
INTERSECTING INEQUALITIES: WOMEN AND DISABILITY¹

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ABSTRACT

Women living with disabilities in India face multi-dimensional exclusion and cumulative marginalization. They experience the most severe and disregarded forms of discrimination and widespread violence. Women with disabilities, even in the 21st century, continue to confront significant obstacles, particularly in India, despite efforts to assist and empower them in many areas of the world. They are still marginalized and overlooked due to patriarchal oppression and a lack of adequate facilities. The Rights of People with Disabilities Act, 2016, acknowledges the necessity to safeguard women with disabilities, but without appropriate enforcement, critical awareness, and sensitivity, the legal framework remains ineffective. Fundamental civil liberties like the right to live with dignity, protection from abuse and exploitation, the right to be heard, and the right to accessibility are consistently denied to women living with disabilities. Dismantling this cycle requires a holistic approach beyond legislative efforts. Promoting inclusive education and spaces, fostering empathy, are crucial for the empowerment of women with disabilities in India. True equity and an inclusive society emerge when we recognize suffering, validate experiences, and restore the rightful place with dignity.

Keywords: Women with Disabilities, marginalization, inclusion, dignity, empowerment

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INTRODUCTION

The notion of disability is dynamic. We all encounter the paradox of disability at one time or another in our lives, but we are not always able to comprehend it. While some people are born with disabilities, some experience the onset in childhood, and for the majority, disability gradually becomes a part of their lives as they grow old.² Disability has often been viewed as a single uniform category, suppressing the fact that gender exerts substantial influence on the experiences of people with disabilities. Disability discrimination affects both men and women, but by virtue of their gender, women are frequently subjected to greater disadvantages. Women with disabilities are forced to concurrently navigate two oppressive systems: Sexism, which devalues women in comparison to men; and ableism, which is the political, social, and economic obstacles that put people with disabilities at a disadvantage. Further racism intensifies “triple oppression” for women belonging to racial and ethnic minority groups. They become more susceptible to financial distress, physical aggression, verbal harassment, and sexual exploitation.

In India, women constitute a significant portion of the entire population. Over 26.8 million people in India are estimated to have disabilities, according to the 2011 Census of India. Approximately 15 million men and 11.8 million women belong to this demographic group, which makes up 2.21% of the entire population, while NGOs estimate the figure to be significantly higher.³ According to 2022 statistics from the National Crime Records Bureau (NCRB), there are around 51 offenses against women reported per hour. For women with disabilities, who face many and aggravated types of discrimination, the issue becomes even more concerning in this environment. The percentage of men with disabilities is 2.41 per cent, as against 2.01 per cent in women. Social group-wise analysis shows 2.45 per cent of the total disabled population belongs to the Scheduled Castes (SC), 2.05 per cent to the Scheduled Tribes (ST), and 2.18 per cent to other than SC/ST.⁴ These numbers demonstrate how vulnerable a segment of Indian culture is to abuse, particularly sexual assault.⁵ Women with

² Sahiba Chahal, *Women with Disabilities in India*, 9(3) Int'l J. Creative Res. Thoughts (IJCRT) (Mar. 2021).

³ Office of the Registrar General & Census Commissioner, India, *Census of India 2011: Data on Disability*, Ministry of Home Affairs, Government of India (2016), available at: <https://censusindia.gov.in/nada/index.php/catalog/42646/download/46180> (last visited on Aug. 9, 2025).

⁴ Government of India, *Persons with Disabilities (Divyangjan) in India – A Statistical Profile: 2021* (New Delhi: Ministry of Statistics and Programme Implementation, National Statistical Office, 2021), <https://www.mospi.gov.in>. (last visited on Aug. 10, 2025).

⁵ Human Rights Watch, *Invisible Victims of Sexual Violence: Access to Justice for Women and Girls with Disabilities in India*, October 2018. Available at: <https://www.hrw.org/report/2018/10/03/invisible-victimsssexual-violence/access-justice-women-and-girls-disabilities> (last visited on Aug. 11, 2025).

disabilities are particularly vulnerable to many sorts of abuse, neglect, and exploitation in a very patriarchal society where women are frequently held accountable for crimes done against them just for speaking out. Women with disabilities are more vulnerable due to a number of intersecting factors, including class, caste, ethnicity, living in an urban or rural area, having less education, and having insufficient response mechanisms. This vulnerability warrants significant attention.

