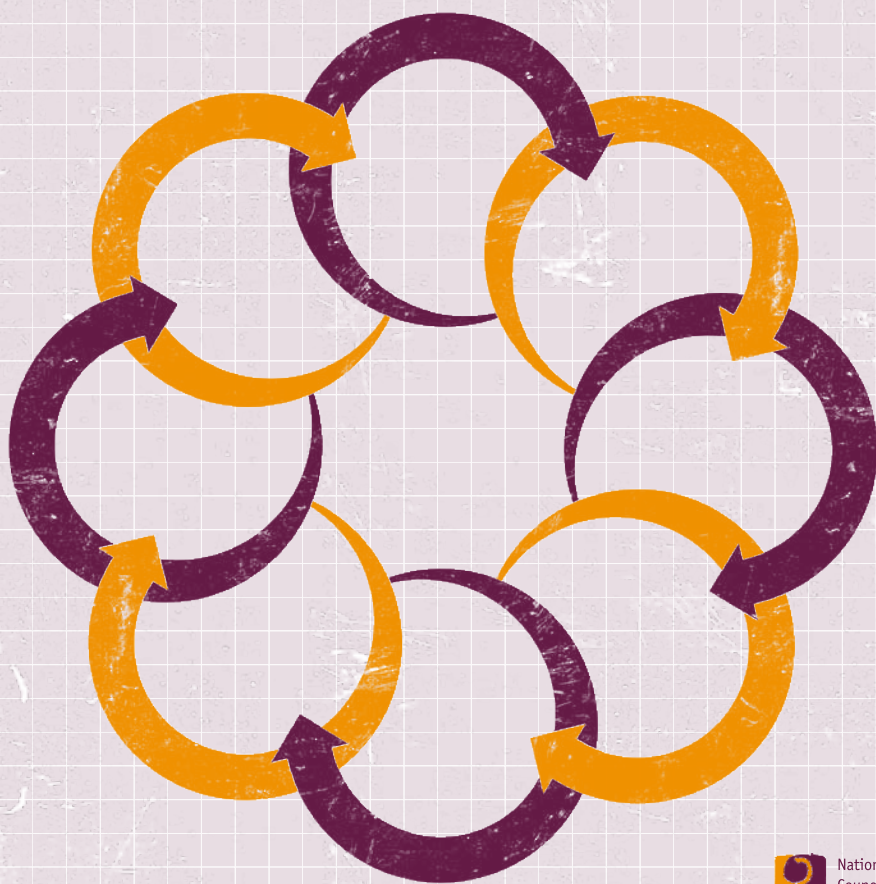# Disability and Women in Ireland
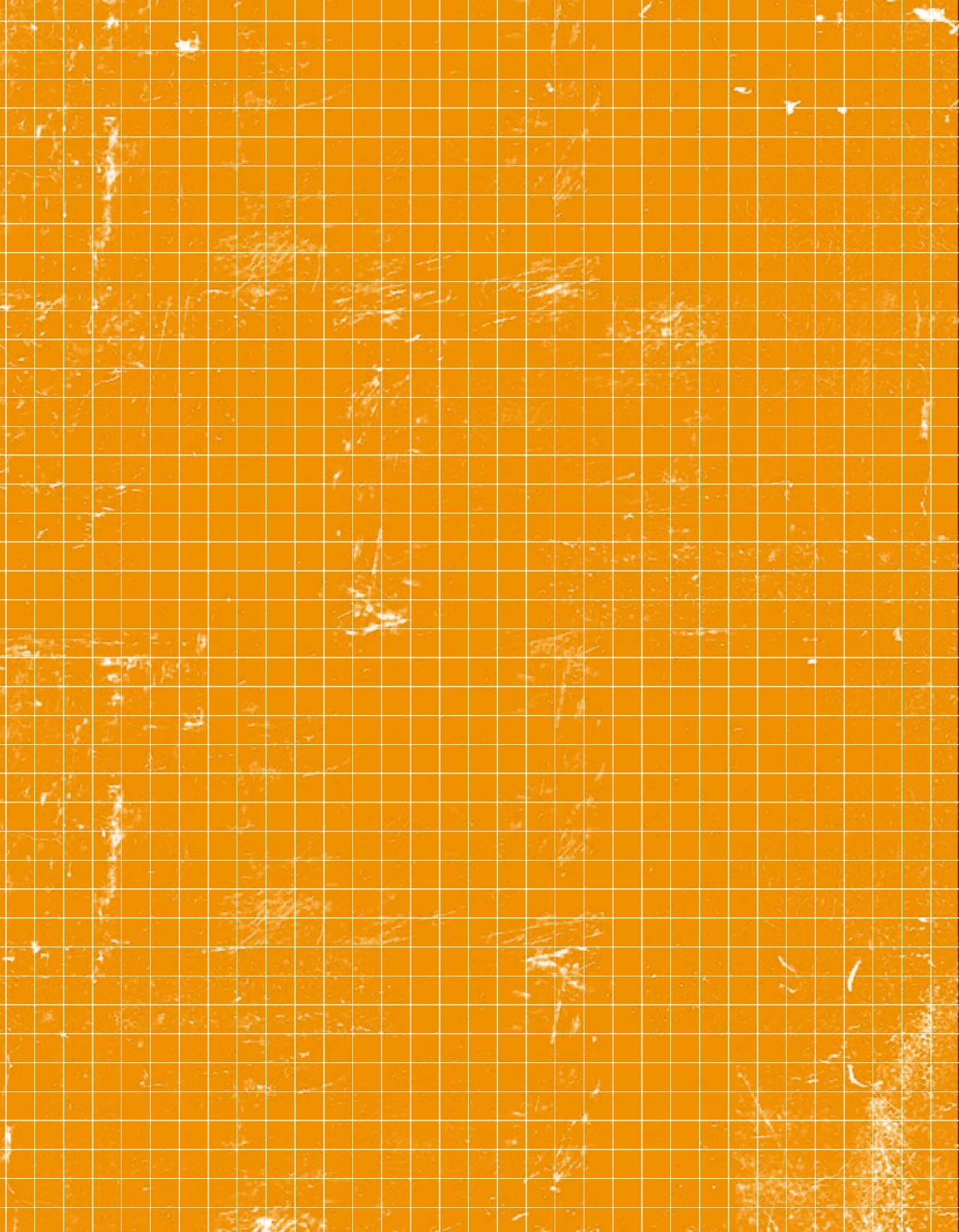## *'Building Solidarity and Inclusion'*

National Women's Council of Ireland

National Women's
Council of Ireland

Comhairle Náisiúnta
na mBan in Éirinn

Disability and Women in Ireland
'Building Solidarity and Inclusion'

National Women's Council of Ireland

Contents:

Introduction

There has been a growing recognition over recent years of the situation and experiences of people with disabilities in Irish society. Figures from Census 2006 reveal that over 9% of people in Ireland have a disability and they come from all sectors of society: women and men, young and older people, rural and urban dwellers, those on lower and middle incomes and from different ethnic and social backgrounds.

Little attention has been paid to the specific experiences and needs of women with disabilities in Ireland. There is an unspoken assumption that policies and practices towards people with disabilities are gender neutral and a lack of understanding of the ways in which gender and disability issues interact. In practice, gender inequalities that permeate the structures of our society combine with disadvantages experienced by disabled women to create particular forms of exclusion and discrimination. In our economic and political systems, women with disabilities are only beginning to become visible and their needs only starting to be addressed within the policy-making process.

Similarly, many disabled women in Ireland give testament to significant levels of exclusion and isolation from women's groups and the women's sector as a whole. The struggle for women's equality has not concentrated to any significant degree on the particular needs of disabled women or on the specific strategies required to address their concerns.

The National Women's Council of Ireland (NWCI) is committed to working towards greater equality for disabled women, increased participation and representation of disabled women at all levels of Irish society, more resourcing of support systems and significant improvements in the economic and social situation of women with disabilities.

> **!** **The purpose of this document is to support NWCI, our affiliates and women's organisations throughout Ireland to;**
>
> Build our understanding and analysis of the issues facing disabled women.
>
> Challenge our own prejudices and stereotypical views of disabled women.
>
> Proactively encourage the involvement of disabled women in women's organisations and the work that these organisations do.

The document is divided into 4 sections.

Section 1
'Understanding Disability' outlines social and medical approaches to disability and the preferred model being advocated by disability rights organisations and others in seeking true equality for disabled people in Ireland.

Section 2
'Including Disabled Women', refers to the importance of a rights based approach to addressing disability concerns. It identifies 10 important steps which women's organisations can take to develop their own learning and awareness and to actively include disabled

women in their structures, their processes and their work. A list of appropriate and inappropriate terms to use when discussing disability is also provided along with a sample disability inclusion policy which could be adopted and implemented by women's groups.

Section 3
'Disabled Women in Ireland' presents the current situation of disabled women and policy responses to date with regard to poverty, social inclusion, the labour market, access to health services, sexuality and reproductive freedom and violence against women. This section also includes guidelines developed by the National Disability Authority (NDA) and Women's Aid for good practice responses in relation to violence against women with a disability.

Section 4
This section is a list of useful contacts which organisations may find helpful.

We would like to express our sincere thanks to Ursula Barry and Joan O'Connor of the Women's Education Research and Resource Centre, University College Dublin for compiling the preliminary research for this document. Sincere thanks also to Jacqui Browne and to our members who fed back comments on the first draft of the document. To Women with Disabilities in the West and the Step Forward Group for sharing their valuable thoughts and insights with us. Some of their comments are included as quotes in the document.

Section 01
Understanding Disability

Perspectives on Disability

There are **two key perspectives** on disability that have informed policy-making, social provision and legislation.

1 The Social Model of Disability

Over the last twenty years the **social model** has become central to our understanding of disability. Its focus is on the inadequacies of social, environmental, political and economic factors in society that restrict the full participation of people who have impairments thereby failing to accommodate their needs. This emphasis on political and economic processes that generate disabling environments represents a shift in thinking about disability. The model draws attention to why people with disabilities experience such high levels of social exclusion and discrimination and can help pave the way to inclusion, respect and equality.

2 The Medical Model of Disability

Prior to this a **medical model** of policy making and practice prevailed. In a medical model of disability the focus is on how impairments affect functioning and participation and disability is seen primarily as a personal or medical issue. The medical model therefore, focuses on the individual's impairments. Policy responses based on this model have frequently led to experiences of social exclusion, low self-esteem and discrimination against people with disabilities.

Disabled Women and Diversity

In practice, women identify themselves in a number of different ways including for example, as women, mothers, women with disabilities, disabled women, disabled mothers, mothers of children with disabilities and women taking care of both their own children and their parents.

