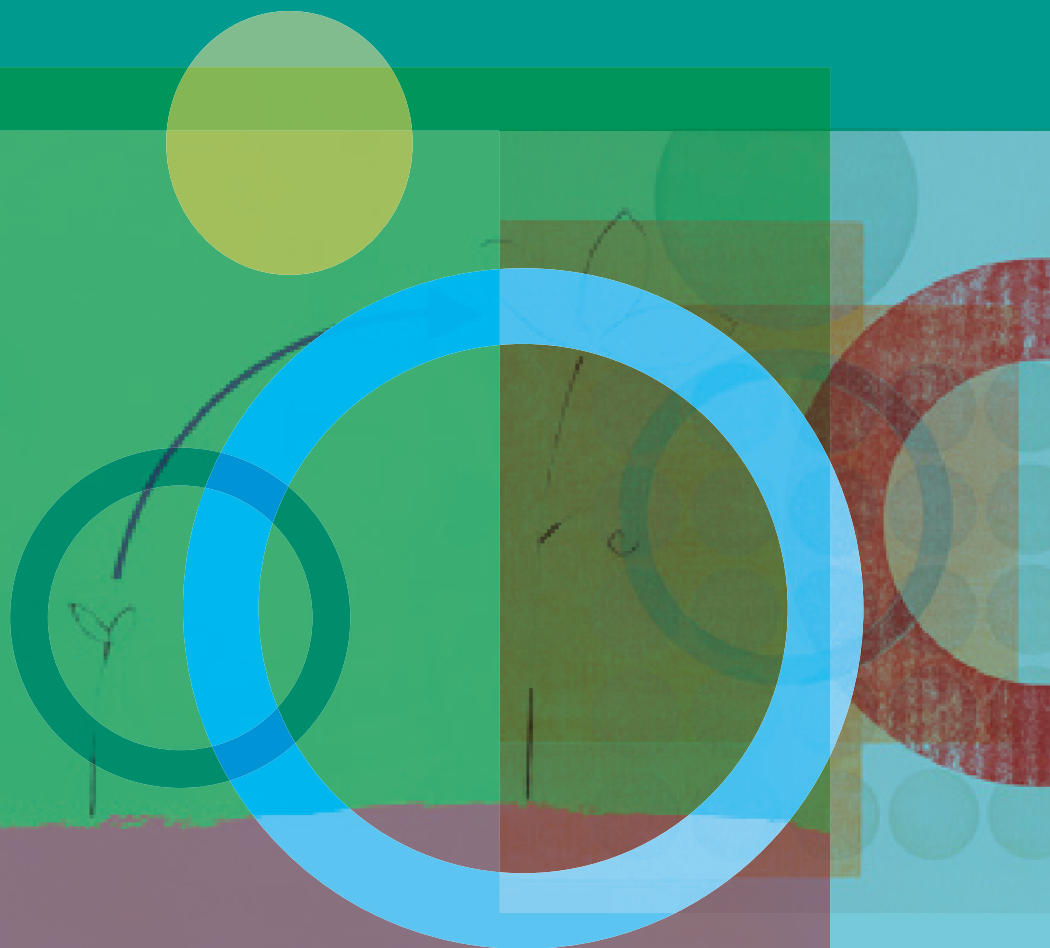


# Discrimination against women with disabilities



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# **Discrimination against women with disabilities**

Report drawn up by  
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In co-operation with the Drafting Group on Discrimination  
against Women with Disabilities  
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# CONTENTS

	<i>Page</i>
Foreword .....	5
Summary.....	9
<b>I. Introduction</b> .....	15
<b>II. Purpose</b> .....	19
<b>III. Approaching the problems</b> .....	23
<b>IV. Principles</b> .....	27
<b>V. Lack of data</b> .....	29
<b>VI. Themes covered</b> .....	31
VI.1. Education and training .....	32
VI.2. Employment .....	35
VI.3. Social policy .....	37
VI.4. Participation and access to decision-making .....	39
VI.5. Sexuality .....	41
VI.6. Prejudices and social representation .....	42
VI.7. Motherhood, family and domestic life .....	43
VI.8. Violence .....	46
<b>VII. Recommendations</b> .....	49
VII.1. General recommendations .....	49
VII.2. Specific recommendations .....	51
<b>Appendices</b>	
<b>Appendix 1 – Examples of good practice</b> .....	61

1.	Association of women with disabilities, Barcelona, Spain .....	61
2.	Peer support groups in Finland, Romania and Sweden .....	63
3.	Cultural activities in Sweden .....	64
4.	Combating violence in Norway .....	66
	<b>Appendix 2 – Drafting group on discrimination against women with disabilities .....</b>	<b>69</b>

# **FOREWORD**

## **The Council of Europe**

The work of the Council of Europe has led, to date, to the adoption of over 170 European conventions and agreements, which create the basis for a “common legal space” in Europe. They include the European Convention on Human Rights (1950), the European Cultural Convention (1954), the European Social Charter (1961), the European Convention on the Prevention of Torture (1987) and the Convention on Human Rights and Bioethics (1997). Numerous recommendations and resolutions of the Committee of Ministers propose policy guidelines for national governments.

## **The Partial Agreement in the Social and Public Health Field**

The scope of the Council of Europe's activities is vast, since only defence questions are excluded from its competence. Where, however, a lesser number of states wish to engage in some action in which not all their European partners desire to join, they can conclude a ‘Partial Agreement’ which is binding on themselves alone.

The Partial Agreement in the Social and Public Health Field was concluded on this basis in 1959 by seven member states with the aim of continuing the work in this field previously undertaken under the Brussels Treaty and then by the Western European Union (WEU). At present, the Partial Agreement has 18 member states; 7 states are observers in the field of inte-

gration of people with disabilities.<sup>1</sup>

The areas of activity include:

- protection of public health, particularly consumer health;
- rehabilitation and integration of people with disabilities.

The activities are entrusted to a number of committees of experts or working groups, which are in turn responsible to the steering committee for each area.

The work of these Partial Agreement committees occasionally results in the elaboration of conventions or agreements, but the more usual outcome is the drawing-up of recommendations to member governments in the form of resolutions adopted by the Committee of Ministers (composed of the representatives of the states participating in the particular activity). These recommendations/resolutions may be considered as statements of policy or common guidelines for national policy-makers. Governments have actively participated in their formulation: the delegates to the Partial Agreement committees are both experts in the field in question and responsible for the implementation of government policy in their national ministries.

This procedure provides for considerable flexibility in that any state may reserve its position on a given point without thereby preventing the others from going ahead with what they consider appropriate. Another advantage is that the recommendations are readily susceptible to amendment should the need arise. Governments are furthermore called upon periodically to report on the implementation of the recommended measures.

A less formal procedure is the publication of general guidelines intended to serve as a model for member states. Each government can interpret these guidelines in accordance with its own law and practice in the matter.

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1. *Member states: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom.*  
*Observers: Canada, Estonia, Hungary, Iceland, Latvia, Lithuania, Poland.*

Bodies of the Partial Agreement in the Social and Public Health field enjoy close co-operation with equivalent bodies in other international institutions. Contact is also maintained with international non-governmental organisations (INGOs) working in related fields.

The present text and the associated recommendations have been drafted by Ms Maria Leonor Beleza, consultant, in co-operation with the Drafting group on discrimination against women with disabilities, a sub-group of the Committee on the Rehabilitation and Integration of People with disabilities.

The Secretariat of the Council of Europe would like to express its gratitude to the *Assembleia da República* of Portugal and the *Centro Jurídico da Presidência do Conselho* for enabling Ms Beleza to be available to carry out this project.





## SUMMARY

To date, the situation of women with disabilities in Europe has not been given the visibility and political importance it deserves and requires. Although on the one hand, problems relating to women and, on the other, problems relating to people with disabilities are being addressed separately with increasing attention and urgency, no serious approach has yet been taken to tackle the dual form of discrimination to which women with disabilities are subjected.

There is still an insufficient level of awareness of the existence of this twofold source of discrimination; its effects have been largely unresearched. It remains masked behind each of its constituent parts and any measures taken appear to be based on the idea that the two aspects of the discrimination should be dealt with separately. Such an approach, however, common in all European countries, does a disservice to women with disabilities and to society as a whole, which has much to lose as a result. First of all, it is not an appropriate way of dealing with the problems of women with disabilities and has been completely overtaken by the gender mainstreaming approach which these same countries are in the process of adopting. Secondly, it prevents in practice society from benefiting from the potential capacities and experience of women with disabilities. The cause and effect of this "oversight" are to be found in the lack of data: there is no detailed and specialist knowledge of the situation and accordingly, this makes it very difficult to adopt appropriate measures.

Discrimination between women with disabilities and men with disabilities is of the same type as discrimination between women and men in general. This discrimination is based on

the difference in roles traditionally assigned to women and men, still to be found to a greater or lesser extent in our individual countries. This difference is a vestige of the view that the interior of the home was the woman's territory while the wider world was deemed to be the natural province of the man. It was a woman's role to look after the home and the family; the man's role was to find employment, earn the financial resources to support the family and organise society. Beyond role difference, a further concept also developed insidiously – and still plays its part: the idea that men are superior to women, that men are the decision makers, the ones endowed with might and reason, the ones in sole command. It is to a woman's cost that she leaves home to go and work and take part in society. Once she is back home, she is faced with hours of socially unrecognised work. This is the price to pay for obtaining independence.

In the case of women with disabilities, this continuing discrimination is exacerbated by all the disadvantages resulting from their disability which, in turn, will vary in accordance with its nature and seriousness. However, it is not an accumulation of disadvantages. Women's disabilities significantly magnify the difficulties they already encounter and, at the same time, are used as justification for continued discrimination against them. Where prevalent notions about women's employment or education are in themselves discriminatory, people will more readily assume that a woman with a disability should be supported by others, even if she is capable of studying or working, whereas they will expect more of a man with a disability. Failure to offer vocational rehabilitation after an accident will be more readily acceptable if the victim is a woman rather than a man. And even where equality for women and girls in general is accepted, the attitude adopted can be substantially different if the women or girls have a disability. Since family and domestic responsibilities primarily fall to women, life will be particularly hard for a woman with a disability who has to manage alone all that she has to do.