International And Indian Legal Framework for Women with Disabilities

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which was ratified in 2006, is the cornerstone of the international legal system addressing the rights of disabilities. It is the first international agreement with legal force that mentions women and girls with disabilities by name. According to Article 6 of the Convention, States Parties must take the necessary steps to guarantee the full development, growth, and empowerment of women with disabilities. It also acknowledges that women and girls with disabilities face several forms of discrimination.⁶

In addition to taking a rights-based stance on disability, the UNCRPD mandates that disability be mainstreamed into all policy-making procedures. It expressly acknowledges how critical it is that women with disabilities have equal access to justice, work, education, health care, and safety from assault. General Comment No. 3 (2016) of the Convention expands on Article 6 and offers States recommendations on how to simultaneously eradicate discrimination based on gender and disability.⁷

Another important agreement that affects women with disabilities is the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).⁸ Without specifically mentioning women with disabilities in its main body, the CEDAW Committee's General Recommendation No. 18 (1991) calls for State Parties to guarantee the protection of disabled women's rights and incorporate statistics and information on them in their periodic

⁶ United Nations (2006). Convention on the Rights of Persons with Disabilities (UNCRPD), Article 6. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> (last visited on Aug. 10, 2025).

⁷ UN Committee on the Rights of Persons with Disabilities (2016). General Comment No. 3 on Women and Girls with Disabilities. <https://digitallibrary.un.org/record/842379> (last visited on Aug. 10, 2025).

⁸ *Convention on the Elimination of All Forms of Discrimination Against Women*, UN General Assembly, adopted 18 December 1979, entered into force 3 September 1981 <https://wrd.unwomen.org/practice/resources/convention-elimination-all-forms-discrimination-against-womencedaw> (last visited on Aug. 11, 2025).

reports. Both the World Health Organization (WHO) and the International Labour Organization (ILO) have developed guidelines urging governments and businesses to adopt policies that are inclusive of both gender and disability. These organizations emphasize that women with disabilities face heightened vulnerability—they are at greater risk of violence and abuse, often have poorer health outcomes, and generally experience reduced access to essential resources and services.

In line with this, Article 6 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)—which India ratified in 2007—recognizes that women and girls with disabilities are subjected to multiple forms of discrimination. The Convention calls upon governments to adopt effective measures to support their full development and empowerment, ensuring that they can enjoy their rights and freedoms equally. This includes areas such as freedom of movement, reproductive healthcare, protection from violence, and active participation in public and political life.⁹

Looking at India's mental health legislation, the Mental Health Act of 1987 was originally enacted to regulate the treatment and institutional care of individuals with mental illness, as well as the management of their property and legal matters.¹⁰ However, over time, the Act was widely criticized for being outdated and lacking a human rights perspective. In response to these concerns, it was replaced by the Mental Healthcare Act, 2017, which came into force on April 7, 2017. By establishing mental health care as a right rather than a service provided at will, the 2017 Act marked a significant shift in policy. In addition to safeguarding their independence, dignity, and right to live without inhumane treatment, it ensures that people with mental health problems receive well-regarded mental health treatment at reasonable prices. The Act accomplished this by establishing Indian mental health law in greater conformity with the global human rights framework, particularly principles found in the United Nations Convention on the Rights of People with Disabilities. Among the scope of rights it guarantees the rights to non-discrimination, informed consent, confidentiality, and life with dignity.

The Rehabilitation Council of India (RCI), which was first established as a registered society in 1986, was formally established in 1992 with the passage of the Rehabilitation Council of

⁹ U.N. Dep't of Econ. & Soc. Affs., *Article 6 – Women with Disabilities*, Social Inclusion, available at <https://social.desa.un.org/issues/disability/crpd/article-6-women-with-disabilities> (last visited Aug. 9, 2025).

¹⁰ The Mental Health Act, No. 14 of 1987, India Code (1987), available at <https://sclsc.gov.in/theme/front/pdf/ACTS%20FINAL/THE-MENTAL-HEALTH-ACT-1987.pdf> (last visited Aug. 14, 2025).

