, including gynecology and obstetrics services, are often not accessible, and no or very little technical support devices and personal assistance are provided to ensure respect for sexual and reproductive health and rights.⁵ As a consequence, women and girls with disabilities are more at-risk of sexual exploitation, violence, unwanted pregnancies, and sexually-transmitted diseases.⁶

The exclusion of women and girls with disabilities from comprehensive sexuality education is often a reflection of harmful stereotypes ignoring and denying the sexuality of women and girls with disabilities. When sexuality education is delivered, it is not always accessible for all women and girls with disabilities. As stressed by the CRPD committee, a lack of access to sexuality information for women with disabilities, especially women with intellectual disabilities, deaf and deafblind women, can increase their risk of becoming victims of sexual violence.

Women with disabilities shall also have the right, as every other woman, to access birth control and abortion services and care based on their direct free and informed consent and appropriate support.

Stereotype: “Women and girls with disabilities do not need general education”

Girls and women with disabilities are sometimes seen as “sick” persons or as “persons who will not be able to reach adulthood” (the eternal child myth). For this reason, they may be given less

⁵ [European Disability Forum \(EDF\), position paper on "Sexual and reproductive health and rights of women and girls with disabilities" \(2019\).](#)

⁶ [Report of the Special Rapporteur on the rights of persons with disabilities on “Sexual and reproductive health and rights of girls and young women with disabilities” \(2017\).](#)

access to education. In the case of compulsory education, they only attend the lower levels.⁷

Around the world, girls and young women with disabilities suffer from exclusion and discrimination in the school environment. According to the WHO and the World Bank (2011)⁸, they represent the most excluded group of children from all educational settings, from primary school to higher education settings.

The lack of access to quality education and training prevents them from having satisfactory career prospects.

Stereotype: “Women and girls with disabilities are not reliable witness”

Many women and girls with disabilities are ignored by the police, by the criminal justice system, and by other support services when they report sexual violence and abuse, mainly because of their disability. They also face barriers to access justice and are often not trusted when they report a case. These situations are perpetuated due to many stereotypes, including the myth that women with disabilities, especially with intellectual disabilities are asexual or that women with psychosocial disabilities are hypersexual,⁹ making them not reliable witnesses.

There are several cases of women and girls with disabilities that are denied access to justice and continue to face barriers. One woman with autism and Post Traumatic Stress Disorder (PTSD) reported to be considered “not a reliable witness” and a blind woman reported that repeated sexual assaults were dismissed, because she could not “identify her perpetrators”.¹⁰

These discriminations increase the risk of sexual violence and abuse, preventing them to enjoy a wide range of human rights.

⁷ For example, in Italy, although education is compulsory up to the age of 16, data from the Ministry of Education show that the presence of women and girls with disabilities decreases significantly when they move on to higher levels of education. This highlights a problem of discontinuity of studies that undermine peer learning and socialisation.

⁸ [Women Enabled International, Factsheet on "The Right to Education for Women and Girls with Disabilities"](#)

⁹ [European Disability Forum \(EDF\), Position paper on "Violence against Women and Girls with Disabilities in the European Union" \(2021\).](#)

¹⁰ [Council of Europe, Commissioner for Human Rights comment on "Addressing the invisibility of women and girls with disabilities" \(2022\).](#)

Stereotype: “It is better for women and girls with disabilities to live in residential institutions”

Women and girls with disabilities, especially those with intellectual and psychosocial disabilities often have no choice but to live in residential institutions due to lack of support for independent and community living. This brings them at higher risk of numerous forms of violence¹¹. Institutional settings can contribute to circumstances leading to violence and abuse due to factors such as geographic isolation, power asymmetries, and the difficulties for victims to seek and obtain outside help.¹² These conditions can lead to violence and abuse that are not only more frequent; but also more challenging to identify, report, and sanction, thereby fostering an environment of impunity for perpetrators.¹³

The isolation experienced by women and girls with disabilities who live in residential institutions increases the risk of abuse and sexual violence because women and girls with disabilities represent an easy target for some conduct typical of gender violence.