Women with disabilities are not a homogenous group. Differences exist based on type of disability encompassing physical, sensory, and learning disabilities and mental health illnesses. They also exist depending on whether a woman has been disabled since birth, or whether she has an acquired disability, and on characteristics including her age, ethnicity, socio-economic status, cultural background and sexual orientation. These differences must therefore be acknowledged in the design and implementation of responses to meet the needs of disabled women.

Section 02
Including Disabled Women
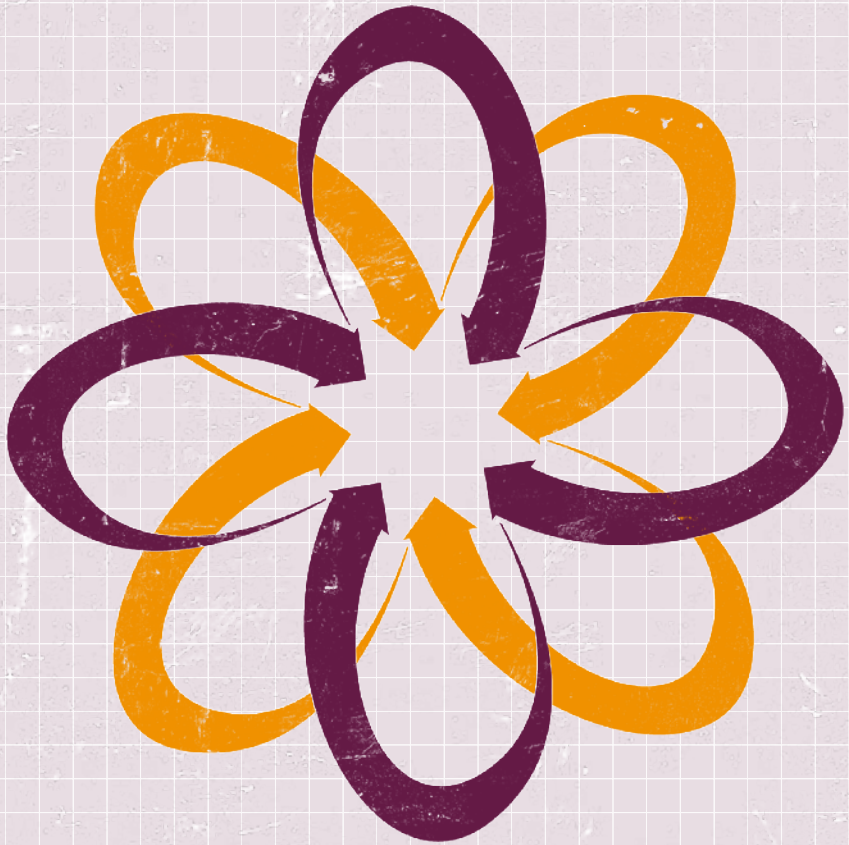
A Rights-Based Approach

Traditionally public attitudes towards disability have operated from a charity-based approach with disabled people being viewed as vulnerable, inferior and incapable individuals who need to be looked after and sheltered from wider society.

❝ There is no expectation that I will participate in everyday life, in love, sex, marriage, employment and so on ❞

Whilst this is still the reality for many women, this perspective has begun to be replaced by a right-based approach founded on the principle of equal citizenship. From a rights-based perspective women and men with disabilities are entitled to the same basic rights that other citizens have, including the right to have a partner, the right to be a mother, the right to be a carer, the right to be a homemaker, the right to work, the right to an education, the right to vote, the right to be actively involved and leaders in social, community and/or political life and crucially, the right to economic independence.

The report by the Commission on the Status of People with Disabilities, 'A Strategy for Equality' (1996) discussed the representation of disabled women in power structures. It concluded that the State has not provided adequate access for the participation and fair representation of disabled people at local, national and international levels. Little has changed and the lack of visibility and representation is particularly acute among disabled women.

The Right to Participate

Women with disabilities are still not included in the decision-making processes, policy making and political structures of government at national, regional or local level.

The under-representation of disabled women in the activities and decision-making structures of women's organisations is also of concern, because it is at this level that many women begin to become involved in training, community development activity, representation and leadership.

It makes me feel very excluded when I am not asked my opinion, when I am talked about rather than talked to.

Facilitating the increased participation of disabled women at all levels of society means that women's organisations at local and national level must proactively encourage disabled women to join as equals in all of their activities and within their management or other decision-making structures.

The following sets out some actions which should be taken to make this a reality and to build the learning and analysis of the issues affecting disabled women within women's organisations.

↓ 10 Steps for Learning and Inclusion

1. Provide disability equality training to members and staff in your group/organisation.

2. Develop and implement your own disability inclusion policy *(A sample policy is included in this section).*

3. Provide structures and spaces for disabled women to meet together to discuss matters of common concern and to find ways of improving their situation.

4. Ensure that policy makers and others are informed and aware of the issues arising from women's experiences of disability, based on the social model understanding of disability and call on government agencies to provide resources and support to disabled women's groups and networks.

❝ There is a lack of funding and a lack of thought when it comes to disabled women's participation in decision-making. ❞

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5. Establish systems to ensure that women with disabilities are consulted and involved in the work of your organisation.

6. Support the inclusion of disabled women in the development and implementation of policies aimed at increasing their involvement in social, economic political and cultural life.

7. Enhance the visibility and representation of women with disabilities within your organisation, in your publications and importantly in the media work that you do.

⬇ 10 Steps for Learning and Inclusion *(cont')*

8 Develop a dialogue with women with disabilities about disability equality issues and consult with them on how your organisation could be made more accessible to and include women with different disabilities and abilities. Working from the position that your organisation is 'open' to women with disabilities may not always mean that disabled women will become involved. Building confidence and trust by meeting with disabled women through outreach, communication and networking is an important step in this regard.

" I feel included when my opinion is respected and valued "

9 Target women with disabilities in the recruitment processes of your organisation. This can be done by ensuring that advertisements for positions are specifically disseminated to disabled women's groups and by encouraging disabled women to apply.

" I feel included when people don't see my disability first and my professional role is respected and valued. "

10 Ensure that your premises and meeting spaces are fully accessible to all disabled women and if necessary seek additional resources to enable this to happen. Access needs vary depending on the types of disability that women have.

The NDA highlights the fact that:

Women who are deaf may require Irish Sign Language interpretation to understand what is going on at the meeting.

People who use hearing aids may require a loop system. A loop system facilitates hearing at large meetings.

People with learning disabilities may require easy-to-read versions of documents to enable their comprehension of technical details.

Easy-to-read versions of documents will aid people whose first language is not English, as well as those with literacy difficulties.

People with mental health difficulties may benefit from pre-meeting contact to overcome their fears of being stigmatised within the gathering.

Dealing with fears of stigmatisation will assist the inclusion of all marginalised groups in society (e.g. members of the Traveller community).

People with mobility disabilities using a wheelchair will require a ramp or level access to a building, a lift instead of staircases, sufficient room to move inside the building and accessible toilet facilities.

Defining Disability

Language, and the way we use it, often plays an important role in creating and maintaining discrimination or reinforcing inequality. It can also represent a statement of identity, dignity and rights. The movement of people with disabilities doesn't use the term 'disability' to mean impairment but rather to refer to the disabling barriers of prejudice, discrimination and social exclusion that act against people with disabilities. Disability refers to the social limitations and role restrictions placed on people with impairments by their interaction with a physical and social environment which does not recognise their situations and their needs.

There is no single agreed way of defining disability or being 'physically or intellectually challenged'. The term 'woman with a disability/disabilities' may be interpreted as implying that the disability rests with the woman, whereas the term 'disabled woman' may imply that it is external circumstances that have 'disabled' her. These terms are used interchangeably among women and for the purposes of this document we also use the terms 'women with disabilities' and 'disabled women' interchangeably.

Appropriate Terms to Use[1]

When writing or speaking about people with disabilities it is important to put the person first. Catch-all phrases such as 'the blind', 'the deaf' or 'the disabled, do not reflect the individuality, equality or dignity of people with disabilities.

Listed below are some recommendations for use when describing, speaking or writing about people with disabilities.

Some examples of inappropriate and appropriate terms:

Term no longer in use	Term now used
the disabled	people with disabilities or disabled people
wheelchair-bound	persons who use a wheelchair
confined to a wheelchair	wheelchair user
cripple, spastic, victim	disabled person, person with a disability
the handicapped	disabled person, person with a disability
mental handicap	learning disability
mentally handicapped	learning disabled
normal	non-disabled
schizo, mad	person with a mental health disability
suffers from (e.g. asthma)	has (e.g. asthma)

1. Reproduced by the Disability Equality Specialist Support Agency (DESSA) from the NDA Guidelines on Consultation.

Adopting and Implementing a Disability Inclusion Policy

Adopting a Disability Inclusion Policy is a way of supporting your group/organisation to plan and evaluate your work in addressing the needs of disabled women.

On the following page there is a sample policy which your group/organisation may wish to use in developing your own disability inclusion policy. Adopting a policy of this nature however is not simply a matter of writing the policy and agreeing it at organisational level. It involves a process of consultation at all levels of the organisation as well as with disabled women and disability rights organisations. It involves planning, monitoring, reviewing and the provision of disability equality training to ensure that the policy is firmly embedded within all of the work of the organisation.

Sample Disability Inclusion Policy[2]

1. Introduction

The _____ (group/organisation name) is committed to ensuring that our organisation challenges stereotyping and discrimination against disabled women and supports full integration. This policy was developed following consultation and awareness raising with all staff and volunteers in the organisation (Give a brief description of how you drew up the policy).

2. Definitions

The _____ (group/organisation) defines disability from a social model perspective recognising that the inadequacies of social, environmental, political and economic factors in society greatly restrict the full participation of people who have impairments, failing to accommodate their needs.

3. Mission Statement

The _____ (group/organisation) wishes to develop our organisation as one where disabled women are empowered to be involved and to participate in all aspects of our work. We want our organisation to be a place where discrimination and stereotyping of disabled women is effectively addressed and where activities are developed that effectively meet the needs of all those we work with, including disabled women.

4. Meeting our Legal Obligations

The _____ (group/organisation) will ensure that we are aware of all relevant equality laws and that these laws are respected and fully complied with in our employment practice and in the implementation of our work programme.

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2. Adapted from the National Consultative Committee on Racism and Interculturalism sample anti-racism policy

5. A Whole Organisation Approach

In working to actively promote the inclusion of disabled women and to challenge the inequality that they experience, we will ensure that our ethos (the principles that we work from), our employment procedures and all of our activities reflect our vision of an organisation based on equality, justice and human rights.

→ **Ethos**
The _____ (group/organisation) is committed to working towards an inclusive organisational ethos. We seek to take into account the diversity of people in the workplace and the diversity of those with whom we work. When policy is being planned, implemented and reviewed the needs of disabled women will be fully considered and incorporated.

→ **Employment Procedures**
The _____ (group/organisation) is committed to ensuring that disabled women are encouraged to take up employment and progress within our organisation.