India Act.¹¹ The Act, which established the Council as a legislative body, was implemented on June 22, 1993. The central purpose was to govern the training of rehabilitation experts and authorities who work with people with disabilities and to ensure a Central Rehabilitation Register. The Act contains clauses that provide for criminal prosecution of untrained personnel who provide such services. Later, in 2000, it was modified to increase its reach. Setting standards and policy guidelines for rehabilitation education and training is under the purview of RCI. Under this Act, all training facilities that provide such programs must apply for RCI registration in order to guarantee the provision of high-quality services.

India's first comprehensive law to provide equal opportunities and rights for people with disabilities was the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.¹² The Act, which went into effect on February 7, 1996, concentrated on both preventative and promotional rehabilitation measures, including barrierfree access, education, employment, vocational training, unemployment benefits, and even specific insurance programs. Seven disabilities were formally recognized:

1. Blindness
2. Low Vision
3. Leprosy Cured
4. Hearing Impairment
5. Locomotor Disability
6. Mental Retardation
7. Mental Illness

The 1995 Act was superseded by the Rights of Persons with Disabilities (RPwD) Act, 2016,¹³ which brought Indian legislation into compliance with the UNCRPD, to which India is a signatory, in recognition of the growing worldwide understanding of disability as a rights-based

¹¹ The Rehabilitation Council of India Act, No. 34 of 1992, enacted on 1 September 1992, commenced by notification on 31 July 1993 (vide S.O. 288(E)), India Code (1992), available at: <https://www.indiacode.nic.in/bitstream/123456789/1977/1/199234.pdf>.

¹² The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, No. 1 of 1996, *INDIA CODE* (1996), https://www.indiacode.nic.in/bitstream/123456789/8866/1/ind51207_%282%29disableact1995.pdf.

¹³ The Rights of Persons with Disabilities Act, No. 49 of 2016, India Code (2016), available at: https://www.indiacode.nic.in/bitstream/123456789/15939/1/the_rights_of_persons_with_disabilities_act%2C_2016.pdf

and dynamic concept. This new law, which was passed in December 2016 and went into effect in April 2017, greatly expanded the definition of impairment from seven to twenty-one categories, including additional disorders such as

1. Autism Spectrum Disorder
2. Cerebral Palsy
3. Muscular Dystrophy
4. Chronic Neurological Conditions
5. Specific Learning Disabilities
6. Multiple Sclerosis
7. Speech and Language Disability
8. Thalassaemia
9. Haemophilia
10. Sickle Cell Disease
11. Multiple Disabilities including Deaf-Blindness
12. Acid Attack Victims
13. Parkinson's Disease

The Constitution of India is the supreme source of all these rights given under different statutes, and it also provides foundational principles for safeguarding and empowering the rights of people with disabilities. Despite not having specific provisions on the rights of people with disabilities at first, the Indian Constitution offers a solid basis for fostering inclusion and safeguarding through its enabling provisions, directive principles, and fundamental rights. All citizens, including people with disabilities, are entitled to the same basic fundamental rights. Article 14 forbids arbitrary discrimination and ensures equality before the law. While disability is not specifically mentioned, Article 15(3) gives the state the power to frame exclusive measures for women and children, paving the way for specific initiatives for women with disabilities. While Article 21 guarantees the fundamental right to life and personal liberty, which the Supreme Court has given a wider interpretation by covering dignity, livelihood, health & education, and Article 16 ensures equality of opportunity in public employment, both

provisions are fundamental for people with disabilities. Similarly, under Directive Principles of State Policy, Article 41 requires the state to ensure opportunities for work, education, and public assistance for people with disabilities, and Article 46 advances the economic, educational, and developmental needs of marginalized sections, including people with disabilities, to guide the state to work towards inclusivity.

WOMEN WITH DISABILITIES: CHALLENGES AND IMPLICATIONS

In Indian society, women with disability exist at an intersection of overlapping and marginalized identities. While the birth of a boy is welcomed with celebrations, the arrival of a girl is rarely welcomed with the same sense of joy. In such a context, one can only imagine the reaction when a girl with disability is born into a family.¹⁴ Disability in any form is perceived as a personal defect in Indian society, while being able-bodied is considered the baseline for normalcy. When we talk about disability, women are often excluded from the discussion, which undervalues the double oppression they encounter daily. Limited focus is placed on women with disability either in society or in the legislation and policy framework. While women in general have struggled for years to achieve parity, they still face disproportionate levels of violence and hardship in Indian patriarchal society. If society remains unsafe and ill-equipped to protect able-bodied women, one can only imagine the magnitude of challenges and barriers faced by women with disabilities who are far more vulnerable.