In a society that places a premium on female youth and beauty it is not easy to be a woman with a disability. In par-

ticular, sexuality is viewed quite differently in relation to men with disabilities as opposed to women with disabilities. A man's right to sexuality is readily accepted but women with disabilities are often seen as sexless. In certain respects they are the victims of the fact that they are women, whereas in others, this very fact goes unacknowledged. For example, in practice they are denied the right to found a family, but they are used to take care of the family they belong to. Their sexuality is denied them, but they are often sexually abused, more frequently than other women. Violence against women with disabilities, which has been little researched, is a sufficiently serious phenomenon to warrant as a matter of urgency strong measures. Women with disabilities are subject to prejudice and ignorance, not only often from their families, who seek to "protect" them and in so doing prevent them from leading a normal life, but also from society as a whole, which is unaware of the problem or how to deal with it.

Autonomy, independence, participation and social integration are key concepts for everyone, but much more difficult to achieve in the case of women with disabilities. Women with disabilities are faced with major difficulties particularly because of the prejudices which exist. It is therefore essential to emphasise a number of principles.

The policies to be pursued must seek to enable them to live an independent life, to work as a means of being self-sufficient, to choose their private, professional or family life, to attend ordinary schools, to do ordinary jobs, to visit public and private places like anyone else, and to allow society to benefit from their experience, abilities and talents. It is very important that women with disabilities be viewed first and foremost from the point of view of their abilities.

In order to secure equal treatment for women with disabilities, it is not enough to avoid discrimination or adopt, as in the case of people with disabilities in general, positive or compensatory measures. Gender awareness, i.e. the concept of difference in society, must be a prime consideration when policies and measures are being decided upon in all fields.

There must also be a conscious effort to achieve equality. For example, it has been shown that vocational training programmes for people with disabilities have success with women only if they have been designed with their specific needs being taken into account, whether as regards the type of training on offer, the timing, the location or the provision of childcare facilities; this is particularly vital in the case of occupational upgrading training. Accordingly, there is a need to adopt a mainstreaming approach to equality matters, including for women with disabilities. This means that policies for people with disabilities should be adopted, designed and evaluated bearing in mind that one of the objectives should be to secure equal treatment for women; account should be taken of differences and the necessary measures to ensure that these differences (for example family responsibilities) do not undermine the effectiveness of these policies.

A number of areas have been identified as crucial for the status of women with disabilities. These are education and training, employment, social policy, participation and access to decision-making, sexuality, prejudices and social representation, motherhood, family and domestic life, and violence. Measures must be taken in all these areas to secure for women with disabilities independence, autonomy, participation and social integration. In all areas, policies relating to people with disabilities should be framed and adopted bearing in mind that they cannot be successful unless they take account of the gender dimension.

Emphasis must be placed on certain types of solution such as the need for mainstreaming in education, promoting self-esteem, the need for effective vocational rehabilitation, access to childcare provision, the possibility, where required, of a personal assistant, encouraging networks of organisations representing women with disabilities, peer-support groups, consultation of women with disabilities and their organisations, asserting the right to sexuality and to a family, the portrayal of women and girls with disabilities in ordinary situations in the media, prevention and punishment of any abuse and immediate access for victims to appropriate assistance.

Special effort must also be made, at Council of Europe level and in the member states, to ensure that bodies promoting the rights of women and people with disabilities, dealing with the problems of women with disabilities, work together and adopt an integrated approach. Finally there must be information and awareness-raising programmes targeting the general public, women and girls with disabilities, their families and professional groups. These programmes should help convey the message that women with disabilities are in charge of their own lives and should be viewed above all from the point of view of their abilities. Bodies involved in fields such as health, education and training, employment, social services, social security, urban planning and construction must be directed to seek to integrate, to the fullest possible extent, women with disabilities into all normal forms of provision. Those working in these bodies must be trained and be aware of the need to respect the choices made by women with disabilities and to combat prejudice.

Studies on women with disabilities should be undertaken in all fields and statistics systematically broken down by gender.



## I. INTRODUCTION

This text was prepared for the Second European Conference of Ministers responsible for integration policies for people with disabilities, held in Malaga on 7 and 8 May 2003.

The Committee on the Rehabilitation and Integration of People with disabilities (CD-P-RR), at its 24th session, appointed a group of experts to draft the document. The terms of reference of the Drafting Group on discrimination against women with disabilities (P-RR-DIWOM) required it to *“identify and analyse factors causing discrimination against women with disabilities, taking account of their own perceptions”* and to *“propose appropriate instruments, measures and actions to achieve equality of opportunity for women with disabilities”*.

As recommended by the CD-P-RR, most of the members of the Drafting Group were women with disabilities. The countries represented in the group were Finland, Ireland, the Netherlands, Portugal, Spain and Switzerland (see list of participants, Appendix 2).

Great effort was taken to obtain all available information but it should be pointed out that because of the limitations, this document is based primarily on the experience acquired within the Drafting Group. In interpreting its terms of reference, the Drafting Group decided its report should reflect the views, perceptions and ambitions of women with disabilities.

Women with disabilities are subject simultaneously to gender discrimination and to discrimination between people with disabilities and those without disabilities. It is that dual source of discrimination – largely unresearched and to some extent



masked by its two components – which is the subject of this document.

The issue relates directly to one of the Council of Europe's major fields of activity, namely the promotion of human rights. The Council of Europe's achievements – both in promoting human rights in the broadest sense and in promoting equality between women and men and the integration of people with disabilities – are substantial and well recognised.

In addressing the specific subject of this document, its authors could therefore draw on a remarkable number of reference texts, of remarkably high quality. It is important to mention these texts, some of which lay down legally binding standards or guidelines while others contain compilations of data, or reports on research or activities.

Those which have been drawn upon the most in drafting this report are:

- the *European Convention on Human Rights and Fundamental Freedoms* (in particular article 14);
- the *Revised European Social Charter* (in particular article E (part V) and article 15);
- the *Convention on Human Rights and Bio-Medicine*;
- the Committee of Ministers' *Declaration on equality of women and men*, 16 November 1988;
- *Recommendation No.1185(1992)* of the Parliamentary Assembly of the Council of Europe on *Rehabilitation policies for the disabled*;
- *Recommendation No.R(92)6* of the Committee of Ministers on *A coherent policy for people with disabilities*;
- *Resolution AP (95)3 on a charter on the vocational assessment of people with disabilities* (booklet version with glossary), Council of Europe Publishing, 1997;
- report on *"Legislation to counter discrimination against persons with disabilities"*, Council of Europe Publishing, 2000;

- report on *“Employment strategies to promote equal opportunities for persons with disabilities on the labour market”*, Council of Europe Publishing, 2000;
- report on *“Safeguarding adults and children with disabilities against abuse”*, Council of Europe Publishing, 2002;
- proceedings of the forum held in Tallinn in 1997 entitled *“Guaranteeing freedom of choice in matters of reproduction, sexuality and lifestyles in Europe: trends and developments”*, Council of Europe Publishing, 1999;
- *“Violence against women”* compilation of the main texts of the Council of Europe since 1995, EG(99)14;
- report on *“Gender mainstreaming: conceptual framework, methodology and presentation of good practice”*, EG-S-MS (98) 2 rev;
- report on *“Gender mainstreaming: practice and prospects”*, EG (99) 13;
- *“Council of Europe action in the field of equality between women and men”* (information document), EG(2001)5;
- report on *“Twenty-five years of Council of Europe action in the field of equality between women and men”*, EG (2002) 5.

Moreover, national contributions had previously been submitted to the Drafting Group from Finland, Ireland, Netherlands, Norway, Poland, Portugal, Spain, Sweden, Switzerland.

The Drafting Group also referred to other documents which had been made available including:

- *“Disabled women”*, by M. Pelkonen, M. Villberg, R. Jarvinen and P. Markkio-Palenius, Finland, 1994;
- *“Manifesto by disabled women in Europe”*, European Disability Forum, Brussels, 1997;
- *“Programme of action”*, National Association of the Disabled in Finland, 1999;
- *“People with disabilities and abuse: implication for centres for independent living”*, Leslie Myers, Houston, 1999;
- *“M D Mujer y discapacidad – buenas prácticas”*, Madrid, 2000;

- *“Dive deeper in peer groups of disabled women”*, National Association of the Disabled in Finland, 2001.
- *“Participation of Women in Vocational Rehabilitation Programmes – a comparative research”*, European Platform for Vocational Rehabilitation, 2002.

The situation of women with disabilities varies considerably, depending on the nature and severity of the individual disability. They form a very diverse group, and the approaches adopted to address their problems also need to be very diversified.

The concepts of disability and discrimination used here are those contained in Recommendation N<sup>o</sup>.R(92)6 and other Council of Europe publications, in particular *“Legislation to counter discrimination against persons with disabilities”*.

In the above Recommendation, the term “disability” signifies *“any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner of or within the range considered normal for a human being”*. Moreover, the International Classification of Functioning, Disability and Health (ICF), adopted by WHO in 2001, introduces a new focus to reflect the changing definition of the concept; this same change has also taken place within the Council of Europe. According to the ICF, *“disability serves as an umbrella term for impairments, activity limitations or participation restrictions”* and is used together with the word functioning, i.e. *“an umbrella term encompassing all body functions, activities and participation*. The ICF takes into account the social aspects of disability and provides a mechanism to document the impact of the social and physical environment on a person’s functioning.

The concept of discrimination is complex. It includes both prejudicial treatment and disadvantages. In order to prevent such treatment and counter disadvantages resulting from particular circumstances, governments introduce anti-discrimination laws and preferential treatment or compensatory measures.

## II. PURPOSE

This text addresses the specific problems of women with disabilities, in other words problems which are not encountered by men with similar disabilities. Accordingly, those problems common to men and women with disabilities, irrespective of gender, have not been looked at here. The situation of people with disabilities has already been dealt with in numerous documents – in particular, Council of Europe texts – with virtually no reference to an awareness or the importance of gender-based differences which apply equally to people with disabilities.

It is precisely such differences, however, that are the subject of this document which seeks to identify and suggest more thorough means of addressing those types of discrimination suffered by persons who are both female and disabled. It is therefore important to identify the reasons why women with disabilities face problems which are different from those experienced by men.

They are the same reasons that lie behind discrimination between women and men in general. For decades, they have been studied and explained, and they continue to be studied and explained by many writers in many different contexts, on behalf of numerous national and international, official and private institutions. The Council of Europe itself has progressed, in researching and addressing issues of gender equality, from a compartmentalised, legalistic approach to an integrated and comprehensive one.

Traditionally women and men have been seen (and have seen themselves) as necessarily fulfilling different roles in society generally, whether within the home and family or outside. The

interior of the home was seen as the woman's territory while the wider world was deemed the natural province of the man. It was the woman's job to care for family and home, performing tasks essential to the basic existence of those close to her. By contrast, the man's place was in paid employment, earning the financial resources necessary to keep his family. He was also deemed responsible for everything to do with the political organisation of society. The world was split into a male world and a female world. The two worlds interfaced within the family, supplied by the man with money and by the woman with direct labour, he being the head of the household (statutorily recognised as such in some countries) and she the wife and mother who attended personally to family members' many different needs.

This scenario, presented here in its simplest and starkest form – with women responsible for the family and men in the role of money providers and decision makers on the major issues in society – continues to underpin many forms of discrimination that exist today.

The barriers that girls in many societies may face in education, the particular difficulties experienced by women with regard to training, vocational guidance, the search for paid employment, or indeed levels of pay themselves invariably derive from the difference in roles. The same is true of all the pressures driving working women to disproportionate efforts in order to cope not just with work but also with home and family. It applies equally to everything that prevents women from climbing the ladder to greater responsibility in business, political parties or politics generally.

The roots of the totally unjustifiable violence that women suffer, particularly within the family, which may be hidden to varying degrees, can also be traced to the dependence to which they are subjected on account of their traditional role. This "secondary" status can reinforce a number of preconceived ideas, ie that women are not entitled to sexuality, that their worth is greater when they are young and beautiful, and

that their dignity requires less vigorous or less urgent defence.

Beyond role difference, a further concept also developed – and still plays its part – insidiously and with deadly effect: the notion of men as superior to women, of men as the decision makers, endowed with might and reason, in sole command of families' and nations' destinies.

In the part of the world where we live, people in positions of responsibility, especially political responsibility, no longer explicitly speak the language of inequality and overtly discriminatory legislation has, for some time, been a thing of the past. Yet there is a considerable gulf between stated principles and statutory equality, on the one hand, and real equality, on the other. Discrimination in all its various forms has proved much more resistant and much more insidious than we once imagined. Strategies to combat inequalities have changed and adapted. The reasons for discrimination always comes back to role difference, even if it is now recognised that the reasons have much more to do with the way that our societies function than was once thought.

Women with disabilities face greater difficulties than men because of the differences assigned to female and male roles in society. The fact of disability and the failure to distinguish the situation of women with disabilities from that of disabled people generally has obscured the fact that people with disabilities are also men and women; it has also overlooked the particular nature of women's circumstances.

The problems of disability are significantly magnified when the disabled person is a woman, and women's disabilities are also used as justification for continued discrimination against them. The reality is that where prevalent notions about women's education or women's work are in themselves discriminatory, people will, for example, more readily assume that a woman with a disability should be supported by others even if she is capable of studying and working, whereas they will expect more of a man with a disability. Failure to offer vocational rehabilitation after an accident will be more accept-

able if the accident victim is female. It will be made harder for a woman to retain entitlement to disability benefit should she find a partner, who will be expected to provide for her, and this may constitute a barrier to marriage. Because a woman with a disability, like any other woman, is expected to shoulder herself the main burden of family and domestic responsibilities, she will find it particularly hard to cope.

Moreover, in a society that places a premium on female youth and beauty – in itself linked to women's traditionally allotted role – it is not easy to be a woman with a disability. In particular, sexuality is viewed quite differently in relation to men with disabilities as opposed to women with disabilities. A man's right to sexuality is readily accepted whereas women with disabilities are often seen as sexless.

### III. APPROACHING THE PROBLEMS

All these issues and others will be considered in greater detail in this document. First, however, some comments on more general matters are called for.

As pointed out in the report on *“Legislation to counter discrimination against persons with disabilities”*, the disadvantage that a disabled person suffers cannot be overcome simply by banning all forms of discrimination; what is needed is positive action in the shape of preferential regimes or compensatory measures. Under part V, article E, of the appendix to the *Revised European Social Charter*, such regimes and measures are not to be deemed discriminatory.

Positive-action measures – the subject of much discussion and currently much study – are probably more necessary in relation to people with disabilities, and also more readily accepted, than they are in respect of other forms of discrimination. They are also familiar to experts in gender discrimination and are accepted, under certain conditions, in article 4 of the United Nations *Convention on the elimination of all forms of discrimination against women*.

The next point to note is that efforts to address the question of equality for women with disabilities cannot be confined to exploring specific types of issues that particularly affect them in certain spheres, where a greater degree of discrimination is involved. Such a narrowly focused approach is no longer adequate in considering gender equality. Nonetheless, this “classic” approach is still regarded as useful and valid, not least because it facilitates analysis. This document will therefore make reference to specific sectors in which severer forms of discrimination persist and will suggest that more in-depth



research be carried out and initiatives taken using “mainstreaming” techniques.

The fact is that since the 1990s, and particularly since publication of the Beijing Platform for Action, questions of gender equality have moved into all areas of life in society in a process known as *mainstreaming of the gender dimension*. This means rejecting the notion that a legal and social approach to discrimination is sufficient. It also means that the problem cannot be viewed simply from the point of view of women’s status, as if this could be dealt separately from the relationship with the rest of society. It also clearly acknowledges that equality issues can no longer be “pigeon-holed” into certain sectors; rather, it has to be taken on board that it concerns all of the various social structures.

It was the realisation that, despite all the efforts, gender equality – for instance *“equal visibility and an equal degree of empowerment and participation by both sexes in all spheres of public and private life”*<sup>1</sup> – had not been achieved, and that social structures were perpetuating inequality, which led to a new approach being proposed.

*Gender mainstreaming “is the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policy-making”*. Not only must the gender-equality dimension be included every time a policy is adopted, but gender equality must also be taken into account in policy evaluation.

As it applies to policies for people with disabilities, this approach presupposes an awareness, on the part of policy makers, of inequalities, the necessary political will to achieve equality and systematic monitoring of the impact of all the action undertaken, bearing in mind that general policies are never entirely neutral in respect of this objective.

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1. *“Gender mainstreaming: conceptual framework, methodology and presentation of good practice”*, 1998

The same technique may be used to assess the impact of general policies on people with disabilities. This is already being planned in the United Kingdom.<sup>1</sup> The Council of Europe also pioneered the study and in-depth application of this technique of mainstreaming equality issues, thus creating renewed interest. The Committee of Ministers approved Recommendation No.R(98)14, calling on the member states to disseminate and promote application of the report on *“Gender mainstreaming: conceptual framework, methodology and presentation of good practice”*, 1998, by the Steering Committee for Equality between Women and Men (CDEG), from which the concepts used in this report are drawn. The Committee of Ministers also sent a message to the Council of Europe’s steering committees asking them to study the report and implement it in their fields of activity, recognising that it should impregnate all areas of the organisation’s work.

The first step in addressing issues concerning women with disabilities is thus to initiate the process already followed in other areas where the CDEG works jointly with different Council of Europe bodies. In fact, this has already been done in the case of two groups of women subject to dual discrimination – namely migrant women and women of mixed race – with the establishment of, respectively, the *Joint Specialist Group on Migration, Cultural Diversity and Equality of Women and Men* (EG/MG) and the *Group of Specialists on Intolerance, Racism and Equality between Women and Men* (CDEG/ECRI). Other multidisciplinary projects involving the CDEG include the *Human Dignity and Social Exclusion* and *Childhood Policies* projects, in which the equality dimension is a mandatory component

Finally, the Council of Europe’s long experience in addressing issues of gender equality has resulted in their being regarded as issues coming under human rights and democracy-building. Addressing the problems of women with disabilities in this way could help ensure that they benefit from all that has been achieved from the general approach to gender equality.

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1. *“Gender mainstreaming: practice and prospects”*, 1999



## IV. PRINCIPLES

Women with disabilities represent a potential for participation in society that has not yet been sufficiently developed. Like everyone else, they are entitled to be considered first and foremost in terms of their capabilities and the contribution they can make to society as a whole, whether in the relatively private context of the family, at work or through community or political involvement. While it is true that society fails to tap the full potential either of women generally or of men with disabilities, its treatment of women with disabilities is worse in terms of excluding them and preventing them from participating fully.

Too often it has been, and still is, the practice to “hide” or sideline women and girls with disabilities, denying them any opportunity to use the abilities they possess. This attitude is sometimes based on the erroneous idea that such people have to be “protected” from anti-social forms of behaviour, an approach reflecting prejudice and ignorance. In many cases there is simply no adequate response to the specific needs of women and girls with disabilities, and they are thus prevented from making good use of their abilities. Men and women everywhere must, as a matter of priority, be educated to fully appreciate that difference cannot be a barrier to the universal right of participation in society at all levels.