→ **Work Programme Implementation**
The _____ (group/organisation) is committed to supporting the inclusion of a focus on disabled women in all of our work. To this end we will:

- Work to ensure equality of outcomes from our work for disabled women.

- Specifically target and build the participation of disabled women in our activities.

- Provide disability training for all staff and volunteers in the organisation.

- Gather data and information on the position of disabled women in relation to our work and lobby for the development of clear data collection systems at government level to assess and monitor the position of disabled women in Ireland, particularly with regard to education, training, employment, health and accommodation.

6. Monitoring and Evaluation

Monitoring and evaluation of the implementation of this policy is the responsibility of the management/board of the _____ (group/organisation). An equality officer/equality committee will support and advise on the way in which this policy should be implemented and monitored.

Section 03
Disabled Women in Ireland

Some Positive Developments

Since the 1990's a range of noteworthy policy developments in relation to disability have been introduced in Ireland, the European Union and the United Nations.

1. **The Report of the Commission on the Status of People with Disabilities**, 'A Strategy for Equality' (1996) noted that the key principles that have informed recent international legislation and practice are:

   - recognition that disability is a social rather than a medical issue

   - adoption of a civil rights perspective

   - recognition of equality as a key principle of the human rights approach

2. In its strategic plans the **National Disability Authority (NDA)** has described its understanding of disability as based on a social model, as well as its core belief in a rights-based approach, realised through the pro-active adoption of a civil and human rights perspective in the development of policy and practice for people with disabilities.

3. Equality legislation introduced since the late 1990s aims to protect people with disabilities in Ireland from discrimination and promote equality of treatment in employment and in service provision. People with disabilities are specified as one of nine different grounds covered by equality legislation and have also

been targeted under a specific piece of disability legislation, the Disability Act 2005. While this legislation has been welcomed it has also been criticised for its lack of a comprehensive rights-based approach.

4. An important policy measure which has been introduced in Ireland is the 'disability quota' or the 3% target for the employment of people with disabilities set down by government for all public service organisations. This target is backed by legislation under the 2005 Disability Act. A new system to monitor and oversee its implementation was established in 2007. Every public body has to report to this Monitoring Committee and the Department of Finance is responsible for overseeing the target for all civil servants. These new powers add to the existing protections and obligations under equality legislation.

5. Another development has been the National Disability Strategy as part of the National Development Plan 2007-2013. It is made up of three components, the Disability Act 2005, six government Outline Sectoral Plans and the Comhairle (Amendment) Bill 2004. The Strategy establishes rights to assessments and services in the health and education sectors. It also gives statutory effect to the policy of mainstreaming public service provision for people with disabilities as well as providing for independent advocacy services.

6. In January 2008, an Office for Disability and Mental Health was established in the Department of Health and Children. It is charged with playing a co-ordinating role at government level and working with the Departments of Education and Science, Enterprise Trade and Employment, the Health Service Executive,

the National Disability Authority and recognised disability groups in overseeing the implementation of the National Disability Strategy.

7. At an EU level the anti-discrimination clause included in the Amsterdam Treaty 1999 also specifically identifies people with a disability as a group to be afforded protection against discrimination.

8. The UN Convention on the Rights of Persons with Disabilities was adopted by the UN in 2006 to promote, protect and ensure full and equal enjoyment of all human rights by people with disabilities. Ireland became a signatory in 2007.

Critical Concerns

Despite these developments there are a range of barriers and issues which reflect the daily lives and experiences of disabled women.

Poverty and Social Inclusion

People with chronic illness or disability are more than twice as likely to be at risk of poverty than other adults, and about twice as likely to experience basic deprivation and consistent poverty. Someone who is socially excluded is at a greater risk of becoming disabled, and someone who becomes disabled is at a greater risk of becoming socially excluded.

There is a clear link between women with disabilities and poverty. Lower education and employment levels, low income, the additional costs of living with a disability and barriers including marginalisation and exclusion from services and community activities, lead to a

situation where disabled women are more likely to be living in poverty.

The EU-Survey of Income and Living Conditions (SILC) data for 2005 estimated that almost a quarter of persons with a chronic illness or disability were at risk of poverty, based on a risk of poverty of 25% among women with disabilities and 22% among men. There are a number of key income poverty issues affecting women with disabilities:

- inadequate income levels

- dependence on low level disability payments

- married/co-habiting women's dependency status

- costs of living with a disability

Poverty amongst those with chronic illness or disability is closely associated with social welfare dependence and households without anyone in paid work. Only 10% of household income came from paid work for those reporting a chronic illness or disability. Most adult disabled people are not in employment. Disabled women who are poor are most often poor because of their dependence on low levels of disability-related welfare.

The lack of an independent source of income for disabled women is a key factor contributing to their exclusion, isolation and disadvantage. Priority must therefore to be given to establishing an adequate income for women with disabilities, irrespective of whether this position is based on employment or on social benefits.

The Irish model of social welfare does little to promote economic independence for women. Many women who are eligible for social welfare payments are categorised as 'Qualified Adults', and their payments most often go directly to their husbands. This undermines the economic independence of women denying them access to payments in their own right. This situation keeps all Qualified Adults (and in particular those who are women with disabilities) in positions of disadvantage and vulnerable to poverty, control and violence.

Adults with intellectual disabilities are at a particular risk of poverty. Women with intellectual disabilities have received little attention within the policy system despite evidence that services for women with intellectual disabilities are under-resourced.