EDUCATIONAL BARRIERS

Although education is frequently cited as the cornerstone of empowerment, many Indian women with disabilities still view it as an unattainable aim. Data from the 2011 census clearly illustrates this discrepancy. Women make up 44% of all people with disabilities in the nation, who comprise 2.21% of the population.¹⁵ However, only 45% of women with disabilities are literate compared to 62% of men with disabilities.¹⁶ This disparity continues to grow in rural areas, where this rate of illiteracy is a serious concern. Unsupportive parental behaviour

¹⁴ Vidhya S, *Social status of women with disability*, *International Journal of Applied Research*, Vol 2, Issue 2, Part H (2016) 488–490
<https://www.allresearchjournal.com/archives/?year=2016&vol=2&issue=2&part=H&ArticleId=1552> last visited on 10 August 2025.

¹⁵ *Disabilities in India*, Statista, available at: <https://www.statista.com/topics/8278/disabilities-inindia/#topicOverview> (last visited on Aug. 10, 2025).

¹⁶ UN Women. 2022. “Leaving no girl behind in education”. Leaving no girl behind in education | UN Women – Headquarters (last visited on Aug. 13, 2025).

frequently has an important impact. Inadequate gender-responsive infrastructure, such as restrooms for girls with special needs, a physically non-inclusive classroom, and irregular and unreliable transport services, are all examples of practical obstacles that still exist. Despite their aspiration to pursue their education, the absence of basic facilities frequently causes them to drop out. The situation is aggravated by safety concerns and increased danger of sexual harassment and violence. An atmosphere where education feels hazardous or unattainable is produced by these apprehensions, paired with inadequacies in the infrastructure.

These disparities were exacerbated by the COVID-19 epidemic. In remote places where access to technology and the internet is limited, the abrupt transition to virtual and distance education excluded a large number of girls with disabilities. The isolation was made worse by a lack of knowledge about their rights as disabled people, inadequate information access, financial difficulties, and inadequate exposure to a supportive network. Finding a place in society, being independent, and ending the cycle of marginalisation are the goals of the education of these women, which goes beyond simply acquiring literacy skills of reading and writing.

SEXUAL RIGHTS AND REPRODUCTIVE HEALTH

Reproductive autonomy and sexual rights of women with disabilities are a crucial aspect of rights that have been mainly overlooked by the disability rights movement. This lack of discourse has only contributed to these women's marginalisation and perpetuated damaging misconceptions by ignoring a whole aspect of the human experience. In many cases, women with disabilities are perceived as either completely asexual, meaning they lack sexual desires or attraction, or, conversely, as hypersexual and subject to compulsive desires.¹⁷ They are perceived as ineligible for marriage, interpersonal intimacy, or a maternal role. Social structures, community networks, and families' treatment towards women with disabilities reflect these underlying beliefs, which go beyond personal biases. There are real repercussions to this social denial. Regarding sexual rights and reproductive health, personal hygiene, safe relationships, and sexually transmitted infection prevention, many women with disabilities are deprived of legitimate and age-appropriate information. They are susceptible to misinformation exploitation and abuse as a result of their ignorance. It's important to note that women with disabilities do not lack desire or aspiration because they are not recognised; rather, these

¹⁷ Nidhi Goyal, *Denial of Sexual Rights: Insights from Lives of Women with Visual Impairment in India*, 25(2) *Reproductive Health Matters* 137–146 (2017), available at: <https://pubmed.ncbi.nlm.nih.gov/28784059/> (last visited 12 August 2025).

women also have dreams, aspirations, and sexual desires just like everyone else.¹⁸ They lack a secure, supportive environment where they may express their needs and want to discover their own sexuality and make decisions on relationships, marriages, and reproduction. Their identities are scrutinized and forced to adhere to an arbitrary ideal of sexuality by myths about their sexuality, whether it is the misconception that they have sexual desires, or the presumption that they are not good mothers or wives.

