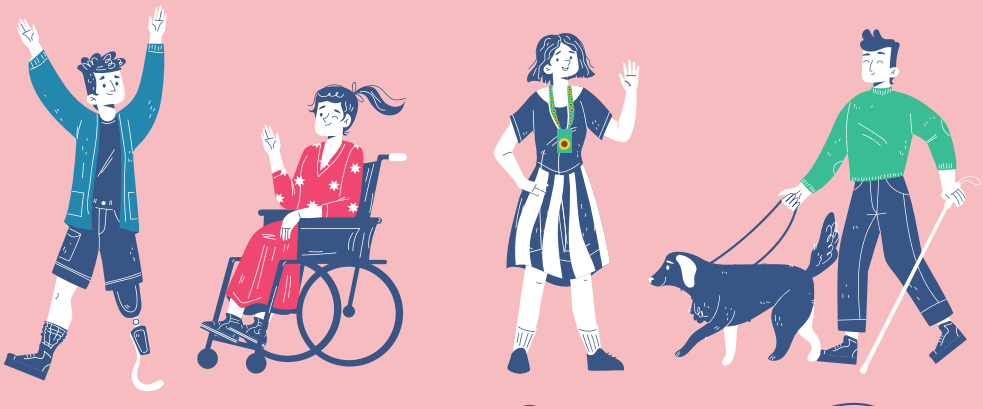
# ANNUAL REPORT ON THE INDEPENDENT LIVING PILLARS: Sexual and Reproductive Health and Rights

## Plain Language Summary



EUROPEAN NETWORK ON INDEPENDENT LIVING

# Acknowledgments

We would like to thank our ESC volunteer, Yannis Vitsos, for the support provided in the development of this document.

We are also grateful to all participants who contributed during the consultation process, generously sharing their input, information, and personal experiences.

**Published in July 2026.**

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This report is about sexual and reproductive health and rights (SRHR) for disabled people in Europe.

It was written by the European Network on Independent Living (ENIL).

The report is based on a survey, research, and the experiences of disabled people and Disabled People's Organizations across Europe.

The report has one main message:

**Disabled people should have the same rights as everyone else to make decisions about their own bodies, relationships, sexuality, and family life.**

However, many still face barriers that stop them from exercising these rights.

# 1 What is Independent Living?

Independent Living does not mean never receiving support.

It means disabled people have the same freedom as everyone else to make decisions about their own lives. They should be able to choose where they live, who supports them, whether they want relationships, whether they want children, and how they participate in society.

The things needed for this to happen are called **Independent Living Pillars.** There are now 18 pillars, including:

- accessible information
- accessible healthcare
- personal assistance
- accessible housing
- education
- employment
- peer support
- legal support
- digital accessibility
- and sexual and reproductive health and rights, which is the focus of this report.

The report explains that sexual and reproductive rights are just as important as accessible transport or personal assistance. Without them, disabled people cannot have full control over their own lives.

# 2 What are sexual and reproductive health and rights?

These rights include being able to:

- decide whether to have sex
- choose who to have relationships with
- decide whether or not to have children
- access contraception
- receive pregnancy care
- access abortion where it is legal
- receive fertility care
- receive treatment for sexually transmitted infections
- get information about sexuality
- receive respectful healthcare
- make decisions about your own body without pressure or coercion.

The report also explains that sexuality is not only about healthcare. It is also about:

- intimacy
- love
- pleasure
- relationships
- privacy
- dignity
- bodily autonomy.

# 3 Human rights documents protect these freedoms

International human rights documents already recognize these rights.

These include the:

- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Committee on the Elimination of Discrimination against Women
- and the Council of Europe Istanbul Convention

These documents say disabled people must receive healthcare without discrimination and must always be able to make decisions about their own bodies. Forced sterilization and forced abortion are recognized as human rights violations.

# 4 Why was this report written?

ENIL wanted to understand what disabled people experience in real life.

The organization collected information from disabled people, disability organizations, researchers and activists from many European countries.

Participants were asked:

- What barriers do disabled people face?
- What discrimination exists?
- Which groups face even greater barriers?
- What examples of good practice already exist?

The report also looks at intersectionality.
This means acknowledging that some people face several kinds of discrimination at the same time.

For example:

- disabled women
- disabled LGBTQ+ people
- disabled migrants
- disabled people from ethnic minorities

Their experiences are often different, so solutions must also take these differences into account.

# 5 The biggest barriers disabled people face

The report found many different barriers across Europe.