Recommendation No.R(92)6 embodies the basic principle that people with disabilities are entitled to make the fullest possible use of the ordinary facilities of community life whether on the streets, in shops, at school, at work, in the public services, in health centres and hospitals, residential accommodation or institutions.

The rule in every case is that these facilities must be capable of accommodating everyone, and only where this is not reasonably possible should separate solutions – such as special schools, sheltered employment or specific occupations – be pursued. Maximum possible integration is the objective to be achieved, on the one hand, through general education and awareness raising in society as a whole, and, on the other, through all possible measures to ensure that ordinary facilities are designed so as to be used by everyone. Specially designed solutions should be adopted only in exceptional cases.

Autonomy, independence, integration and participation are the key concepts which should underlie every policy which concerns people with disabilities. The fact that there is dual discrimination where women with disabilities are concerned means that these objectives are both more necessary and more difficult to achieve in their case. Achieving these objectives in practice is as much an entitlement for women as it is for men. It is a serious infringement of women's human rights to deem them less capable than men of participating in society.

Such participation is extremely important to enable women themselves to define their own situation and choose the solutions to their problems. Today, it is difficult to imagine not involving people with disabilities in shaping the policies that concern them. This should apply equally to women with disabilities and, in particular, the organisations and associations that represent them.

The potential influence of women's organisations in European countries today is commensurate with the political importance accorded to equality issues. It is essential that women with disabilities become incorporated into and attain positions of authority in women's organisations; equally it is now time for organisations representing women with disabilities to add their weight to the *mainstreaming process*. The aim should be for women with disabilities to be able to participate in all structures at a level commensurate with their presence in society.

## V. LACK OF DATA

Recommendation No.R(92)6 emphasises the need for a reliable and coherent system of statistical information. In-depth research into the situation of women with disabilities is further complicated in this respect by the fact that problems have so far been quantified, more or less systematically, in relation to disabled people as a group. We therefore have a less than complete picture of the situation due to a shortage of precise data. This observation echoes comments that were made at an earlier stage in relation to statistical information on women generally.

What is needed is more accurate and systematically gathered statistical information distinguishing between men and women, including those with disabilities. Until we have such information, scientific research into the situation of women with disabilities will be impossible and there is a risk that the representation of differences may be based simply on impressions or the bald transposition of existing data about women in general. Many of the observations that will be made in this report are based on women's perceptions of their own experience: not only would they be reinforced by statistical confirmation, but it is also possible that further problems are masked by the absence of statistics.

It may be assumed that the reason for this lack of data is that policy makers are unaware of, or worse still, uninterested in the situation of women with disabilities.



## VI. THEMES COVERED

In structuring the report it was found helpful to group the issues under thematic headings.

The Drafting Group is aware that any division is in some ways artificial and runs the risk of suggesting a prioritisation not intended.

Nonetheless, it decided on the following list of themes, presented in this order:

- Education and training
- Employment
- Social policy
- Participation and access to decision-making
- Sexuality
- Prejudices and social representation
- Motherhood, family and domestic life
- Violence.

This structure is a compromise, intended simply to facilitate presentation of the issues; furthermore, the individual topics under the various headings could have been organised differently.

The relative importance of the various themes and issues was discussed. It was suggested that priority be given to questions relating to the socio-economic position and security of women with disabilities, irrespective of whether this position was based on employment or on social benefits. It was ultimately agreed, however, that individual women have different priorities and, for that reason, neither the order in which issues were dealt with nor the approach to them should be deemed to reflect their relative importance.



It was decided after discussion that examples of good practice should be included, and Appendix 1 to the report contains a number of examples gathered by members of the Drafting Group.

The specific issues addressed are those in relation to which the Drafting Group members consider women with disabilities to be particularly disadvantaged due to the traditional division of gender roles. This should in no way detract from the idea that the main aim must be to inject an awareness of inequality and an attempt to bring about equality into all sectors and areas of activity.

## **VI.1. Education and training**

With regard to education and training, and bearing in mind the policy advocated in Recommendation No.R(92)6 – which emphasises the need to give people with disabilities the best possible preparation for independent living through integration and the use of ordinary systems – the importance of observing these principles in the case of girls and women cannot be overstressed. The possibility for women to live an independent life is closely linked to access to training which will put them in a position where they are not dependent on other people.

The Drafting Group took the view that there was insufficient gender breakdown of existing data in this area to provide a picture of the situation of girls and women with disabilities as a sub-group of either disabled people generally or girls and women generally. It is therefore essential that relevant data be gathered in this area.

It considered, however, that whereas it is deemed normal for men with disabilities to be independent and to require education and training with a view to finding employment in spite of their disabilities, in the case of women the combination of disability and gender prejudice results in diminished awareness of the need for education and training, particularly university education and vocational training.

The United Nations Convention on the Rights of the Child requires signatory states to recognise the right of the child to education. The United Nations Covenant on Economic, Social and Cultural Rights also provides for the recognition of the right of everyone to education which should be directed to the full development of the human personality and sense of dignity. However in some countries, certain children and young persons with disabilities do not receive any education. It has been alleged that this is experienced by more girls with disabilities than boys.

It has been further alleged that in many situations, girls with disabilities are more likely to be placed in special schools than boys with disabilities. In some cases, the affects of special schools can be negative for girls with intellectual disabilities. This may be due to methods employed, such as teaching girls to do as they are told, so that they are consequently placed in vulnerable situations, unable to make choices, to engage in ordinary personal interaction or deal with sexual abuse.

Existing statistics on vocational training indicate that the percentage of women trainees is low. Interestingly, vocational guidance and training is the only area in relation to which Recommendation No.R (92) 6 specifically states that people with disabilities should not be discriminated against on the basis of sex (among other grounds).

Members of the Drafting Group supplied examples of what appear to be forms of discrimination in this field. Studies carried out in Switzerland have shown, for example, that more effort is invested in vocational rehabilitation for men than for women; that girls with disabilities occasionally spend too much time in hospital, jeopardising their education; and that parents tend to keep girls with cognitive or hearing disabilities at home through fear of their being sexually abused.

Comments were made on the importance, for girls and women with disabilities, of specific training in the areas of self-esteem, self-defence and independent living. This type of training makes a significant contribution to empowering women with disabilities. The same is true with regard to

sexual education for girls and women, who are particularly open to all sorts of abuse.

The lack of appropriate childcare and support for care of the elderly, or the high cost of such care can make it much more difficult for women with disabilities than for men to gain access to education. It is essential for there to be childcare provision for women with disabilities attending training courses. In the case of occupational upgrading training, such childcare is vital in order to enable women to keep a job which requires training in new skills. It cannot be stressed enough that there is a need for an awareness of gender differences in devising and implementing training initiatives.

A study was carried out by the European Platform for Vocational Rehabilitation (EPVR) and the results published in February 2002. This study was run in a number of EPVR-affiliated centres in nine European countries with a variety of programmes. Its objectives were to examine the participation rates of women in vocational rehabilitation, study the barriers to such participation and make recommendations to improve the participation rate and overcome the barriers identified.

The conclusions are very revealing. Full-time training seems to be an acceptable burden for women with family responsibilities; in part-time training courses, women make up the majority. Family responsibilities represent a serious obstacle for women with such responsibilities if no help is on offer. Women very often suffer from low self-esteem, especially if they have not previously studied, if they lack experience and if sufficient assistance is not provided. Most training offers are geared towards men's traditional areas of interest which is not very motivating for women; where training in "typical" occupations for women is offered, they are in the majority. In some countries, financial disincentives are an important aspect that might prevent women from participation in vocational rehabilitation; furthermore, social security contribution history may have a significant influence. Women are unwilling to leave home to participate in vocational training far away. This

therefore confirms that special effort is needed to improve training conditions for women.

A study carried out in Spain in 1994 showed that 20% of women with disabilities in that country had completed primary education, while 8% had received higher education; in the European Union as a whole, 15% of women with serious disabilities had studied at university, compared with 23% of all women.<sup>1</sup> Comparable figures for men were not available.

## **VI.2. Employment**

Employment is of prime importance to everyone as a basis for independence and self-sufficiency. Obviously people with disabilities, whether male or female, are no different in this respect and that is why Recommendation No.R(92)6, while making no gender distinction, places great emphasis on the issue.

Yet here too, and for the reasons already cited in relation to education and training, the needs of women with disabilities and those of men with disabilities are perceived differently. It is accepted that men must have access to work, but there is no such consensus about women with disabilities, who tend to be steered towards a passive existence. All too often, the prevailing idea is that employment fulfils a different role for women with disabilities than for men. For women, work would appear to represent a means of filling time rather than offering a guarantee of independence. Occasionally, women with disabilities also develop this negative idea. Women with disabilities are more likely to be employed in low-status, lower-paid jobs with poorer working conditions. Lack of self-esteem and education further complicates the matter.

In the field of employment, requirements regarding access to technical aids place women in a particularly disadvantageous

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1. *"People with disabilities in Europe"*, María Rita Iglesias, European Commission, 1994

situation, as for example when such aids are on offer only for full-time jobs or where there is a minimum wage threshold.

On the basis of their own experience the Drafting Group members explored the issues of job quality, job security and promotion possibilities for women with disabilities. They also referred to the scant attention paid by trade unions to the situation of women with disabilities. Figures show that the rate of unemployment among women with disabilities is higher than among their male counterparts, mirroring the situation among men and women without disabilities.

Two Swiss studies<sup>1</sup> confirmed that less emphasis was placed on vocational rehabilitation for women, as opposed to men. The women tended to be steered towards compensatory benefits rather than suitable work or retraining courses.

In the Netherlands and in Portugal it was found that women entitled to invalidity benefit were seeking and receiving assistance to return to work but that more men than women were successful in finding jobs. In Sweden men receive a disproportionate share of the resources earmarked for rehabilitation. In general, there is a lack of counselling and career guidance to respond to the specific needs of women with disabilities.