Poverty and disadvantage are also closely associated with mental illness. Gender based differences exist in diagnoses of mental health problems with women more likely to experience anxiety and depression. Depression has also been found to be one of the most frequently mentioned secondary conditions among women with disabilities. *(Gannon and Nolan, Mental Health Commission, 2004, NDA, 2004c)*

Costs of Disability

Most people with disabilities face extra costs of living. These include costs of insurance (car and home), personal assistance, transport, heating, general living and other costs which are not reimbursed under existing schemes of State assistance (NDA, 2004a). These costs can vary depending on life course, the type and severity of an impairment, as well as the living circumstances of a disabled person. Some schemes of assistance provide for different aspects of costs of disability, but are largely confined to

those on social welfare, e.g. free travel, household benefits, Medical Card, disability aids, mobility allowance.

The NDA and the National Women's Council of Ireland have recommended the introduction of a Cost of Disability Payment to cover increased costs of day to day living (including additional costs not covered by any alternative supports).

Economic independence for disabled women should be a core principle of the social welfare system involving individual rights to social welfare, control over how household income is used, financial security in later life and provision for the extra costs of disability in particular for personal assistance and in relation to parenting responsibilities.

Care and Caring

Many women with disabilities are both care-providers as well as care-receivers. The role which disabled women play as care-providers however, frequently goes unrecognised and few of our care support systems are aimed at supporting women with disabilities as carers. In its current form this system often fails to respond to the personal assistance needs of women in relation to their diverse roles within the household, and in providing help outside the home. This has led to a situation where many disabled women have been denied the opportunity to care for children and other family members. While women with disabilities may require practical and technological assistance when carrying out caring tasks, successfully fulfilling a caring role involves more than the carrying out of isolated physical tasks and encompasses emotional and relationship aspects which must be recognised. Public policy on care is of huge importance for individual women

and men but frequently serves to intensify gender and other inequalities, irrespective of whether the work is paid or not. For women with disabilities, policies towards care and systems of provision of care play a particularly critical role in shaping or limiting their options and choices in both the economy and wider society. What is needed therefore is a re-examination of the concept of care; focusing attention on the needs of all women as care receivers and care providers and on the nature of caring.

The disability movement has proposed the 'personal assistant' (PA) as the solution to replace the term 'carer'. For the disability movement generally, care has been associated with dependency and so often viewed as a means by which disabled people's lives are controlled. Placing personal assistance within the broader context of independent living, facilitates the breaking of the link between disability and dependence in everyday life. Disabled people are then no longer represented as objects of care, but instead become recipients of assistance.

Disabled Women in the Labour Force

The disadvantaged position of women in society in general, including segregation into specific sectors, and concentration in low-paid, part-time jobs, is doubly reflected in the labour market experiences of disabled women. While women and men with disabilities are generally both affected by the same barriers to employment for example, barriers connected with the inaccessible built environment, spatial barriers within the workplace, discriminatory and negative attitudes and practices, they are not always affected to the same degree or in the same way. Because of both their gender and disability, women often face particular obstacles when trying to navigate their way through the world of paid work.

These include for example;

- Lack of adequate supports for women's central role in caring and family responsibilities

- Lack of suitable childcare for mothers of disabled children

- Assumptions that disabled women are being taken care of by someone else and therefore don't really need to work

- Lack of acceptance that women with disabilities have a right to access paid work

- Traditional gender-based expectations of suitable work for disabled women

- Difficulties in entering non-traditional roles or professions

- Disclosure of disability, particularly mental health problems, to employers

About four out of five disabled adults of working age have acquired their disability in adult life.[3] Recent research suggests that when people become disabled or acquire a long-term illness, the proportion at work falls by up to 30 percentage points (Gannon and Nolan, 2006). Research has also indicated that those with disabilities earn less. In the Irish context one aspect of this is the operation of 'sheltered' workshops and training centres in which disabled people are paid only nominal amounts which fall far short of the National Minimum Wage. Successive governments have committed to changing this situation but with few results to date. Labour market participation levels differ between those with different kinds of impairments. Adults with sensory disabilities have the highest employment rate while those with mental health difficulties have a very low employment rate.

3.   Disability Module, Quarterly National Household Survey, Q2. 2002

Access to Health Services

Health is popularly perceived as being largely determined by a person's genetic heritage, and personal behaviour. However it is becoming increasingly recognised at EU and international levels that other social determinants of health such as gender, poverty, living and working conditions and education all have a significant impact on women's health.

The Women's Health Council has identified a number of reasons why women's health requires specific attention.

These include;

- socio-economic disparities

- multiple roles (women's roles as carers, and in paid work)

- inadequate and inappropriate services (transport, childcare)

- gender stereotyping (exclusion of women from medical research – less information and inappropriate care for women

- health issues unique to women (because of reproduction, for example, women can experience unique and additional health difficulties)

Women with disabilities experience these factors as well as specific barriers associated with their disability which affect how they interact with the health care system in Ireland.

An important issue is the inaccessibility of preventative and screening services to many people with disabilities, in part due to the perception that people with disabilities may not be thought to require the same level of health screening as their non-disabled counterparts.

Other gaps in services are evident, such as the limited availability of Home Help and Personal Assistant services. Attitudinal, physical and communication barriers arise also, particularly for those with specific disabilities, including learning disabilities, and for people who are deaf.

The experiences of disabled women underlines the pressing need for a health service that formally supports independence and cultivates a partnership between service providers and service users recognising the experience, expertise and contribution of all stakeholders.

