



Women
With
Disabilities
Australia
(WWDA)

Winner, National Human Rights Award 2001
Winner, National Violence Prevention Award 1999
Winner, Tasmanian Women's Safety Award 2008
Certificate of Merit, Australian Crime & Violence Prevention Awards 2008
Nominee, French Republic's Human Rights Prize 2003
Nominee, UN Millennium Peace Prize for Women 2000

PO Box 605, Rosny Park, 7018 TAS
Ph: +61 3 62448288 Fax: +61 3 62448255
ABN: 23 627 650 121
Email: wwda@wwda.org.au
Web: www.wwda.org.au

Ms Helen Bedford
Disability & Carers Policy Branch
Department of Families, Housing, Community Services & Indigenous Affairs
TOP-DE2
Box 7576, Canberra Business Centre
Canberra ACT 2610

June 5, 2010

Dear Ms Bedford

Re: Draft National Disability Advocacy Framework

Thank you for the opportunity to comment on the *Draft National Disability Advocacy Framework* (NDAF), which is being developed by Commonwealth, State and Territory Governments to assist in improving the administration of disability advocacy in Australia. WWDA understands that the Framework will be guided by the principles and priorities of the *Convention on the Rights of Persons with Disabilities* (CRPD) and will also provide reform and policy directions in areas of planning, reporting and data collection which all governments will work towards in seeking to improve disability advocacy support.

WWDA further understands that a key policy reform direction of the Framework will be to focus on improving outcomes for people with disability experiencing geographic and demographic disadvantage – and those specifically prioritised in the Draft NDAF are: people with disability from Indigenous, Culturally Linguistically Diverse, and rural and remote backgrounds.

In this context, WWDA is deeply concerned at the complete omission of a gender perspective in the Draft NDAF. Although women with disabilities have occasionally rated a mention in the preambles of some national policy documents, they are more often than not almost entirely ignored when it comes to developing and funding appropriate programs and actions. Certainly, disability policies in Australia have consistently failed to apply a gender lens. Most have proceeded as though there are a common set of issues - and that men and women experience disability in the same way.¹ The Draft NDAF is a clear example of this continued practice of exclusion.

Clearly, women with disabilities are a priority population group of the CRPD, which specifically acknowledges the impact of multiple discriminations caused by the intersection of gender and disability. It prioritises women with disabilities as a group warranting specific attention, and calls on

¹ Gray, G. (2010 draft) *By Women for Women, the Australian women's health movement and public policy*. (forthcoming).

Governments to take positive actions and measures to ensure that women and girls with disabilities enjoy all human rights and fundamental freedoms.²

In ratifying the CRPD, the Australian Government has a commitment to ensure that Article 6 (Women with Disabilities) is implemented at the domestic level. This includes ensuring that national policies, frameworks and strategies (such as the NDAF) make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability, and include focused, gender-specific measures to ensure that women with disabilities experience full and effective enjoyment of their human rights.

The Draft NDAF cites the objective and long-term goal of the Framework:

People with disability have access to independent disability advocacy that promotes, protects and ensures their full and equal enjoyment of human rights and enables them to participate as valued members of the community and to pursue their life goals.

The NDAF further identifies five core outcomes of the Framework:

- (a) people with disability achieve economic participation and social inclusion;
- (b) people with disability enjoy choice, wellbeing and the opportunity to live and make decisions as independently as possible;
- (c) people with disability have the opportunity to participate in decisions that affect their lives;
- (d) people with disability are actively involved in all aspects of the development, delivery and evaluation of disability policies, programs and services that impact them; and
- (e) people with disability are actively involved in the development, delivery and evaluation of broader government policies, programs and services provided to the community.

Given the need for the NDAF to include a gender perspective, and to prioritise women with disabilities as consistent with the CRPD, it is worth highlighting the status of women with disabilities in the context of these five core outcomes.

(a) people with disability achieve economic participation and social inclusion

Two million women with disabilities live in Australia, making up 20.1% of the population of Australian women. Women with disabilities continue to be one of the most excluded, neglected and isolated groups in Australian society, experiencing widespread and serious violations of their human rights. As a group, they experience many of the recognised markers of social exclusion - socioeconomic disadvantage, social isolation, multiple forms of discrimination, poor access to services, poor housing, inadequate health care, and denial of opportunities to contribute to and participate actively in society.³

We know that in Australia, women with disabilities bear a disproportionate burden of poverty, are less likely to be in paid work than other women, disabled men or the population as a whole. There has been no improvement in the unemployment rate of women with disabilities for more than a decade, and where they are employed, women with disabilities experience significant and systemic discrimination.⁴ Women with disabilities are less likely than their male counterparts to receive adequate vocational rehabilitation or gain entry to labour market programs. They earn less than disabled men, are in the lowest income earning bracket, yet pay the highest level of their gross income on housing, and spend a greater proportion of their income on medical care and health related expenses.

² See Article 6 of UN General Assembly, *Convention on the Rights of Persons with Disabilities*: resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <http://www.wwda.org.au/hrcore1.htm>

³ Women With Disabilities Australia (WWDA) (2009) *Submission to the National Human Rights Consultation*. WWDA, