



*Winner Australian Human Rights Award 2001
Winner National Violence Prevention Award 1999
Nominee, French Republics Human Rights Prize 2003
Nominee, UN Millennium Peace Prize for Women 2000*

First World Conference on women's Shelters

Concurrent Session: "Forgotten Sisters: Advancing Women with Disabilities"

Thursday 11th September 1315 – 1445

"No Way Out – Nowhere to Go"

"Global perspectives on disability, disempowerment, domestic violence and denial of refuge"

Sue Salthouse & Carolyn Frohmader

"The Human Right to adequate housing is the right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity."

- Miloon Kothari (UN Special Rapporteur on Housing, 2008)

1 Introduction

Formal acknowledgement of the traditional owners of the land.

This first World Conference on Women's Shelters (WCWS) is a breakthrough in beginning to address the gendered discrimination which leads to untold numbers of our sisters the world over having a desperate need for women's shelters both at times of dire crisis and transitioning back to the wider society. Most of us here will ascribe to feminist philosophies to underpin our work. Most would acknowledge the gendered nature of exclusion, abuse and violence – that is gender discrimination. However, our panel today is concerned with the significant proportion of women who are women with disabilities. All of us up here have constituents whose lives are negatively affected on a daily basis by an additional dimension of discrimination – that of disability discrimination.

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We contend that the intersection of these two discriminations have rendered women with disabilities to the most marginalised populations of every society in the world. These twin discriminations are overlain by additional marginalising factors which can affect all women - discrimination on the grounds of ethnicity, race, culture, sexual preference and body image.

Research that has been conducted indicates that violence against women with disabilities is a problem of epidemic proportions (WWDA [a]2007), and that compared to non-disabled women, women with disabilities:

- experience violence at higher rates and more frequently;
- are at a significantly higher risk of violence;
- have considerably fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time;
- experience violence that is more diverse in nature; and,
- experience violence at the hands of a greater number of perpetrators.

At present, women with disabilities are largely denied entry to Women's Shelters, even though the incidence of their need for refuge is demonstrably much greater than for non-disabled women.

Our panel will outline the factors which conspire to make the situation for women with disabilities so dire; to thereby increase collective awareness; and through this to begin a concerted international initiative for change. This means change of policies at governmental level as well as changes to policies, programs and practices in all our workplaces, so that the doors of all Shelters can be opened for all women.

I represent Women With Disabilities Australia, W-W-D-A or 'widda'. WWDA is a human rights, feminist, disability peak organisation which is run by women with disabilities for women with disabilities. As one of the world's very few cross-disability organisations, we undertake systemic advocacy in all government policy areas with particular focus on reproductive rights, sterilisation and violence, working towards an Australian society which is truly inclusive of all its citizens. In 2007 we published a definitive world-view Manual on violence against women with disabilities, and the women you see on the screen populate that manual.

People with disabilities number approximately 650 million world wide – 10% of the world's population. Estimations of the numbers of women with disabilities differ widely, from 75% (Centre for Reproductive Rights 2002) in low and middle income countries, to less than 46% (UNESCAP 2002, World Bank 2008) with neglect of the girl child, and death following parturition cited as reasons for this appalling lower figure.

In Australia people with disabilities make up 20% of the population, numbering about 4 million of us, with women making up 50.5% of this number. Irrespective of percentage or our numbers, disability renders us invisible, and disabled women are uncountable, unaccountable, unmentionable and expendable. You will note that this presentation and the accompanying slides do not contain data, tables or statistics. This is because very little data is available, and there is a dearth of research about women with disabilities.

At this conference's focus on women's shelters, we can say that the women who arrive on the doorsteps of refuges and shelters the world over, have at least two things in common - crisis and the need to escape from it. They may differ in what precipitated the crisis and consequent need to escape – being without roof can arise through poverty, landlord abuse, drug and alcohol misuse, episodic mental illness; or domestic and family violence. The 'escape' desired may be a personal one to confront and deal with drug abuse, or the need for support to stay 'clean'. A shelter offers some kind of refuge and respite from whatever assails those women. However, for women with disabilities, irrespective of a greater need for escape, in large part their disabilities entrap them. They have no way out and nowhere to go.

2 Poverty

What brings this about? Poverty is one factor. Degrees of poverty are comparative. The annual income for a woman with disabilities in the developing world is miniscule compared to her counterpart in a developed country. However, irrespective of location, the twin discriminators of gender and disability continue to perpetuate a situation where women with disabilities are locked into lives of extreme poverty. Any income disparity carries with it a widely gaping power imbalance where manipulation, exploitation, assault and violence rush in to fill the void. Thus the combination of gender and disability discrimination, make women with disabilities particularly vulnerable to a greater range of more frequent and more prolonged incidents of domestic and family violence. Both gender and disability-related violence are exacerbated to a greater or lesser degree in different societies by embedded cultural values (UNIFEM 2007); which values in turn affect the fundamental functioning of our societies.

We need to also specifically reform the cultural conceptualisations which empower the perpetrators. In developed countries, with high levels of literacy, with access to media and money, there has not been marked success in counteracting the predominant paradigms where men still have more power – power which they both use and abuse. The challenges in the developing world are greater. Irrespective of country or culture, a gender-sensitive human rights approach needs to be used to address domestic and family violence and other discriminating elements which affect all women.

3 Human Rights

How often do we acknowledge discrimination against women yet fail to address it in terms of human rights? The first Article of the Universal Declaration of Human Rights (UN 1948) states that: "*All human beings are born free and equal in dignity and rights*". This should be sufficient to produce a stream of equitable actions which ensure that freedom, equality, dignity and respect are rights afforded to all. Indeed the general principles enshrined in all human rights conventions should ensure that the human rights of all women with disabilities are met. They do not. Freedom from all abuse is a human right, yet for women with disabilities it is a right denied.

For all women, the Convention on the Elimination of (All Forms of) Discrimination Against Women (CEDAW) is a 30-year old international attempt to address the negative imbalances affecting women. Unfortunately no mention of disabilities was initially made in the entire convention, although once again any application of the general principles enshrined therein should have ensured that neither disability nor gender discrimination persists. The omission of all reference to women with disabilities was rectified in 1991 (after 20-odd years) through the addition of a 'rider' (General Recommendation 18 {UN 1991}) which specified that information on women with disabilities was to be provided, with reporting on all special measures taken to ensure women with disabilities have equal access to participation in all areas of life and culture. Overall national Status Reports to the UN have shown little regard for this reporting requirement (Quinn & Degener 2002).

The CEDAW committee in response to the latest Australian Government reports has noted that there is "*insufficient data on women with disabilities*". It asked Australia for better data collection and analysis, disaggregated by disability; and impact assessments of all policies and programmes. So at least a way of measuring change may be forthcoming. The Committee further highlighted the lack of access for women with disabilities to all health services, including lack of assistive equipment and infrastructure.

These CEDAW committee comments to my government should resonate with others here. What data do your governments generate? Which of your shelters can house a woman in a wheelchair? Is mental health the only disability with which you deal? What statistics do you need to benchmark what you do? How will improvements be measured? WWDA suggests that CEDAW is a check list on human rights for women, including women with disabilities, and that it can support our monitoring mechanisms at the service provider level.

The latest UN Human Rights Convention explicitly addresses disability. The Convention on the Rights of Persons with Disabilities (CRPD) (UN 2007) carries specific wording to highlight the situation of women with disabilities.

Article 6 outlines the rights of women with disabilities; Article 7 is dedicated to the rights of children with disabilities; Article 15 deals with degrading treatment, and Article 16 focuses on freedom from violence and abuse. So this convention too is a checklist. Since March 2007 130 nations have become signatories. At the time of writing in July 2008, already 30 nations have ratified this convention. Australia's recent ratification on 17th July was met with jubilation by people with disabilities, and zero acknowledgement from those without, which gives an indication of the attitudinal turnaround challenges ahead.

Reference to these conventions will identify the places where your governments or your services fall short of meeting the human rights of women with disabilities for access to shelters and associated services. WWDA's systemic advocacy is directed at using these instruments both at home and abroad to tackle double discrimination against women with disabilities.

4 The genesis of abuse

WWDA's most recent work has focused on violence. The Manual, to which I referred earlier, has a self-contained reference book, "Forgotten Sisters", which gives a global review of violence against women with disabilities. That book has lent its title to this panel.

WWDA contends that definitions of domestic violence such as those used in Australia (AUSTLII 2007) and by most other governments, are far too narrow to describe the full range of domestic situations in which women with disabilities live or the range of violations to which we can be subjected. Too often, acts of abuse against women with disabilities are not named as 'domestic violence', nor seen as criminal offences (Sherry 2000). In using euphemisms such as 'incident', 'neglect' and 'misconduct', we trivialise and ignore a range of acts of domestic violence. Small wonder then, that many women with disabilities do not recognise the abuse they endure as a violation of their rights. In Australia, a number of state jurisdictions are currently amending legislation to widen the definition of domestic violence to include same sex relationships and boyfriend-girlfriend relationships, including situations where protagonists are not co-habiting. Certainly for women with disabilities, domestic violence needs to be widely defined. Women with disabilities are subject to all the forms of violence experienced by non-disabled women, but a range of additional abuses are also too common.

For women with disabilities, physical violence can include deprivation of water, food, heat or cooling; inappropriate administration of drugs; use of restraints (both chemical and

physical); withholding or damaging assistive equipment; and withholding essential services.

Sexual abuse can include demanding sex in return for help; rough or inappropriate touching; being left naked; denial of reproductive health care; forced/involuntary sterilisation; menstrual suppression; and forced abortion.

Emotional or psychological violence includes denial of disability; and threats to withdraw care and/or services. Threats of punishment or abandonment are terrible for a woman with any sort of physical dependency, as is the threat to remove children; or the threat of institutionalization. There is a wider range of restrictions of social interaction, and violations of privacy.