Violence Against Women with Disabilities

'Reports from various institutions widely recognise the fact that women are more vulnerable to abuse and maltreatment than men. Along these same lines, we can find data from specific studies carried out in various countries of the E.U., as well as America in particular, that show how disabled people are the victims of abuse on a far greater scale than non-disabled (the ratio varies from two to five times more)'.

(Violence and Disabled Women - Iglesias, M.; Gil, G.; Joneken, A.; Mickler, B.; Knudsen, J.S., METIS project, European Unión DAPHNE initiative, 1998)

Women with disabilities are likely to be trapped in a violent relationship longer than non-disabled women and in some instances

such violence is the cause of the disability itself. Male violence and sexual violence towards women over a number of years can and does cause physical impairments as well as long-term mental health issues. For example, deafness can often be the result of being beaten on the head or mental health difficulties the result of systematic bullying and verbal abuse (NDA, 2004).

Article 16 of the UN Convention on the Rights of Persons with Disabilities requires the State to put in place measures to protect women with disabilities from violence.

'States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.' *(UN Convention on the Rights of Persons with Disabilities.)*

Disabled women activists and writers have identified a number of factors which have contributed to making them more 'vulnerable' to violence. These centre on the non-recognition or non-acceptance of the same rights for a disabled person as for the rest of the population; male values , attitudes and behaviours; and a 'devaluing' of disabled women. Compounding this is the way disabled people are portrayed, as vulnerable beings easily under control. Discrimination and social prejudice is perhaps the most pervasive contributor to violence against women with disabilities *(NDA, 2004)*.

It is certainly the case that disabled women experiencing violence are more trapped in their situation. The services are not there to support them

Addressing Violence Against Disabled Women

The National Disability Authority and Women's Aid have collaborated to devise guidelines for addressing violence against women with disabilities. The guidelines are based on dialogue between organisations working to address violence against women, activists and organisations of those with a disability or working for disability equality for women and men. The document proposes an overarching principle to addressing violence against women with disabilities:

" Women with disabilities must at all times be central to the development of responses to violence and abuse and must be supported to take leadership on this issue'. "

The steps to developing a good practice response for organisations addressing violence against women are to;

Raise awareness of the issue of violence against women with disabilities, including training of staff and working with affiliate organisations.

Recognise the commonality amongst all women who experience violence, while also being aware of the specific experience of women with disabilities who have been subjected to violence and abuse.

Lobby for resourcing of domestic violence service providers to ensure they develop appropriate services, including outreach services, aimed at women with disabilities.

Recognise and value the diversity amongst women with disabilities and not treat them as a homogenous group.

Produce information and other materials in accessible formats, for example, Braille, large print and on audio tape.

Recognise the importance of, appropriate helpline services for disabled women (for example using texting and email for women who are deaf).

Always prioritise safety and well-being in circumstances in which a woman discloses experience of violence or abuse.

Whilst the above steps are aimed at organisations directly working on the issue of violence against women there is also a need for all women's groups to raise their awareness of the issues facing disabled women particularly with regard to violence. The provision of support to disabled women in this regard will involve;

Providing information on and referral to organisations working on violence against women.

Prioritising the safety and well being of a woman who discloses experience of violence or abuse.

Recognising the importance of free and confidential access to an independent advocate of the woman's choice.

Recognising the right of women with disabilities to access mainstream services addressing violence and abuse and facilitate this when requested.

Providing accessible information about services that are available to women who experience violence and abuse.

Consulting with women with disabilities as to what response is needed from your organisation.

Consulting with frontline organisations addressing violence against women about developing good practice guidelines.

Ensuring all staff and volunteers receive training on the issue of violence against women and it's impact on different groups of women including disabled women.

Empowering women with disabilities of all ages to make safe and informed choices about their relationships and sexuality.

Disabled Women in Care

The difficulties experienced by disabled women in institutions has also been brought to light in recent years. These dehumanising experiences have related to a lack of control and choice over their lives, and the encouragement of compliance and obedience rather than assertiveness and independence. There are many examples: male care workers assisting in the intimate care of disabled women, lack of choice in what one eats or when one goes to bed or gets up, not being able to make choices regarding personal care needs and lack of privacy. Disability rights organisations have continuously stressed that constant monitoring and supervision of care staff is essential in order to ensure that the basic human rights of women with disabilities are protected.

Sexuality and Reproductive Freedoms

Disabled women's experiences and level of usage of family planning and sexual health services in this country has not been documented to any significant degree. Their specific needs in relation to pregnancy, childbirth, and motherhood and of the supports provided to them have only begun to be explored. People with disabilities are denied their sexuality primarily

because of the stigma which surrounds and pervades disability. Prejudicial attitudes extend from assumptions of asexuality to a rejection of the right of disabled women to have children. Questions are raised as to their ability to parent, as well as fears that their children will be disabled. The outcome of such prejudice is the desexualising of people with a disability and an undermining of both reproductive rights and access to sexual health services. The report, a Strategy for Equality (1996) has identified the ways in which this can occur:

- Treating the person with a disability like a child, not only by the general public but also by professionals and family members.

- Treating a person with a disability as genderless.

- Treating a person with a disability as though their appearance is unimportant.

- Treating a person with a disability as if their body is not sexual

- Invisibility of sexuality in the health service provision despite its relevance to people's lives.

The right of people with disabilities to the same degree of fulfillment through relationships and sexuality as anyone else must be included in any list of rights.

Negative attitudes and stereotyping of disabled women as asexual and dependent which may be held by service providers or family members can constrain disabled women's reproductive freedoms and rights. Not having access to adequate and correct sexual and reproductive health information is a persistent obstacle faced by women with disabilities.