The value of quotas was discussed in the same terms as in relation to women generally or other disadvantaged groups. Their effectiveness was questioned and, in particular, the point was made that they devalue the people they are intended to benefit, and undermine their self-esteem. The view was also expressed, however, that they are a necessary evil because, for certain people with disabilities lack other outlets to demonstrate their skills. The option of offering tax

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1. - *"Frauen in Recht und Gesellschaft – Wege zur Gleichstellung; die Leistungsverteilung an Frauen und Männer in der Invalidenversicherung"*, Katerina Baumann, Margareta Lauterburg, FNRS 2001

- *"Les discriminations en matière de réadaptation professionnelle des femmes dans le cadre de l'Assurance-Invalidité"*, Diana De La Rosa, Mémoire de Diplôme de la Faculté des sciences économiques et sociales de l'Université de Genève, 1998

incentives to employers to recruit people with disabilities was mentioned as an alternative to quotas.

At the same time it was agreed that existing systems should be evaluated and that, where systems were in place, a fair gender balance should be established.

The importance of reconciling employment and family life cannot be emphasised enough. However, achieving this is more difficult for a woman with disabilities. The provision of childcare and the existence of other family-oriented policies are vital.

According to the Spanish study mentioned above<sup>1</sup>, throughout the European Union 76% of able-bodied men have jobs, as against 36% of men with disabilities, while the corresponding figures for women are 55% and 25% respectively. Within Spain the study found that, while women with disabilities outnumbered their male counterparts, they were in a minority on the labour market but constituted the majority of recipients of non-contributory benefit.

### **VI.3. Social policy**

Social policy is a highly problematic area with regard to eliminating discrimination against women with disabilities. In general, it can be seen that social security legislation is not explicitly discriminatory. But because it was originally based on a male model of how society works, it can have an indirect discriminatory impact. In some cases it is in the application of the law that prejudices can operate and adversely affect women.

Differences in wage levels also have the effect of reducing entitlement under insurance schemes.

In the case of disablement insurance, for example, the fact that unfitness to earn is defined in terms of loss of income can

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1. - *"People with disabilities in Europe"*, María Rita Iglesias, European Commission, 1994

mean that part-time women workers who suffer partial disablement are not classed as disabled because they have not suffered loss of income. Benefit levels are likely to be lower, and where rehabilitation is an option and the law states that rehabilitation measures should take precedence over the award of benefit, it is easier to pay a low level of benefit in place of rehabilitation. Because the benchmark income level is often lower in the case of women, they are less readily offered either rehabilitation or a new job suited to their circumstances. In cases where only workers earning above a certain level are covered by compulsory insurance, generally speaking, part-time and low-paid workers, who are, in the main, women, may find themselves excluded (as in the second pillar of employment insurance in Switzerland).

The consequences of an accident may also give rise to discrimination in the case of a non-working woman. In Switzerland employees are statutorily protected, and this is true even in the case of non-work-related accidents. An accident of this type will therefore have very different consequences for an employed man in comparison with a non-working woman. Contrary to the man who will be paid accident insurance benefit, the woman will receive only sickness insurance benefit, which does not confer entitlement to disablement allowance, lump-sum compensation for damage to health, non-contributory cover or exemption from medical and pharmaceutical charges. In contrast, all these benefits are covered by accident insurance.

In certain countries, women with disabilities lose entitlement to certain benefits if they marry (Portugal, Spain). They may also lose their entitlement to a pension if they are able to follow a course of vocational training. The difficulty in (or uncertainty over) regaining entitlement to the pension if they do not subsequently find a job is a powerful deterrent to access to training (Portugal).

There are also cases of women with disabilities – unlike other women – being refused independent remuneration if they care for their parents (Spain). Forms of assistance that are

linked to employment – such as reimbursement of travel costs or provision or modification of a car – are not awarded to women with disabilities who although not employed are active in some capacity outside the home in order to participate in social life. The value of such occupation is frequently not recognised (Netherlands, Switzerland, Portugal).

Where they have the opportunity to return to work, women sometimes complain that the jobs offered to them are low-grade and unsuitable to their circumstances (Netherlands).

Many women with disabilities care for their family without any appropriate support, either from their partner or from society in general. The services of a (male or female) personal assistant are too infrequently available but should be provided as this would enable a number of women to take part in the life of society. In such cases, appropriate training should be offered to women with disabilities in their role as the personal assistant's employers.

People who acquire a disability later in life can find it harder to learn to adapt in their working or domestic activities and need specific educational and counselling programmes. Such programmes should be developed to respond to the increased needs of women in comparison with those of men.

#### **VI.4. Participation and access to decision-making**

A vitally important area in terms of gender equality generally is that of participation and access to decision-making. It is essential since women are just as entitled as men to be present and involved in the life of society at all levels, including in decision-making, but it is also important inasmuch as the rules made and measures taken by those in authority have a decisive influence on the entire community.

Society should benefit from the experience and knowledge of women with disabilities. What is at stake, therefore, is both the right to participate and the opportunity to influence the



destiny of communities. If a group is absent from the decision-making arena, its specific interests and needs and its particular perspective will not be given their due weight – to the detriment of society as a whole. This is the problem that arises when women with disabilities are prevented from participating and are absent at decision-making level.

Women with disabilities are considerably more disadvantaged in this respect than women generally. In their case the problem starts at the most basic level: very often they have no means of making their voice heard and it is other people who speak on their behalf. Even when the subject under discussion is their situation as women with disabilities, others do the talking. Women with disabilities therefore demand, first and foremost, the most basic of all rights: the right to be heard.

There are many reasons why women with disabilities are unable to participate actively or gain access to decision-making. This may be due to low self-esteem, fear or shame, or because they live in isolation, never leaving their homes. Frequently, women with disabilities are confined and isolated not in their own homes but in institutions, where some of them have lived since early childhood. Because many women with disabilities need the assistance of another person even with essential everyday actions and mobility, any form of participation, however modest, is contingent on assistance from another person.

As regards the visibility of participation by women with disabilities in public life, there is a complete absence of women with disabilities. They are not seen on television or in other media except in the roles of either victim or exceptional individual. They do not hold high-profile posts in business, the public service or politics and are scarcely represented in the public face of disabled people's organisations.

It must become possible for women with disabilities to be remarkable for their potential and their authority, rather than for their vulnerability. Efforts must be made to set in motion a process leading to greater independence for women with disabilities, releasing their creativity and nurturing in society

positive and genuinely committed attitudes. Community life – whether in the form of voluntary work, leisure pursuits, cultural, sporting or other activities – must be open to them. They must be able to participate in politics at all levels: local, regional, national or international, including, for example, European-level meetings, and be consulted on major issues, particularly those which concern them directly.

As mentioned above, additional resources (such as cars or childcare) are sometimes available only to people in employment and this may bar women with disabilities from other forms of participation.

In several countries, (for example Finland, Germany, Greece, Italy, Norway, Spain, Sweden, the United Kingdom) networks of women with disabilities and support groups have already played a key role in defending their interests and helping them to participate and express their needs. They are also useful in helping women gain access to more elaborate forms of participation.

Computer training and access to the Internet are a means of promoting participation in the life of society.

## **VI.5. Sexuality**

The theme of sexuality would seem to be the area of concern to people with disabilities that has been least studied and is the subject of fewest recommendations. This probably reflects the fact that virtually no specific attention has been focused on women with disabilities.

Even Recommendation No.R(92)6, for all its detail, precision and length, mentions sexuality only in passing – under the heading “Social integration and daily environment”. This contrasts starkly with the attention devoted to sexuality and reproduction, among other topics, in the *Manifesto by disabled women in Europe*.

The sexuality of women with disabilities, who have no sexual relations, is often denied. Family prejudices reinforce the idea

that girls with disabilities have no sexual identity nor a right to find a partner.

Lack of information in this area is a serious problem. Family attitudes to girls with disabilities are crucial, and it is extremely important for families to be educated in this area.

Girls with disabilities must be able to meet and interact with other young people in order to develop their sexual identity.

The fact that women with disabilities do not match the physical model promoted in the media inhibits recognition of their right to sexuality. At the same time, the fact that many women with disabilities are raped means that men are using them sexually – in the worst possible context. Many men may find a sexual relationship with a woman with disabilities a difficult concept. This may be through ignorance or belief that it is taboo. These are the kind of issues that could be addressed through education and awareness programmes.

A narrow perception of sexuality as consisting only of the sex act can also limit the possibilities for a woman with a disability to have a sex life.

Women with disabilities face particular difficulties: for example, because health professionals are ill-informed or prejudiced, because family planning services are inaccessible or because there are no suitably adapted tables for gynaecological examinations, or modified mammography facilities.

It is very important to affirm that women with disabilities, just like other women, are entitled to sexuality, whatever their sexual orientation, and equally important that doctors and health professionals generally should be properly informed, and should properly inform disabled women, about sexuality.

## **VI.6. Prejudices and social representation**

Underlying the discriminatory treatment of women with disabilities are prejudices and a certain social representation of the disabled woman. Changing this situation is a difficult

undertaking, for it involves tackling attitudes and social behaviour patterns, which are highly resistant to change.

The media have an important role to play in helping construct a positive image of women with disabilities and encouraging them to assert their rights. Television and cinema can play a particularly significant role. Images of women with disabilities on film or television are normally presented in the context of problems surrounding the disability, with either the women being portrayed as victims or as exceptional individuals. They are rarely seen in ordinary roles: as journalists or other media professionals, performers or the subject of everyday news items, on a par with any other person.

An effort must be made to present images of women with disabilities that reflect the normality of their presence in everyday life and portray their potential role in society in a positive light.

Advertising sometimes conveys an image of vulnerability and dependency. Even in public-service advertising, some images of women and girls with disabilities are too traditional.

Women and their organisations should be consulted about how they would like to be portrayed.

Attention should be paid in the portrayal of women with disabilities to the fact that all women – including women with disabilities – attach importance to attraction and that all women are sexual beings. It is also important to promote general understanding and acceptance of sexuality as a normal characteristic of all women, whether they have disabilities or not.