Stereotype: “Women and girls with disabilities are less suited and less productive in certain types of jobs”

Traditional gender roles often expect women to take on caregiving or domestic responsibilities, which is sometimes viewed as a barrier to career progression or undermine their possibility to enter the open labour market and access high skilled jobs. When combined with disability, this can deepen biases, as women with disabilities may be seen as less "fit" for high-level or high-paying jobs or they may face prejudice that they are either too dependent or too difficult to accommodate in the workplace.

On the contrary, women and girls with disabilities can excel in a variety of jobs, just like anyone else, whenever their rights and requirements are respected, and, if needed, reasonable accommodation and accessibility is in place.

¹¹ See for example: [Report of the Special Rapporteur on violence against women, its causes and consequences \(2012\)](#); [Inclusion Europe, "Life after violence: Violence against women with intellectual disabilities in institutions" \(2018\)](#); [European Commission, Guidance on independent living and inclusion in the community of persons with disabilities in the context of EU funding \(2024\)](#).

¹² [Validity Foundation, DIS-CONNECTED: Disability-based connected facilities and programmes for prevention of violence against women and children. National reports from Bulgaria, Hungary, Portugal, Lithuania and Slovakia \(2023, 2024\)](#).

¹³ [Council of Europe, Commissioner for Human Rights comment on "Addressing the invisibility of women and girls with disabilities" \(2022\)](#).

Stereotype: “Women and girls with disabilities cannot be leaders”

Women and girls with disabilities, especially those with psychosocial and intellectual disabilities, face many barriers in being recognised as leaders. This stereotype stems from a combination of ableism and gender bias. Society often perceives leadership as requiring physical or intellectual abilities that exclude persons with disabilities. Additionally, there is a long history of undervaluing women’s leadership capabilities, especially in public and political spheres. Cultural norms also often limit women's roles to caregiving or domestic duties, further distancing them from leadership positions and therefore preventing them from having a career in politics or in their workplace or in their community. Media representation frequently reinforces these biases by depicting women with disabilities as dependent or passive.

One of the most common stereotypes around women with disabilities is that they are not reliable in managing their own money and therefore people do not always trust their ability to lead and manage own money and expenses.

These stereotypes persist due to a lack of visibility, representation, inclusion and support for women and girls with disabilities in leadership roles. This can be reversed with a change of attitude, investing in education, inclusive policies, raising awareness and providing accessible employment opportunities. Empowering women with disabilities through mentorship programs will also help them thrive as leaders.

Stereotype: “Women and girls with psychosocial disabilities are violent and unpredictable”

Women and girls with psychosocial disabilities face the stereotype that they are not reliable and cannot have a job as everybody else. Some people also think that if they have a crisis, they must be institutionalised by force.

Moreover, women and girls with psychosocial disabilities who face violence including by family members, do not receive the same support than other women in similar situations. For example, some organisations report that women with psychosocial disabilities who are victims of crimes, including of violence, are not allowed to benefit from protected homes and support services for women and girls victims of gender-based violence¹⁴.

¹⁴ [Council of Europe, GREVIO Baseline Evaluation Report Austria \(2017\)](#).

Finally, due to this stereotype, women and girls with disabilities often are deprived of the possibility of raising their children if the judge has to take a decision in this regard.

The stereotype that women and girls with psychosocial disabilities are violent and unpredictable is false, stigmatising and discriminatory. Most faces stigma, and discrimination leading to misinterpretation of behaviors, and violence. Women and girls with psychosocial disabilities are more likely to be victims of violence than perpetrators¹⁵. Additionally, with appropriate support, their behavior is neither violent nor dangerous.