❝ Sex education for young girls with a disability is key. Young girls are not really targeted in youth work at all ❞

In addition, there is evidence of a lack of adaptive equipment to support the sexual and reproductive health needs of disabled women. Sex education and knowledge of concepts related to sexual intercourse and intimate relationships have been found to be poorer for younger people with disability. A number of responses are needed in this regard including; the provision of disability and sexuality awareness training for health and social work professionals, the provision of training/education to parents of disabled girls so that they can support their daughters' understanding of their sexuality, early intervention in relation to sex education for girls with learning disabilities and the development of specialist midwife services.

Policy developments in recent years nationally and internationally do cast some light on possibilities for real and meaningful change for disabled women. However progress in moving to a rights-based approach, leading to positive measurable outcomes has been and continues to be unacceptably slow.

Conclusion

There are many steps which those of us involved in women's organisations must take if we are to ensure the full and equal participation of disabled women in our work, our decision-making structures and activities. We must build our own understanding of the issues that women with disabilities face and the changes needed to bring about meaningful social inclusion and equality for disabled women.

We are required to address our own stereotypical views and approaches to disabled women. We are challenged to develop structures processes and procedures to ensure that women with a disability can fully engage in all of our organisational activities and we are called on to stand in solidarity and work collectively with disabled women in their struggle for rights and justice.

This publication and the commitment of NWCI to taking these steps, we hope will go some way towards assisting in this process.

Section 04
Some Useful Contacts

Some Useful Contacts:

Centre for Independent Living (CIL)
Carmichael House,
North Brunswick Street,
Dublin 7.

P: 01 873 0455/01 873 0986
E: cildub@iol.ie
W: www.dublincil.org

Irish Deaf Women's Group
C/O Irish Deaf Society,
30 Blessington St.,
Dublin 7.

P: 01 860 1878
   01 860 19 10 (Minicom)
F: 01 860 1960
E: idwg@irishdeafsociety.com

Disability Federation of Ireland
Fumbally Court,
Fumbally lane,
Dublin 8.

P: 01 454 7978
F: 01 454 7981
E: info@disability-federation.ie
W: www.disability-federation.ie

National Disability Authority
25 Clyde Road,
Ballsbridge,
Dublin 4.

P: 01 608 0400
F: 01 660 9935
E: nda@nda.ie
W: www.nda.ie

Deaf Hear
(formerly the National Association for the Deaf)
35 North Frederick St.,
Dublin 1.

P: 01 872 3800
F: 01 872 3816
E: info@deafhear.ie
W: www.deafhear.ie

Irish Deaf Society
30 Blessington Street,
Dublin 7.

P: 01 860 1878
   01 860 1878 (Women's group)
   01 860 1910 (Minicom)
F: 01 860 1960
E: ids@indigo.ie
W: www.deaf.ie

Irish Advocacy Network
Old Roosky House,
Roosky,
Monaghan.

P: 047 38918
F: 047 38682
E: irishadvocacynetwork@eircom.net
W: www.irishadvocacynetwork.com

National Association for the Mentally Handicapped of Ireland
5 Fitzwilliam Place,
Dublin 2.

P: 01 676 6035
F: 01 676 0517
E: info@namhi.ie
W: www.namhi.ie

Mental Health Ireland
Mensana House,
6 Adelaide Street,
Dun Laoghaire,
Co Dublin.

P: 01 284 1166
F: 01 284 1736
E: mentalhealthireland@iol.ie
W: www.mentalhealthireland.ie

Association for Higher Education Access and Disability
(AHEAD)
East Hall, UCD,
Careysfort Avenue,
Blackrock, Co. Dublin.

P: 01 716 4396
E: ahead@ahead.ie
W: www.ahead.org

National Council for the Blind
Whitworth Road,
Drumcondra, Dublin 9.

P: 1850 334 353
   +353 1 830 7033 (International)
   1850 92 30 60
   (National Technical Support Number)
F: 01 830 7787
E: info@ncbi.ie
W: www.ncbi.ie

Aware
74 Lower Leeson Street,
Dublin 2.

P: 01 661 7211
L: 1890 302 202
E: info@aware.ie
W: www.aware.ie

Appendices & References

Appendix 1:
Profile of Women and Men with disabilities in Ireland

Statistical information on people with disabilities in Ireland is scarce and specific information on women with disabilities is particularly lacking. Data from Census of Population 2006 does provide a general overview and provides some insight into the economic position of disabled women and men in Ireland.

According to the Census 2006, there are 393,785 disabled people living in Ireland (9.3% of the population) (CSO, 2007).

Disability is age related. Over 4% per cent of individuals under the age of 25 have a disability while 58.6 per cent of those aged 85+ have a disability.
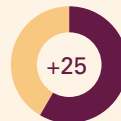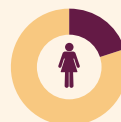
In the over 65 age bracket women have higher rates of disability than men.

There are 190,695 women over the age of 15 with a disability and 169,834 men.

32.7% of disabled men are in the labour force compared to 20% of disabled women.

■ people with a disability   ■ non-disabled

Almost 28% of people with a disability living in private households have no access to a car.

48% of disabled people living in private households have no personal computer.

31% of disabled people cease full time education before they are 15 years of age (13% for non-disabled people).

43% of people with a disability have only received primary education.

37% of disabled women over the age of 15 have difficulty going outside the home alone, working or attending school/college.

■ people with a disability ■ non-disabled

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