We need to also examine the power imbalances in play for women with disabilities. I ask you to imagine yourself in a wheelchair with a communication board as your means of interacting with others, and consider the power imbalance which walks through the door with every person with whom you come in contact.

Extreme poverty robs women with disabilities of autonomy and economic independence. Denial of education locks us more deeply into a poverty cycle, limiting employment opportunities; limiting access to finance, limiting powers of judgement, and limiting access to information about rights or avenues of escape. These marginalising factors could be re-badged as 'social isolation'. Our access to the community is so limited, limited by prejudice as well as the inaccessible physical environments with which we contend. We are limited by shortages of carers and the money to pay for them. I have heard non disabled women lament the social isolation they feel as home carers of children, or working from home. Extrapolate that situation to one where the home harbours an abuser and leaving the house is impossible.

The nature of our disabilities and the circumstances in which we are placed can make self esteem plummet. In the face of abuse assertiveness crumbles. Societies are riddled with images of the body beautiful. The stereotypes are unattainable for all, but there are compounded negative impacts for women whose bodies are affected by disabilities. Or imagine how a lifetime of public and private taunts about slurred speech or awkward gait will demoralize and erode self esteem. Many women with disabilities develop Pavlovian responses of compliance in order to avoid both subtle discrimination and overt threats. Remaining docile and not complaining may be the only avoidance mechanism available when there is nowhere to which you can escape.

Women who need assistance in daily living are of necessity in constant contact with a range of support workers and particularly vulnerable to the whims of these caregivers. Abusers are free to act when there are no witnesses. This powerlessness of the victim is

perpetrated by societies which allow 'care givers' to be undervalued, underpaid, and poorly trained. High staff turnover means there is reduced scrutiny in the recruitment process and opportunities ripe for unscrupulous candidates.

Many non-disabled women who experience abuse have also experienced the disbelief of those to whom they disclose. The consequences of disclosure can be shame and escalated violence. For all women, behaviours which arise out of prolonged abuse are labeled as erratic, madness, habitual lying and exaggeration. How much worse for women whose disability is intellectual or cognitive, and whose credibility can be questioned at the best of times? The justice system rejects too many cases where a witness with disabilities is regarded as 'not reliable'.

Lack of credibility enables threats to be used as an effective weapon of abuse. Abusers' threats to 'I'll put you in a home' are frequent. Fear of having children taken away is threatened by both abuser and the authorities. The right for women with disabilities to bear children is questioned, our right to keep them even more so. Too often the violent partner is judged to be a better parent than the woman with disabilities. The option of putting appropriate community supports in place to assist her with parenting is rarely considered.

In your work, you may aim to get a 'Sole Occupancy' or 'Exclusion' order for a family so that the perpetrator must leave, and the family may remain in the home. For women with disabilities there is a greater range of places which we may have to call home. We rarely own our homes; rental occupancy is tenuous, and we end up in group homes, institutions, boarding houses, nursing homes and even long term in hospitals and psychiatric wards.

The high vulnerability of women with disabilities can be a magnet to a perpetrator. A woman with disabilities may not be able to physically move or defend herself; communication barriers may limit our ability to tell or get help or be believed; being blind may prevent identification of the abuser. Vulnerability means escape from one situation of abuse can be followed by entrapment in another.

As professionals at this conference we desperately need to address the factors which lock women with disabilities out of the shelter services we operate. Many services do cater for one aspect of disability in that you have extremely high numbers of women with issues of mental illness. However, the great majority of refuges and shelters do not have physical access for women with mobility impairment; or facilities for a guide dog, or interpreters on hand for a Deaf woman. Where a woman also needs care givers or support workers, in-house policies of both the disability service which employs the carers and your shelter service may be at odds. Your policies of police checks may preclude approval of the staff of other agencies. Change of location can throw a roster of attendant carers into

disarray. Moreover your staff and clients may have little understanding of the complexity of disabilities: something as simple as a shower regime which locks other residents out of the single bathroom for over an hour may cause great resentment. Misunderstandings when a Deaf woman is assumed to have the same cultural values as you can escalate tensions. As in the disability sector, you too have high staff turnover. Your work is stressful and difficult. So keeping up the training in disability awareness will be a challenge.

To further our work in assisting all women, it is essential that reforms to our legal systems are made. For women with disabilities, it is imperative that the broadest possible definitions of 'family' and 'domestic relationship' are used. The definition needs to include formal and informal care relationships whether for fee or reward or not. Any persons who are ordinarily members of a household, such as in a group house, should also be in our definition. Time does not permit discussion of the ways in which legal systems work with extreme efficiency to disregard and discount women with disabilities.

The picture is bleak. Despite this I know there are a great many dedicated professionals and carers in your services, in domestic violence services and disability services working with women with disabilities, and who are bringing about changes.

5 Conclusion

The rationale for change is already there. Human Rights conventions and declarations provide the framework on which policies and programs can be built. No country or culture is exempt from the need to examine its treatment of women with disabilities. The home, irrespective of the form it takes, should be a safe haven.

Thankyou.

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