VIOLENCE AGAINST WOMEN WITH DISABILITIES

In India, violence against women with disabilities is not only pervasive but also intricately woven into the Institutions of the state, the family, and the community. Systematic neglect of the stigma associated with disabilities and intersectional dynamics of gender base oppression all influence the types of violence and counter-violence. Women and girls with disabilities may experience ongoing abuse in the family, which is frequently seen as the main source of care and safety. Marginalization of women and girls with intellectual and psychosocial disabilities who were in institutional care in India was made public by Human Rights Watch's study "Treated Worse than Animals," published in 2014.¹⁹

The fact that these women are frequently viewed as weak and unable to make decisions for themselves was demonstrated. Many face severe treatments, enforced medicine, verbal and physical abuse, forced incarceration, and dreadful living circumstances. While there is no national disaggregated data on violence against women and girls with disabilities, senior government officials recognize this population faces a heightened risk of violence, including sexual violence.²⁰ According to studies conducted in Mumbai, patterns of physical abuse and sexual abuse are often the result of discriminatory views about these abilities, particularly when the child is female.²¹

¹⁸ Renu Addlakha, Janet Price & Shirin Heidari, *Disability and Sexuality: Claiming Sexual and Reproductive Rights*, 25(2) *Reproductive Health Matters* 4–9 (2017), available at: <https://pubmed.ncbi.nlm.nih.gov/28784058/> (last visited 12 August 2025).

¹⁹ Human Rights Watch, "Treated Worse Than Animals: Abuses Against Women and Girls with Psychosocial or Intellectual Disabilities in Institutions in India" (New York: Human Rights Watch, 2014), <https://www.hrw.org/report/2014/12/03/treated-worse-animals/abuses-against-women-and-girls-psychosocial-or-intellectual> (last visited on Aug. 10, 2025).

²⁰ Some states, however, have taken measures to maintain disaggregated data. The Maharashtra police, for instance, reported that between January and October 2015, 76 women and girls with disabilities (including those characterized as "mentally challenged" and "handicapped") were victims of rape in Maharashtra alone. Maharashtra Police, Presentation on "Measures Taken to Prevent Crime Against Women," on file with Human Rights Watch.

²¹ Nayreen Daruwalla, Shruti Chakravarty, Sangeeta Chatterji, Neena Shah More, Glyn Alcock, Sarah Hawkes

Disabled girls are often construed as a burden or liability and perceived as unworthy of economic assistance for their schooling and personal growth, which damages their self-esteem from early childhood. Sexual violence within families or broader family networks is frequently underreported. Such instances may be denied or disregarded by parents out of embarrassment, fear of social rejection, or an ingrained sense that their daughters' rights and dignity are less significant. Particularly at risk are women who have psychosocial disabilities, intellectual disabilities, or have hearing impairment due to communication challenges, dependence on caretakers for everyday necessities, and restricted access to information regarding their rights and personal safety. The 2018 West Bengal case, in which a neighbour regularly sexually assaulted a 19-year-old girl with an intellectual disability, provides a clear example.²² Her family didn't know about the abuse until she became pregnant, since she couldn't express it properly. Such crimes frequently go unreported until they have inflicted significant and irreversible damage. Another well-known case of institutional brutality is the Muzaffarpur Shelter Home case in Bihar.^{23,24} A social audit carried out by the Tata Institute of Social Sciences in 2018 revealed persistent sexual assault at a state-funded girls' shelter where 34 out of 42 girls had experienced prolonged sexual assault, some of whom had disabilities. There were accusations of forced abortions and, in one case, outright murder. A highly concerning network of collisions between the shelter's operators, local authorities, and politically connected people was exposed by the case. This incident caused widespread outrage, but it also highlighted how vulnerable women with disabilities are in institutional care, where accountability is frequently compromised by special interests and oversight is inadequate.

EMPLOYMENT CHALLENGES

According to the 2011 Census, only 26 percent of the population is employed. Males make up 78% of the working population with disabilities.²⁴ Women with impairments are more likely

& David Osrin, *Violence Against Women With Disability in Mumbai, India: A Qualitative Study*, *SAGE Open* 3(3), 2158244013499144 (2013), available at: <https://doi.org/10.1177/2158244013499144> (last visited on 13 August 2025).