## 5.1. Healthcare is often inaccessible

Many healthcare services cannot be used by everyone.

Examples include:

- buildings with steps instead of ramps
- examination beds that cannot be adjusted
- inaccessible toilets
- inaccessible public transport
- inaccessible appointment systems
- websites that cannot be used with assistive technology.

Information is also often unavailable in:

- plain language
- Braille
- sign language
- alternative communication formats.

Sometimes services exist, but disabled people simply do not know about them because the information is inaccessible.

## 5.2. Disabled people are often not seen as sexual people

One of the strongest messages in the report is that society still has harmful stereotypes.

Many people wrongly believe disabled people:

- are not interested in sex,
- cannot have relationships,
- should not become parents,
- or should not make decisions about their own bodies.

Healthcare professionals sometimes share these beliefs.

Because of this, disabled people may:

- receive little information,
- be discouraged from dating,
- be discouraged from having children,
- or have their concerns ignored.

The report says this is called desexualisation and it prevents disabled people from enjoying the same freedoms as everyone else.

## 5.3. Sexuality education is often missing

Many disabled young people never receive good education.

When education is provided, impairments are often ignored.

Young disabled people may never learn about:

- consent
- emotionally healthy relationships
- contraception
- sexual orientation

- gender identity
- pleasure
- recognizing abuse.

Without this knowledge, people are more vulnerable to violence, exploitation and misinformation.

## 5.4. Many disabled people cannot make their own decisions

The report says that many disabled people, especially people with intellectual and psychosocial impairments are still denied the right to make important decisions about their own lives.

In some countries, people are placed under guardianship. This means another person, such as a family member or legal guardian, can make decisions for them.

These decisions can include:

- whether they can have a relationship,
- whether they can marry,
- whether they can have children,
- what healthcare they receive,
- and what contraception they use.

This goes against the UNCRPD, which says disabled people should receive supported decision-making instead.

Supported decision-making means people receive the support they need to understand information and make their own choices. Someone can help explain options, but the final decision should always belong to the disabled person.

The report says that without legal capacity, disabled people cannot fully control their own lives or live independently.

## 5.5. Many disabled people have little privacy

The report explains that privacy is an important part of having relationships.

However, many disabled people depend on family members or support workers for everyday activities.

This can make it difficult to:

- spend time with a partner,
- discuss sexual health privately,
- go on dates,
- or simply have private time.

People living in institutions often have even less privacy because staff may control when they leave, who they see, or whether they can have intimate relationships.

Some disabled people rely on parents for transport or communication. This means parents may know about medical appointments or personal relationships even when the disabled person wants privacy.

The report says that good personal assistance services can help solve these problems because they allow disabled people to make their own choices while respecting their privacy and independence.

## 5.6. Harmful stereotypes continue to cause discrimination

The report describes several stereotypes that affect disabled people.

### Infantilization

Some people treat disabled adults like children.

They assume disabled people cannot:

- make decisions,
- understand relationships,
- consent to sex,
- or become good parents.

This often leads other people to control their lives instead of respecting their choices.

## Desexualization

Many people wrongly assume that disabled people have no sexual feelings or relationships.

Because of this:

- doctors may never discuss sexual health,
- schools may leave disabled students out of sexuality education,
- families may discourage relationships,
- society may ignore disabled people's need for intimacy.

## Hypersexualization

Some disabled people experience the opposite problem.

They are treated as sexual objects rather than as people.

Some are fetishised because of their impairment, while others are wrongly seen as unable to control their sexual behavior.

The report explains that all of these stereotypes are harmful because they deny disabled people the right to be seen as ordinary human beings with the same emotions, relationships and desires as everyone else.

## 5.7. Forced sterilization and reproductive coercion

One of the most serious issues discussed in the report is forced sterilization.

Sterilization is a medical procedure that permanently prevents someone from having children.

The report explains that sterilization becomes forced when it happens:

- without someone's knowledge,
- without their informed consent,
- after pressure from family or professionals,
- or because they are told they must agree to it to receive services.

According to the report, forced sterilization is still legal or not fully prohibited in 13 European Union countries.

Many disabled women reported learning years later that they had been sterilized without fully understanding what had happened.

The report also discusses:

- forced contraception,
- pressure to have abortions,
- and pressure not to become parents.

These practices are based on the false belief that disabled people should not have children.

The report says these are serious human rights violations that can cause lifelong trauma.

## 5.8. Disabled people still face discrimination when becoming parents

Many disabled people want children.

However, the report found that they are often told they should not become parents.

Healthcare workers, social services and even family members may assume that disability makes someone incapable of raising children.

Disabled mothers often face greater scrutiny than non-disabled mothers.

Some parents worry that child protection services will remove their children simply because they are disabled.

The report also points out an important contradiction.

In some countries, disabled people struggle to access abortion services when they want them.

At the same time, they may be pressured to end pregnancies because professionals believe disabled people should not become parents.

Both situations deny disabled people the right to make their own reproductive decisions.

The report argues that disabled parents need support, not discrimination.

This includes:

- accessible housing,
- personal assistance,
- financial support,
- peer support,
- and accessible healthcare.

## 5.9. Disabled women face much higher levels of violence

The report explains that disabled women and girls experience much higher levels of violence than non-disabled women.

This violence can happen:

- at home,
- in institutions,
- in healthcare settings,
- or in intimate relationships.

Many survivors cannot report abuse because they depend on the people abusing them.

Other barriers include:

- inaccessible reporting systems,
- lack of interpreters,
- fear of being institutionalised,
- lack of accessible shelters,
- and professionals who do not believe disabled victims.

Disabled migrants, LGBTQ+ people and people living in rural areas often face even greater difficulties finding help.

The report says that governments must make all services for survivors of violence fully accessible and ensure disabled people are believed and protected.

## 5.10. Menstrual health is often ignored

Many disabled people face barriers during menstruation.

Some cannot easily access:

- menstrual products,
- accessible toilets,
- healthcare,
- or information about menstrual health.

Conditions such as endometriosis, chronic pain and Premenstrual Dysphoric Disorder (PMDD) are often dismissed by healthcare professionals.

The report also discusses menstrual poverty, where people cannot afford menstrual products or do not have access to facilities to manage their periods safely and with dignity.

Disabled people living in institutions or those who are poor are especially affected.

## 5.11. Financial barriers make healthcare difficult to access

Many disabled people live on low incomes.

This makes sexual and reproductive healthcare difficult to afford.

Costs may include:

- contraception,
- fertility treatment,
- pregnancy care,
- abortion care,
- transport,

- specialist appointments,
- and private healthcare when public services are inaccessible.

Some people delay or completely avoid healthcare because they cannot afford it.

The report concludes that equal rights require more than good laws. Healthcare must also be affordable, accessible, and available to everyone.

## 5.12. Sexuality is about more than preventing problems

The report says that discussions about disabled people's sexuality usually focus on:

- preventing abuse,
- preventing pregnancy,
- or treating medical problems.

These are important topics, but they are not the whole picture.

Disabled people also have the right to:

- fall in love,
- enjoy intimacy,
- experience sexual pleasure,
- build healthy relationships,
- feel attractive,
- and express themselves.

Participants said these parts of sexuality are often ignored.

As a result, disabled people are rarely shown in media, education or public discussions as people who date, marry or have fulfilling relationships.

## 5.13. Positive representation matters

The report explains that representation affects how people see themselves.

When disabled people never see people like themselves:

- dating,
- getting married,
- becoming parents,
- or simply being shown as attractive,

they may begin to believe these things are not possible for them.

Participants said this can affect:

- self-confidence,
- body image,
- mental health,
- and willingness to start relationships.

The problem is even greater for disabled people who are also:

- LGBTQ+,
- migrants,
- members of ethnic minorities,
- or living in rural areas.

These groups are almost invisible in discussions about sexuality.

The report argues that society needs more positive and realistic representation of disabled people in films, television, books, advertising, healthcare information and sex education.

## 5.14. Sexual citizenship

The report introduces the idea of sexual citizenship.

This means everyone should have the freedom to:

- decide if they want relationships,
- express their sexuality,
- make decisions about intimacy,
- and participate equally in society's social and romantic life.

For many disabled people, exercising these rights is difficult because of barriers that have nothing to do with their impairment itself.

Examples include:

- inaccessible buildings,
- lack of privacy,
- social stigma,
- dependence on support services,
- and lack of opportunities to meet other people.

Participants said these barriers can lead to loneliness and social isolation.

The report argues that improving accessibility is not only about healthcare. It is also about allowing disabled people to participate fully in community life.

## 5.15. Sexual assistance

Some participants said that support with intimacy can be important for people who depend on personal assistance.

Others raised concerns about:

- consent,

- professional boundaries,
- labor rights,
- safeguarding,
- and the risk of exploitation.

The report does not recommend one single approach.