## **VI.7. Motherhood, family and domestic life**

Motherhood and family and domestic life may pose certain problems for women with disabilities in view of the way that society is organised. This is, of course, the area that is traditionally the woman's preserve, and it is not hard to understand the particular difficulties it presents for women with dis-

abilities. To make this point by no means implies acceptance of the traditional division of roles between the sexes, but that division is still very much a reality and, in any case, motherhood will always present problems that are particular to women.

Having a family of one's own and having one's entitlement to parenthood recognised can be the hardest things for a woman with a disability to achieve in comparison with a woman who is not disabled (who can take these rights for granted) and even with a man with a disability. The fact is that many girls with disabilities are brought up to believe that they cannot expect to have a relationship with a partner, and much less to have children and found a family.

In contrast, all too often girls and women with disabilities are used as domestic labour in the family home without the least recognition of their status and value in this respect.

Women with disabilities feel that the medical profession discourages them from having sexual relations, for example by making it difficult to obtain prescriptions for contraception; and they are also discouraged from becoming pregnant. They complain of being subjected to sterilisation and abortion without their properly informed consent.

Obtaining recognition of the right to parenthood is harder for women with disabilities than it is for their male counterparts. Antenatal and postnatal assistance is often inaccessible or inappropriate to the needs of women with disabilities.

There is, for example, greater readiness to offer treatment to a man (even where serious risks are involved) to enable him to father children, whereas a woman with a disability is more likely to be denied the equivalent treatment under the pretext that no such treatment exists. There is a tendency to require women with disabilities who wish to have children to undergo genetic screening, although the same is not required of men. Women with disabilities report that they are too readily subjected to Caesarean section (Spain).

If a woman has a child with a disability she will receive financial assistance towards meeting the child's needs and parenting; but a disabled mother will receive no special assistance even if she requires it (Spain), and she risks being criticised for choosing to become a parent.

The medical profession seems relatively ill-informed and its attitudes towards women with disabilities are too often coloured by prejudice. There are also cases of women with disabilities feeling that they are being observed and treated as guinea-pigs – being urged to have children, for example, so that their experience can be studied.

Women with disabilities also find that men with whom they have relationships or to whom they get married are seen in a negative light by society generally. Barriers, such as loss of entitlement to non-contributory pension, are unfairly placed in the way of women with disabilities who wish to marry (Portugal and Spain). As a rule, there are no statutory restrictions on women with disabilities seeking to adopt children. But in practice they are prevented from adopting. Although it is hard to find adoptive parents for children with disabilities, in practice even when warranted by particular circumstances, these children are not offered to women with disabilities or to couples in which the woman has a disability. In the event of divorce, the fact that the mother has a disability will often lead to custody of the children being given to the father.

Inside the home it is extremely difficult for women with disabilities to do all that is traditionally regarded as women's work, particularly when they do not have to hand the necessary resources to obtain the help they need. Home interiors – kitchens for example – do not offer adequate access, modifications are very costly and in many cases society is not prepared to foot the bill. Compounding the brutal impact of architecture and physical layout, women with disabilities also suffer other forms of brutality including enforced dependence on others for the accomplishment of everyday activities and, in many cases, psychological and physical ill-treatment.

## **VI.8. Violence**

Violence against women with disabilities is probably the area that has so far been studied the most, whether in the context of violence against women generally (see, for example, the Council of Europe *Plan of action to combat violence against women*, November 1997 and more recently, *Committee of Ministers Recommendation R (2002) 5 on the protection of women against violence*, of 30 April 2002), or the report on the abuse of disabled people.<sup>1</sup>

The latter states that: *“Disabled girls and women share the disadvantages of all girls and women and are disproportionately victims of sexual violence and sexual harassment.”*

Like the other areas discussed in this document, violence against girls and women with disabilities is a field that requires specific, systematic study with a view to the introduction of more closely targeted and effective measures. Currently, although figures on violence against women generally are available, there is no quantitative information about violence against women with disabilities. Yet no one is any doubt about the severity of the problem.

Research on the issue of violence and abuse against women with disabilities comes up against the difficulties they experience in expressing their suffering to another person. It is therefore necessary to devise strategies to enable women with disabilities to be able to talk in confidence, and with due regard for their human rights. Whereas women with disabilities are not recognised as possessing certain attributes regarded as feminine – beauty, sensuality and all the qualities connected with motherhood – they are recognised as having other attributes also perceived as feminine, for instance as

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1. *“Safeguarding adults and children with disabilities against abuse”*, Council of Europe Publishing, 2002

individuals there to serve, be slaves to or be dependent on others, and this is a perception that encourages abuse.

Violence against women, whatever their specific situation, is a serious breach of their fundamental rights. Such violence is, however, even more odious and intolerable when the victim is less able to defend herself; yet proportionately it is more frequent in these circumstances.

A Canadian study (Canadian Abilities Foundation, 1995)<sup>1</sup>, claimed that a girl with a disability is twice as likely to be sexually or physically abused than a girl without a disability, and the most dangerous place for her is in her own home. A 1997 study carried out by Nosek and Howland<sup>1</sup> mentions eight possible contributory factors to the increased vulnerability of women with disabilities: dependency on others for long-term care, denial of human rights that results in the perception of powerlessness, less risk of discovery as perceived by the perpetrator, the difficulty some victims have in being believed, lack of appropriate sex education, social isolation and increased risk of manipulation, physical helplessness and vulnerability in public places, values and attitudes within the field of disability towards integration without any consideration of each individual's capacity for self-protection.

There are many barriers preventing victims from defending themselves and filing complaints, even within the institutions which should be protecting girls and women with disabilities: fear of the perpetrator, isolation resulting from contact exclusively with the care providers, lack of access to support services, lack of credibility of the person with the disability (Cusitar, 1994)<sup>1</sup>.

Violence can take different forms. It can be active, expressed in words or actions, or it can be passive, as when food is withheld from a woman unable to feed herself independently, or

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<sup>1</sup> quoted in *"People with disabilities and abuse: implications for centres for independent living"* Leslie Myers, Houston, 1999



when a woman who needs help with dressing is inadequately clothed, or when women are prevented from leading normal lives, including normal sex lives.

Violence can be inflicted by members of the disabled woman's family, doctors or other health professionals, other persons on whom the woman depends, or strangers. If the perpetrators are people on whom the woman depends from day to day, she may have no means to defend herself, which means that proper supervision is essential.

Abuse can take place in the home, on the street or in institutions where women with disabilities live.

There is a belief in some quarters that women with disabilities are insensitive – a convenient notion for the perpetrators of abuse and one with grave consequences.

Explanations of this vulnerability to violence lie in lack of self-esteem, fear of reprisals and difficulties in communicating, and in lack of information, access to counsellors or awareness of the unacceptable nature of abuse. Women with disabilities may, moreover, accept what other women would not, simply in order to experience what they perceive as a semblance of normality, to have access to something that other women know about, or to feel that they are getting more attention, whereas in reality they are merely accepting sexual abuse. It may be, therefore, that the distinction between protecting such women and respecting their liberty is blurred, particularly for those whose duty it is to provide protection.

Members of the Drafting Group mentioned that women and girls with disabilities were occasionally subject to studies or abusive experiments in the hospital environment, where their intimacy may not always be preserved and where they may be kept longer than required.

## **VII. RECOMMENDATIONS**

### **VII.1. General recommendations**

- At Council of Europe level, the Steering Committee for equality between women and men (CDEG) should be invited to consider the situation of women with disabilities – a step that would also contribute to the introduction of a mainstreaming approach – and to recognise that the issue is one of human rights.
- The CDEG should work closely with the Committee on the Rehabilitation and Integration of People with disabilities (CD-P-RR). Together they should examine ways of ensuring that a mainstreaming approach to matters of gender equality is incorporated into all CD-P-RR activities. Likewise, wherever women or disabled people are the subject of research or particular measures, specific attention must be paid to the problems of women with disabilities.
- Equality issues should be taken into account appropriately in the future Council of Europe Action Plan for people with disabilities which should also cover other areas such as sexuality, scarcely addressed by Recommendation No.R(92)6.
- The Council of Europe, national authorities and all other relevant bodies should strive to ensure that a gender breakdown is included in statistics on people with disabilities, and that research is carried out to provide a clearer picture of the situation of women, as a sub-group of the disabled population. The combined effect of disability and gender should be statistically measured.
- Member states and participating bodies involved in activities with regard to consideration of proposals for a comprehensive and integral international convention to promote

and protect the rights and dignity of persons with disabilities, should ensure that the process and outcome takes due account of the situation of women with disabilities.

- Member states should devise, with the participation of women with disabilities, national programmes of relevance to them, with effective provision for their implementation and evaluation (for example every four years).
- Member states should on the one hand systematically, and in line with a mainstreaming approach, integrate the gender equality dimension into all policies for people with disabilities, and on the other hand specifically consider women with disabilities as part of gender equality programmes to ensure that their problems are addressed.
- Member states should disability proof their national plans and programmes and such proofing should comprise a gender equality dimension for women with disabilities.
- Information and awareness-raising programmes should be undertaken at all levels, targeting the general public, women and girls with disabilities, their families, friends and others close to them, professional groups (including doctors, nurses and other health workers, architects and social workers, councillors, police officers, people working in education, employment offices, vocational training centres, the social services and drop-in centres), as well as the business community and, very importantly, political decision makers. The information and awareness-raising should be undertaken with the participation of women with disabilities. It should promote adherence to the principle that women with disabilities are in charge of their own lives and are characterised first and foremost by their abilities, and at the same time should explain their problems and requirements, along with the advantages of a mainstreaming approach.
- All bodies involved in fields such as health, education, employment, vocational guidance and training, social security and social services, urban planning and construction must be directed, at the levels relevant in the various member states, to seek to integrate women with disabili-

ties, as a matter of course and to the fullest possible extent, into all normal forms of provision. Special systems and facilities must only be used where it is not possible to make use of ordinary structures even where all possible adaptation and support facilities have been provided. It must be ensured that relevant guidelines are applied without gender bias: it is the existence of such bias that justifies the introduction of specific guidelines in relation to women.