²² Namita Bhandare, *Women with disability face higher risk of sexual violence & lower access to justice in India*, *The Print*, 3 April 2018, available at: <https://theprint.in/opinion/women-disability-higher-risk-sexualviolence-justice/46777/> (last visited 12 August 2025).

²³ *Muzaffarpur shelter home case: Brajesh Thakur—under his care, 34 girls were 'sexually assaulted'*, *The Indian Express*, 5 August 2018, available at: <https://indianexpress.com/article/india/bihar-muzaffarpur-shelterhome-case-bihar-scandal-brajesh-thakur-paratah-kamal-sexual-abuse-under-his-care-5292021/> (last visited 13 August 2025).

²⁴ *percent quota must for disabled in all govt jobs including IAS: Supreme Court*, *The Indian Express*, available at: <https://indianexpress.com/article/india/india-others/3-quota-must-for-disabled-in-all-govt-jobsincluding-ias-supreme-court/> (last visited Aug. 13, 2025)

to be unemployed. Despite this vast reservoir of resources, stakeholders have placed very little emphasis on the employment of people with disabilities.

Women in India generally have severe barriers to work, education, and training. The difficulties faced by women with disabilities are aggravated by prejudice rooted in the intersection of Gender and disability, which further reduces their chances of engaging in meaningful employment. The Society for disability and Rehabilitation Studies has conducted research that demonstrates how women with disabilities are frequently viewed as having more limitations than other skills.²⁵ They are often assumed by employers and the community to be not in a position to work, let alone earn a living or achieve independent living. Their chances of finding work are reduced by this discrimination, which also makes them more reliant and dependent on their family. The issue is significantly worse in rural areas. According to a study, rural women with locomotor disability frequently experienced a combination of underemployment, unemployment, low salary, lack of training, restricted access to opportunities, and deeply rooted social biases.²⁶ Low employment engagement and low educational enrolment are strongly correlated. Women with disabilities are denied formal employment possibilities, and they continue to be at risk of poverty if they lack access to education and vocational training for their skill development. There is a persistent gender gap in employment among people with disabilities, according to data.²⁷ Research indicates that the employment rate for women with disability in India was three times greater than that of women without disabilities.²⁸ Partially shaped by dominant social conventions that continue to marginalise women with disability from paid employment, a significant number of men continue to devalue or disregard women's contributions in the workforce. Women with disabilities still make much less money than men, even when they land permanent employment.

According to research, disabled women typically receive only 56% of the pay that full-time disabled males receive.²⁹ Discrimination based on disability and gender is seen in these salary

²⁵ Society for Disability and Rehabilitation Studies. *Employment rights of disabled women in India : A study of compliance & impact of the PDA with Special Reference to UP, Rajasthan, Bihar, Maharashtra, and Tamil Nadu*. New Delhi: National Commission for Women

²⁶ D'Souza, L.V. and Singhe M.S. (2018). *Economic and occupational profile of the rural disabled women: A study of Raichur district of Karnataka*. Research Journal of Humanities and Social Sciences, 19(4):1001-1005

²⁷ Mohanty, R. (2005). *Impact of disaster on disabled women special reference to Jagatsinghpur District*. Bhubaneswar: Shanta Memorial Rehabilitation Centre.

²⁸ Mitra, S. & Sambamoorthi, U., *Employment of Persons with Disabilities: Evidence from the National Sample Survey*, 41 *Economic and Political Weekly* 199–203 (2006).

²⁹ *Equity to Women with Disability in India* (Strategy Paper prepared for the National Commission for Women, Rao, I., 2004), available at: <https://standindia.com/wp-content/uploads/2017/01/7667871Equity-to-women-withdisabilities-in> (last visited on Aug. 11, 2025).

disparities. In addition, women with impairments are more likely than men with disabilities to work as cheap labour under contract, frequently without social protection or stable employment.³⁰ They have little opportunity for financial independence and are exposed to exploitation because of their insecure work. There are many interrelated obstacles to work. Women with disability find it challenging to access or operate in professional settings due to physical impairments, such as workplaces lacking ramps or accessible restrooms or reasonable accommodation. Furthermore, unfavourable opinions of coworkers and employers foster a toxic and dysfunctional workplace environment where discriminatory practices can be explicit or implicit, deterring women from looking for or remaining in jobs. The idea that women with disabilities are financial liabilities when families further restrict their options because they perceive them as a burden or a liability. As a result, they become severely financially dependent, have less negotiating power, have fewer options in life, and are more susceptible to abuse and neglect. For these women, work is a method of social integration, self-esteem, autonomy, and empowerment in addition to a source of income. They can demonstrate their ability and refute misconceptions through valuable employment. Despite the existence of policies and programs, women with disability are barred and marginalised from access to economic and social empowerment due to the unequal implementation, lack of attention, and sensitivity to genderbased constraints.

JUDICIAL AND LEGAL HURDLES

Assurance of fairness and Justice seems far away to many Indian women with disabilities. Discrimination and bias in accessible Institutions and a lack of awareness of their requirements frequently obstruct the way to safety and Justice, even in cases where laws are in place to protect women with disabilities. The Criminal Law (Amendment) Act 2013 in India established significant accommodations to assist women with disabilities in sexual abuse cases. These accommodations include avoiding repetitions, cross-examination employing translators or special educators, and recording the testimonies in a secure setting and a safe environment. full, these clauses frequently stay on paper.³¹ Important information is frequently omitted from FIR, and survivors are refused assistance because they do not have a formal certificate of

³⁰ UNNATI, *Realising UNCRPD: Learning from Inclusive Practices—Case Studies in Education and Employment* (2011), available at: <https://www.unnati.org/pdfs/books/uncrpd-eng.pdf> (last visited on Aug. 11, 2025).

³¹ Sunil Kumar Mishra, *Women with Disability & Indian Legal Framework: Challenges and Opportunities*, IJLMH, vol. 2, no. 3 (2019): ISSN 2581-5369.

disability, and inadequate training resources and skills affect a significant number of police officers in implementing them. Free Legal Aid is rarely mentioned to survivors, intensifying their distress and powerlessness, especially in cases where the victim is a woman with disability.

Women and girls with disabilities find it difficult to obtain state compensation, especially in rural areas, despite having a full legal claim to it, such as in grave cases involving abuse during childbirth following sexual harassment or significant heart-shaped. Their credibility in court is further damaged by preconceived prejudices. Psychosocially and intellectually disabled women are frequently stereotyped as fragile witnesses framed through a hyper sexual lens and treated as childlike. They may be asked to provide more proof than others and their testimony may occasionally be questioned due to prior mental health issues. This discrimination reaches into both family life and legal domains. Due to their disability status rather than their real parenting skills, many mothers with disabilities are wrongly labelled as unfit, running the risk of losing custody and other parental rights. They may become trapped in violent relationships because of fear of losing their children. Physical, sexual, mental, economic, and even medical coercion, such as sterilization without consent or mental therapy, are all kinds of violence against women with disabilities. Escaping becomes significantly difficult when the offender is also their caregiver. In accessible Shelters, a shortage of qualified counsellors and a lack of effective coordination between the survivor and support organisations impose barriers to safety and access to justice. Survivors may not receive enough support if service providers mistakenly believe that the other sector is assisting. Women with speech and motor impairments may have their accusations dismissed by law enforcement because they are erroneously perceived as intoxicated and unreliable.

POVERTY AND ECONOMIC MARGINALIZATION

Poverty and disability have a reciprocally reinforcing link, and for women with disabilities, the relationship is extremely detrimental and devastating. Due to their interference with schooling and learning, reduced employment opportunities, and higher medical expenses, disabilities in India are often the cause of poverty. However, poverty itself may also be a contributing factor to disability because unhealthy and inadequate diet, unsafe living environment, and insufficient medical services increase the risk of illness, bodily injury, and health disorders. This cycle is made worse by gender-based inequalities that continuously impede the economic opportunities

of women and their financial empowerment. A position of multiple disadvantages is possessed by women with disability who are systematically excluded under a patriarchal framework that undermines their competence and prevents them from inclusive participation in social and economic spheres, alongside physical and sensory disabilities. A large proportion of women with disability reported a decrease in economic well-being and financial resources after the emergence of their disability.³² This was frequently associated with a complete economic dependence rather than a basic reduction of earnings. Women were frequently compelled to discontinue their employment, stop pursuing occupational training, or become totally reliant on family members possessing insufficient personal resources.

This phenomenon is recognized as “triple discrimination” by some scholars – a combination of poverty, ableism, and gender inequality that leads to an intensified and multifaceted form of marginalization.³³ Poverty is a persistent, systematic state that curtails their opportunities, disregards their dignity, and negatively impacts their overall well-being. Their reality of financial struggle is more profound and unavoidable than that of males with disabilities. Around one-fourth of disabled women in India lack the means to have three meals every day, which emphasizes the severity of this deprivation.³⁴ Due to inadequate implementation, lack of knowledge, mobility, or administrative assistance, women with disability face barriers to accessing social safety nets.

CONCLUSION AND WAY FORWARD

In institutionalised care settings, women with disability remain subject to various forms of discrimination in contexts shaped by gender, disability, and socio-economic status, which give rise to cumulative overlapping vulnerabilities. Research demonstrates that women with disability are more exposed to mistreatment, neglect, and denial of reproductive rights. Legislative and institutional framework continue to support practices including non-consensual treatment, guardianship-directed decisions, and prolonged institutionalisation despite the statutory safeguards. Their perspectives are additionally marginalized by a lack of gender

³² Thomas P, *Mainstreaming Disability in Development: India Country Report* (Disability Policy Project, June 2005) https://assets.publishing.service.gov.uk/media/57a08c58ed915d622c0012a9/PolicyProject_india.pdf last visited on 14 August 2025).

³³ Vidhya S, *Social status of women with disability*, *International Journal of Applied Research*, Vol 2, Issue 2, Part H (2016) 488–490 <https://www.allresearchjournal.com/archives/?year=2016&vol=2&issue=2&part=H&ArticleId=1552> (last visited on 14 August 2025).

³⁴ World Bank. (2007). *People with disabilities in India: From commitments to outcomes*. Washington, DC: Human Development Unit South Asia Region

sensitive oversight and inadequate accountability systems. In addition to institutional shortcomings, these disparities are a reflection of societal discrimination against women and people with disabilities in general.

A comprehensive conclusion must acknowledge that improvements and reforms should not be restricted to merely enhancing institutional conditions. Rather, equality demands the abolition of existing mechanisms that legitimize custodial care and the replacement of institutionalized care with rights-focused community-led alternatives. International norms like the United Nations Conventions on the Rights of People with Disabilities, which prioritize autonomous living, equal legal recognition, and safeguard against abuse and exploitation, should be firmly enforced. These are statutory obligations for state authorities rather than aspirational objectives. To guarantee that women with disabilities are acknowledged as autonomous individuals who are able to govern their personal choices and life decisions, the Indian legal system must adopt a rights-based approach instead of a welfare-centric model.

The way forward requires a gradual yet resolute transformation. Independent supervisory agencies should also be given the authority to inspect without prior notice and take action on grievances. In order to guarantee that consent is obtained with full information and provided without coercion, laws authorizing guardianship, non-consensual treatment, and forced hospitalizations should be revised to integrate supported decision-making frameworks.

Finances should be reorganized to allocate funds promoting community integrated services, including assisted living and transitional housing, assistance schemes, and women with disabilities led peer networks.

Community outreach awareness campaigns and educational programs must be implemented to foster favourable views of the societal contributions of women with disabilities. There is a need for provisions to enhance the social representation of women with disabilities in policy development and advocacy. In order to produce disaggregated data on the particular difficulties and barriers faced by women in clinical psychiatric and residential facility-based information that may drive evidence-based policymaking, data collection procedures should be strengthened. The primary long-term objective is to shape a society where institutional care ceases to be the primary response to disabilities. Women with disability must be in a position to procure accessible accommodation, sustainable livelihood opportunities, inclusive educational systems, and community-oriented health services. In order for women with

disabilities who experience violence – whether in their homes and institutions or communities- to facilitate barrier-free access to justice, survivor-focused support mechanisms must be reinforced. Cross-border cooperation and donor efforts should centre on empowering women with disabilities to move out of restrictive institutions and into community-centred living. The objective should not be to allocate additional funds into custodial care but to create opportunities enabling women to live autonomously, exercising independent choices while being afforded dignity and equal status.