Instead, it says discussions should focus on:

- human rights,
- informed consent,
- dignity,
- autonomy,
- and respecting the rights of both disabled people and support workers.

Participants agreed that sexuality should not be treated as something shameful or ignored within support services.

## 5.16. Professionals need better training

Many participants reported negative experiences with healthcare professionals.

Some doctors assumed disabled people:

- were not sexually active,
- could not make informed decisions,
- should not become parents,
- or did not need reproductive healthcare.

Others lacked knowledge about:

- disability,

- LGBTQ+ identities,
- informed consent,
- supported decision-making,
- trauma,
- chronic pain,
- or gender diversity.

Participants said these attitudes often led to poor healthcare.

The report recommends mandatory training for:

- doctors,
- nurses,
- social workers,
- teachers,
- psychologists,
- personal assistants,
- and institutional staff.

The report says professionals should see disabled people as autonomous adults who can make decisions about their own lives.

# 6 Good practices from different countries

The report does not only describe problems.

It also gives examples of projects that are already improving disabled people's lives.

These examples show that change is possible.

## 6.1. Republic of Moldova

Moldova improved access to reproductive healthcare by:

- installing accessible gynecological examination chairs,
- training healthcare professionals,
- providing peer education,
- organizing workshops,
- and raising awareness about disability and sexuality.

The program showed that improving accessibility involves both buildings and attitudes.

## 6.2. Norway

A personal assistance provider developed guidance on sexuality, relationships and parenthood.

The organization:

- trained staff,

- created a handbook,
- gave users access to sexual health specialists,
- and developed support for disabled people who want to become parents.

This project treated sexuality as a normal part of independent living rather than something embarrassing or inappropriate.

## 6.3. Georgia

Several organizations in Georgia organized:

- training for healthcare professionals,
- awareness campaigns,
- accessible cancer screening,
- financial support for disabled parents,
- legal advocacy,
- and programs to improve reproductive healthcare.

These projects also challenged stereotypes about disability and parenthood.

## 6.4. Kyrgyzstan

An organization created the country's first Independent Living Centre and accessible shelter for disabled women and girls who had experienced violence.

The project also provided:

- legal advice,
- psychological support,
- peer support,
- independent living training,

- and education for police, healthcare professionals and social workers.

The report presents this as an example of how disability rights and protection from violence can work together.

## 6.5. Albania

Albania created PakTabu, an accessible online platform about disability and sexuality.

The app provides:

- Sex education,
- discussion forums,
- and peer support.

It also helps people report barriers and promotes discussion about gender-based violence and disability.

## 6.6 France

The organization SEXPAIR helps disabled people through peer support. This means disabled people support other disabled people using their own lived experience by:

- Offer one-to-one coaching.
- Run support groups.
- Train healthcare workers and families.
- Organize workshops and public events.

Their work helps disabled people

- build confidence
- understand their rights
- make their own choices about relationships and sexuality

It also challenges stereotypes that disabled people are not interested in sex or cannot make decisions about their own bodies.

## 6.7. Iceland

Tabú is a feminist disability organization created by disabled women in Iceland.

It provides safe spaces where women can talk openly about:

- relationships.
- sexuality.
- violence.
- vody autonomy.

The organization also campaigns for equal rights and raises public awareness about the experiences of disabled women.

## 6.8. Lithuania

The Sex-Ability 2 project brought together young disabled people and medical students.

Together they:

- learned from each other.
- challenged stereotypes.
- created recommendations for healthcare professionals.

The project helped future doctors and nurses better understand disability rights and how to provide respectful healthcare.

## 6.9. Iceland

The project Equality For All involved men with intellectual impairments in research about:

- Relationships.
- Sexuality.
- Equality.
- Self-determination.

Instead of speaking for disabled people, the project recognized them as experts in their own lives.

## 6.10. Ireland

Research on neurodivergent women and non-binary people showed that everyone has different ways of expressing relationships and sexuality.

The study recommends:

- Clear and accessible sexuality education.
- Respect for all identities.
- Open communication about consent and boundaries.
- Challenging stereotypes about autistic and neurodivergent people.

## 6.11. International examples

The report also highlights projects from international organizations, including work with people with spina bifida and hydrocephalus.

These projects involve:

- research led by disabled young people,
- peer support,
- advocacy,
- awareness campaigns,

- and educational resources.

The report explains that disabled people themselves should always be involved in designing policies and services that affect their lives.

## 6.12. Other examples

Other countries are also making progress:

- Portugal is discussing sexual assistance.
- Greece has produced documentaries about disability and sexuality.
- Norway has researched how personal assistance can support intimate lives.
- Belgium trains professionals who support intimacy services.
- Germany campaigns for the rights of disabled women and works to prevent violence.

### What these examples teach us

These projects show that change is possible.
They help:

- improve access to healthcare.
- support independent living.
- protect people from violence.
- challenge harmful stereotypes.
- give disabled people more control over their own lives.

The most successful projects are those where disabled people lead the work and are involved in making decisions.

# 7 Overall conclusions

The report concludes that sexual and reproductive health and rights are not a separate issue from independent living.

They are a fundamental part of living independently and participating equally in society.

The report calls on governments, healthcare providers and disability organizations to work together to:

- remove physical and communication barriers,
- ban forced sterilization and other coercive practices,
- guarantee supported decision-making,
- provide comprehensive and accessible sexuality education,
- improve healthcare training,
- make services affordable,
- prevent violence,
- respect disabled people's choices about relationships and parenthood,
- and recognize disabled people as full citizens with the same rights, dignity and freedom as everyone else.

The report's central message is simple:

**Disabled people do not need permission to have relationships, make decisions about their bodies, or become parents.**

**These are fundamental human rights.**

**Society must remove the barriers that prevent disabled people from exercising those rights on an equal basis with everyone else.**

# Plain Language Glossary

### Ableism

Ableism means treating disabled people unfairly.
Some people think disabled people are less important than other people.

### Bodily autonomy

Bodily autonomy means your body belongs to you.
You have the right to make your own choices about your body, your health, and sex.

### Chronic pain

Chronic pain is pain that lasts a long time.
It can last for more than 3 months.
It can make everyday life harder.

### Comprehensive sexuality education

This means learning about:

- bodies
- relationships
- sex
- consent
- health
- respect.

This information helps people make safe and informed choices.

### Desexualisation

Some people wrongly think disabled people do not have romantic or sexual feelings.
This is called desexualisation.

### Easy Read

Easy Read uses simple words, short sentences and pictures.
It helps more people understand information.

### Endometriosis

Endometriosis is a health condition.
It can cause very painful periods, tiredness and other health problems.

### Forced sterilisation

Sterilisation is a medical procedure that stops someone from having children.
Forced sterilisation means this happens without the person's agreement.
This is a serious violation of human rights.

### Gender-based violence

Gender-based violence is violence because of someone's gender.

It can include physical, sexual, emotional or financial abuse.

### Independent Living

Independent Living means disabled people have the right to make their own choices.
They can choose where they live, who they live with and what support they need.

### Legal capacity

Legal capacity means you have the right to make your own decisions.
Other people must respect your decisions.

### Menstrual health

Menstrual health means having the information, products and healthcare you need during your period.

### Reproductive health

Reproductive health means looking after the parts of the body used to have children.
It also means getting the health-care and information you need.

### Reproductive rights

Reproductive rights mean you have the right to decide if you want children, when to have children, and how many children to have.
Nobody should force you to make these decisions.

### Sexual health

Sexual health means feeling well in your body, mind and relationships.
It includes safe, respectful and agreed sexual relationships.

### Sexual rights

Sexual rights are human rights.
They mean you have the right to make your own choices about your body, relationships and sexuality.

### Supported decision-making

Sometimes people need support to make decisions.
Supported decision-making means you choose the support you want.
You still make your own decisions.

### Trauma

Trauma is the effect of very upsetting or frightening experiences.
Trauma can affect your body, your feelings and your daily life.

### UNFPA

UNFPA is a United Nations organisation.
It works to make sure everyone can get sexual and reproductive healthcare and information.

## About the European Network on Independent Living

The European Network on Independent Living (ENIL) is a disabled-led, cross-disability network of disabled people and their representative organisations. ENIL promotes the right to independent living, as set out in Article 19 of the UN Convention on the Rights of Persons with Disabilities (CRPD), its General Comments and the *Guidelines on deinstitutionalisation, including in emergencies*. ENIL's work is guided by the CRPD and the Independent Living principles, enshrined in the Independent Living Pillars. ENIL is active at the European level, and internationally, through cooperation with Centres for Independent Living from around the globe. ENIL's actions and activities are based on the social and the human rights models of disability, and on the principles of inclusive equality, self-determination, solidarity and intersectionality.

ENIL has participatory status with the Council of Europe (i.e. is a member of the Conference of INGOs) and consultative status with ECOSOC.

## Contact us

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