Conclusion and recommendations

Women and girls with disabilities face a compounded form of discrimination based on both their gender and disability, which limits their access to safety, healthcare, sexual and reproductive rights, education, employment, and independent living. Harmful stereotypes, such as the belief that they cannot have children or are asexual, violate their sexual and reproductive rights, often resulting in forced sterilisations, forced contraception, forced abortion, or unequal access to abortion and contraception care services, and lack of proper healthcare and support services.

These stereotypes also hinder access to justice, as women with disabilities who experience violence are often dismissed or not believed due to misconceptions about their sexuality or ability to recall events. Additionally, the perception that they may be better off in institutions can result in increased isolation and exposure to abuse, reinforcing the belief that they cannot live independently.

In the workforce, stereotypes limit career opportunities and economic independence.

The exclusion of women and girls with disabilities from sexuality education and necessary support services also makes them more at-risk to exploitation, abuse and violence. Women with intellectual and psychosocial disabilities face higher risks.

¹⁵ [WHO, World Report on Disability \(2011\)](#). See also [Parliamentary Assembly of the Council of Europe, Report "Preventing and combating violence against women with disabilities" \(2023\)](#). For example, the report refers to a study from the Danish Institute for Human Rights that reveals that "one in five victims of violent crime has a psychosocial or cognitive disability."

Addressing these issues requires challenging stereotypes and ensuring that women and girls with disabilities have equal access to their rights, requirements and opportunities.

Recommendations:

- **Meaningful inclusion and leadership of women and girls with disabilities in decision-making:** Ensure that women and girls with disabilities are actively consulted and included in decision-making processes, also as policy and decision-makers, particularly those related to policies on gender equality, disability rights, and women's rights. It is crucial to involve organisations of persons with disabilities (OPDs) in this process, as well as women's rights organisations.
- **Inclusive awareness raising:** Promote awareness raising actions and campaigns to combat harmful stereotypes and foster a mutual understanding of the rights and requirements of women and girls with disabilities. This can be done starting from the media and women's and disability movements by stressing the achievements, experiences and challenges faced by women and girls with disabilities.
- **Cross-sector collaboration:** Promote collaboration between OPDs, women's rights organisations, governments, civil society, trade unions and businesses to address gender and disability stereotypes.
- **Inclusive sexual and reproductive health services:** Ensure that women and girls with disabilities have the right to make their own decisions about their bodies and maternity. To uphold this, sexual and reproductive health services must be fully accessible and inclusive for women and girls with disabilities. Services should also be grounded in the principles of free and informed consent, autonomy, and dignity, ensuring that women and girls with disabilities are empowered to make decisions about their bodies and exercise full control over their sexual and reproductive choices.
- **Training:** Implement mandatory training and raise awareness for healthcare professionals, educators, law enforcement officers, social workers and all providers and professionals that work closely with women and girls with disabilities. Training should focus on the rights and requirements of women and girls with disabilities and combating stereotypes. It should cover topics like free and informed consent, gender-based violence, and how to provide support for women and girls with disabilities in all areas of life.
- **Legal protection and access to justice:** Ensure that women and girls with disabilities have equal access to justice. This includes addressing the stereotypes that undermine their credibility as

witnesses and providing mechanisms to ensure their voices are heard and respected.

- **Independent living:** Advocate for the transition from institutional settings to community-based and independent living for women and girls with disabilities which is a requirement to end stereotypes faced by women with disabilities. This requires investment in accessible housing, personal assistance, and community programs that reduce isolation and empower women and girls with disabilities to fully participate in society and fully exercise their right to freedom of choice.
- **Representation in employment and leadership:** break stereotypes and encourage the inclusion of women with disabilities in all sectors of the open labour market and in the community, particularly in leadership roles and high-level positions. Employers should be encouraged to make reasonable accommodations, ensure accessibility and foster an inclusive work and community environment.
- **Statistics:** comprehensive, high-quality statistical data is essential if we are to properly assess the differences in treatment faced by women and girls with disabilities and find appropriate solutions. Statistics must be disaggregated by disability and gender in all areas so as to highlight the differences in treatment on the ground.

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