## **VII.2. Specific recommendations**

### **Education and training**

- Advisory services, schools and colleges, vocational training services and decision makers and trainers in the area of vocational rehabilitation must be properly informed and prepared to take the necessary steps to ensure that girls and women with disabilities receive education and preparation for employment that will guarantee them fulfilment and independence. Educational establishments and those who work in them must themselves be educated to reject all forms of prejudice and to combat any prejudices held by girls and women with disabilities or their families.
- It is essential to facilitate and promote mainstreaming in education.
- Educational establishments must make all possible adjustments to accommodate and support girls with disabilities, whether in terms of facilities or course content or examinations (by offering, in exceptional cases the possibility of sitting examinations at home), and allowing extra time for homework, lessons or examinations, or other measures.
- Where appropriate, and in parallel to measures to improve accessibility, institutions should facilitate access to assistance services, whether outside or immediately available to the school.
- Where, as an exceptional measure, it is necessary to provide for specialised education, there should be specific cur-

ricula dealing with thinking and decision-making skills, interpersonal relations and personal development.

- In all cases, education promoting personal development must be offered from primary level upwards.
- Encouragement should be given to the setting up of consultative bodies on education and training paying particular attention to women with disabilities, including those who become disabled as adults.
- Schools and colleges should likewise be encouraged to set up forums for students with disabilities, which would be required to pay specific attention to female students.
- Hospitals admitting girls with disabilities should be in a position to ensure that their education continues while they are in-patients.
- Women with disabilities should be channelled towards effective training, enabling them to find a satisfactory and financially rewarding job, guaranteeing their independence and equal opportunities and using each person's capabilities to the full.
- Statistics should be broken down by gender and analysed to establish the impact of education policies on women with disabilities. Data should be developed to review progress and establish factors influencing the participation level of women with disabilities.
- Women and girls with disabilities should, where possible, have the option of receiving training in self-esteem and self-defence. It is especially vital that they be given sex education.
- Women with disabilities who have access to a (male or female) personal assistant must receive special training as employers.
- Support for child care or the care of other dependents, and the possibility of access to appropriate modes of transport must be guaranteed to women with disabilities who are attending training, particularly in the case of rehabilitation.

- Vocational rehabilitation programmes should be worked out and implemented bearing in mind the particular needs of women. This applies to the types of training offered, the possibility of reconciling training and family responsibilities (location, care of dependants, flexible hours, part-time), facilities, personal assistance and contact with the family.
- A pro-active, targeted approach is required in order to promote information and opportunities for women with disabilities to return to education and resume training, especially for women who are particularly disadvantaged, for example through isolation.

### **Employment**

- All the relevant services, employers, trainers, agencies, co-workers and trade unions must be made aware of the situation of women with disabilities in order to understand, accept and promote their rights to obtain and remain in employment commensurate with their abilities.
- Public authorities should make a special effort to employ women with disabilities and set an example.
- Career guidance services should seek to offer women with disabilities the full range of possibilities and not merely steer them towards poorly paid jobs.
- Women with disabilities must receive training in decision-making processes, in how to apply for jobs and in defending their rights.
- Employers must be encouraged to upgrade facilities and make them accessible to women with disabilities, and to introduce other feasible measures such as, where appropriate, home-based working, extended assignment times, part-time working or flexible working hours.
- Employment support schemes including quota systems should be adapted to the needs of women with disabilities and evaluated in terms of how they benefit the employment situation of women with disabilities.
- Additional support should be made available to women with disabilities to enable them to work, including access to

childcare, care for other dependants, transport to their place of work, and access to personal assistance.

### **Social policy**

- National authorities should review their social security systems in order to eliminate indirect discrimination against women. Those who implement social security systems must be trained so that they themselves do not introduce forms of discrimination.
- Vocational rehabilitation of women with disabilities is one of the areas in which discrimination in the application of rules is a particular problem. The people in charge must be educated to reject prejudice and the women themselves must be actively involved in the procedures by making their choices clear.
- Marriage must not adversely affect a disabled woman's benefit entitlement.
- Research must be undertaken into the situation of women with disabilities who look after their parental families, and specific measures to protect such women must be introduced where necessary.
- Women with disabilities in situations of particular dependence or distress or who are victims of abuse must be entitled to receive psychological and physical support.
- National authorities should ensure that appropriate resources are set aside for personal assistance services where such are necessary.
- Entitlement to assistance with transport, adaptation of vehicles, childcare or care of others must not be restricted to women in paid employment but should also be made available to facilitate women's involvement in voluntary activities and enable them to participate generally.

### **Participation and access to decision-making**

- The Council of Europe and all authorities in the member states must ensure that women with disabilities and/or their representative organisations are consulted and have a role

to play in determining policies, in all fields, for women and for people with disabilities, and must undertake to seek and respond to their views.

- Such an approach is essential in all situations where the individual circumstances of women with disabilities are being assessed, whether in the context of action taken by the authorities or professionals (as, for example, when deciding on admission to a vocational rehabilitation programme or providing health care, especially in relation to reproductive health), or when any other decision affecting the person's private life has to be made.
- Women's organisations and those representing people with disabilities must be made aware of the need to take account of the situation, problems and views of women with disabilities.
- Peer support groups and organisations and networks of women with disabilities should be encouraged at national, regional and local levels. Resources – including funding, premises, transport and facilities for childcare or the care of other dependants – should be made available to them.
- Families should take action and institutions should take the necessary steps to enable women with disabilities to attain the degree of autonomy, independence and social participation commensurate with their abilities. Authorities, particularly at local level, should take appropriate steps to ensure that women with disabilities can leave their homes and enjoy an independent life.
- Girls and women with disabilities should be given the opportunity to participate in artistic, cultural and sports activities from pre-school age upwards and throughout their life, with the aim thereby of guaranteeing successful integration into life in society.
- Measures taken to increase the participation of women and people with disabilities in community and political life should take account of the need for participation by women with disabilities and of the advantages of such participation for society as a whole.



- It is essential to set up and support information technology and Internet training programmes for women with disabilities to enable them to participate in the life of society.

### **Sexuality**

- It is essential to assert the rights of women with disabilities to sexuality.
- It is important that parents are informed and educated about the sexual identity of daughters with disabilities. The same applies to all those with whom they are in contact, whether friends, other family members or educators.
- Sex education classes should include a presentation of the situation of women with disabilities.
- Girls should be encouraged to mix with other young people in order to help develop their sexual identity.
- Girls with disabilities should be educated to be able to assume their sexuality, to nurture a sense of self-respect, to form and maintain relations with others and to avoid and resist abuse.
- Health professionals and all other people involved must receive information and training so that they can provide assistance without imposing their own prejudices.
- Equipment and facilities, such as gynaecological examination tables and mammography facilities modified to meet the needs of women with disabilities must be available.

### **Prejudices and social representation**

- Initiatives aimed at changing attitudes and behaviour towards women with disabilities should focus on educating and nurturing a sensitive response among society as a whole and certain more targeted sectors, and to this end should draw on the experience of organisations defending the interests of women with disabilities.
- The media must be made aware of the need to present positive images of girls and women with disabilities, rather than constantly showing them as either victims or exceptional beings. Women with disabilities must instead be

presented, as other people are, in ordinary situations: as professionals, students, mothers, wives or sportswomen, or expressing their views and taking part in everyday activities.

- People in general should be helped to understand that differences – whether visible or invisible – are part of the human condition, and that such differences could affect anyone at some point in their lives.
- In children's programmes, girls with disabilities must be shown playing with other children. They, and the lifestyles associated with a disability, should also be portrayed in magazines for children and young people, and in school textbooks.
- Training should be provided to journalists and those working in advertising as a means of raising their awareness.
- Advertisers must be encouraged not to convey negative images or messages. In particular, public-service advertising must not be allowed to perpetuate stereotypes.
- Children should encounter women with disabilities among the teaching staff at school.

### **Motherhood, family and domestic life**

- Decisions taken by women with disabilities about their families must be given the same consideration as those taken by others.
- With regard to motherhood, the choices of disabled women must be respected.
- Health professionals must be trained to deal with and assist women with disabilities and to accept and respect the choices they make with regard to motherhood.
- Effective measures must be taken against forced sterilisation.
- It should be possible for a women with a disability to adopt children (always, of course, in the interests of the latter) and such a possibility must be considered without discrimination. The authorities dealing with individual files must be given training in order to ensure that they show no prejudice.

- In the event of divorce, there must also be no prejudice on the part of those who take decisions concerning children.
- Balanced division of labour within the family must be generally encouraged but it is particularly important in the families of women with disabilities, for whom domestic tasks are more onerous. Special educational programmes must be designed to this end.
- The authorities must assist with adapting the interior of homes, and particularly kitchens, to meet the needs of women with disabilities, in order to enable them to carry out household tasks, and must give them the option of external support.

## **Violence**

- given the severity of existing abuse, it is essential to introduce effective steps to combat violence against girls and women with disabilities.
- Potential victims of violence must be trained not to accept it, to defend themselves (in particular, by means of self-defence courses) and to assert their rights if abuse occurs.
- Staff employed to care for women with disabilities must be properly trained and monitored and must observe a strict code of ethics.
- Guidelines for staff working within departments dealing with people with disabilities should be drawn up to enable them to handle situations and reports of violence and abuse against women with disabilities.
- Abuse must be severely punished.
- Women with disabilities must not be subjected to enforced medical treatment or required to take part in experiments.
- Security and surveillance in institutions must be compulsory and rigorously implemented.
- In the event of abuse, women – including those placed in an institution – must be able to obtain support and assistance immediately, with access, where necessary, to appropriate assistance, psychological support or health services.

- Hostels and refuges must be accessible to women with disabilities.
- Support services should consider employing women with disabilities to assist with victims of abuse.
- The perpetrators of violence should be obliged to follow specific awareness-raising programmes to alert them to the problems of women with disabilities.
- Specific research into violence against women with disabilities must be carried out in order to learn more about its causes and identify more effectively measures to combat it.



## **APPENDIX 1 – EXAMPLES OF GOOD PRACTICE**

The following are examples of good practice or positive solutions collected by members of the Drafting Group, which may provide an insight into how best to deal with the problems experienced by women with disabilities.

### **1. Association of women with disabilities, Barcelona, Spain**

The “Dones no estàndards” association was set up in 1995 by a group of female activists. The need for a separate forum where women could discuss their problems had emerged two years earlier at the Barcelona congress, when it was realised that the number of female speakers did not begin to reflect the large proportion of women in the disabled population, nor their relatively high profile. Many of the women who did speak, moreover, spoke of sexual abuse committed by disabled men against disabled women. The association thus sprang from an awareness of the fact that disabled women were under-represented in the disability movement, and of the intolerable violence to which they were subjected.

The association quickly rose to prominence and on 8 March 1996 was presented with a major award by Barcelona City Council.

In the words of its president, Maria Carmen Riu Pascual, the association aims to “support the ‘non-standard’ woman”, and to keep a close and critical eye on the situation of this section of the population” and to “pay attention to the various forms of external communication” so that women with disabilities are perceived as attractive and are able to enjoy life, and so

that they “never simply accept the status quo, but keep asking questions and pressing for change, and have the opportunity to express opinions – even if these do not always tally with those of the association – and come to accept differences of opinion or conflict as part and parcel of social relations.”

The association’s ongoing concern is that women with disabilities should regard themselves, and be regarded by others, as ordinary women, ordinary human beings, leading normal, integrated lives, whether in the street, in the home, at work, in school, in personal relationships or elsewhere.

It has implemented two projects which deserve a special mention.

The first, “Dones de Barcelona” (Women of Barcelona), aimed to expose the social and/or psychological barriers facing women with disabilities, and to show that they have abilities just like everybody else. The project provided examples of normality and achievement in the lives of 12 physically disabled women (including through a video showing them at work, in the home, in the street, dancing, playing basketball, leading full, independent lives with their partners, children or friends). It also included a study on how people perceived the abilities of disabled women, conducted among 3,251 students. Following the awareness-raising efforts by members of the association, the study produced some surprising results, identifying twenty psychosocial barriers which affect relations with other people.

The second project involved 1,198 secondary school pupils, and was carried out after the findings of the first project became known. On each occasion, the president of the association performed an exercise with a group of four pupils during class time, with the teacher present. The project was designed to help young people address the issue of diversity, either among themselves, or with the people they normally came into contact with, or with outside groups. It involved games and the use of a variety of materials, including the video produced for the “Dones de Barcelona” project and, of course, contact with a woman with a disability. The impor-

tance of values, social norms and attitudes was discussed. The results were highly gratifying, as pupils' perception of disabled women became noticeably more realistic and positive, and their awareness of others and their appreciation of diversity improved.

Sources: "MD Mujer y discapacidad-buenas prácticas",  
Madrid, 2000

Video "Dones de Barcelona"

"Dones de Barcelona – Mujer, Diversidad,  
Un camino al nuevo siglo", Barcelona, 1997

"Projecte: Nexes amb la diversitat", Barcelona,  
1997-1998

Ms Carmen RIU PASCUAL,  
President of "Dones no Estàndards", Barcelona

## **2. Peer support groups in Finland, Romania and Sweden**

The DEEP ("Disabled Women's Empowerment & Energy") project was conducted in Finland, Romania and Sweden with EU funding.

One of the goals of the project in Finland was to train disabled women to be peer group leaders. The project ran from September 1999 to December 2001. During this period, groups of disabled women met, some more regularly than others, with the number of participants rising to 104 in the final phase.

The aim of the project was to promote equality and to empower women with disabilities through peer support.

Studies on the results of the Finnish project produced a number of very positive findings. The participants found that talking to people with similar problems helped to alleviate their sense of isolation and provided an opportunity to make friends with other women who could sympathise with them. Their self-esteem improved and they felt better able to stand up to discrimination. They found that talking about difficult issues helped them psychologically. They came away with a



heightened sense of themselves as women and of their femininity, they felt more positive about the way they looked and more self-confident in general. They were more willing to communicate and to appear in public, and to take on responsibilities and tackle injustices. Exchanging information was considered very important.

Source: "Dive deeper in peer groups of disabled women", Helsinki, 2001

Ms Katri Koskinen, trainer,  
Women's Working Group of the Finnish Association  
of People with Mobility Disabilities

This subject was discussed by the Drafting Group, and drew varying reactions. One fear expressed was that peer support groups might lead to the marginalisation of women with disabilities, by being too inward-looking. It was ultimately felt, however, that if disabled women derived benefit from peer support, a method popular with other women's groups as well (e.g. victims of violence, refugees), then it was up to them to decide whether or not they wished to pursue this option which should be made available.

### **3. Cultural activities in Sweden**

"Forum Women and Disability" in Sweden is an organisation which has initiated several cultural projects and developed an understanding of the role cultural activities can play in the growth of individuals and in the field of combating discrimination. Forum Women and Disability was established in 1997 and today its members include some 25 national and local disability and women's organisations, and some 80 individuals.

The first major cultural project was the photo exhibition "En Garde", a set of black and white portraits of women with disabilities. Each portrait had its own poem and special background music accompanied the exhibition. The photographs showed strong, proud, beautiful women full of love and passion just like any other woman. The exhibition has been shown in several cultural centres both in Sweden and abroad

and has been very well received. The catalogue includes all the portraits and poems. En Garde is also available as a video film.

Mustea is another major cultural project. It is a musical written and performed by women with disabilities together with women without disabilities. Mustea is both a woman's project and an integration project, enabling meetings and encounters between women to take place and develop in a natural and spontaneous way.

The project also includes many women from immigrant backgrounds. In 2002 the project was awarded a larger financial grant and can therefore be integrated into a broader mainstream cultural setting in a popular new cultural centre in Stockholm. Three performances were given in December 2002. The project is led by three professionals from the song, music and theatre fields.

As a follow-up and continuation of Mustea, a new project entitled "Kulturkällan/Fountain of Culture" has been devised. The project includes short and long courses in various creative fields such as musical instruments, photography, the relationship between disabled people and their assistants, writing and painting. All courses build on the person's own creativity and are targeted at women both with and without disabilities.

In conjunction with another organisation, Forum recently published an anthology entitled "Och sen ska man vara glad också.../And then you should be cheerful as well...", in which women with disabilities from all over Sweden write about their everyday lives.

Accessing one's own cultural creativity is a powerful part of an individual's personal development. It can awaken and release hitherto unknown capabilities and insights. Giving women with disabilities the opportunity to contribute to the mainstream cultural establishment is also very important in promoting visibility, encounters and combating discrimination and vulnerability. Women with disabilities are often very

strong women. Their creativity can be used as role model for the self-fulfilment, through culture, of others.

Presented by Ms Katri Koskinen, Finland, member of the Women's Committee of the European Disability Forum

## **4. Combating violence in Norway**

The "Network for women with disabilities" was established in 1997, and has about 200 members all over Norway. "Health and welfare – a network project for women with disabilities" was a project which the network ran from 1998-2000. It was financed by the Norwegian Ministry for Health and Social Affairs, under the Government Plan of Action for People with Disabilities.

The primary aim was to set up local networks for women with disabilities in Norway. It also set out to highlight specific issues concerning women with disabilities such as health, daily life and family matters, working life, disability, gender equality and violence against women with disabilities. A further major focus of attention was its study on the relationship between disability and treatment from the health services. This covered matters such as the way in which women are assisted when becoming disabled or being given a diagnosis and how the assistance services then function. A study has also been made of women's experiences in the welfare, benefits, rehabilitation and employment fields, and general information on these areas has also been provided.

Special attention has been placed on violence, sexual harassment etc. but we have found little research on these matters in relation to women with disabilities. We are co-operating with the Women's Shelters Movement in Norway and Östlandsforskning, a research foundation situated in Lillehammer. In co-operation with one of their researchers we are planning a research project and survey on violence against women with disabilities and the relationship with their living conditions.

We have been working towards the UN special session in New York (Beijing +5), co-operating with an umbrella organisation for women's organisations in Norway. As part of this preparatory work, we have been focusing on violence against women with disabilities. The "Network for women with disabilities" was also represented in the official Norwegian delegation in New York from 2 to 9 June 2000.

We have produced a brochure on violence against women with disabilities, which has been distributed to the personnel of the Women's Shelters organisation and given out at various meetings. On 25 November 1999 we took part in a demonstration against violence against women together with the local Women's Shelters movement. We were also involved in the 16 days of action against violence against women which took place in 2001.

In co-operation with the Women's Shelters Secretariat we produced an information kit for use in the Women's Shelters, about the accessibility needs of women with disabilities. We also organised a conference in Oslo in November 2000, attended by staff from local shelters all over Norway. This project was financed by the Health Ministry and the Ministry for Children and Family Affairs. We have also produced teaching aids for local courses at the Women's Shelters. We see this co-operation as very useful, as it is extremely important to make the shelters accessible both physically and through staff training. In 2001 and 2002 we have visited a number of shelters, educating the staff about women with disabilities and their accessibility needs. At present (October 2002) we are producing an information kit on violence against women with disabilities which will be distributed to organisations, municipalities, hospitals, police stations etc. all over the country.

Network for Women with Disabilities in Norway,  
Kristin Madsen, Project Manager  
(Presented by Ms Katri Koskinen, Finland, member of the Women's  
Committee of the European Disability Forum)



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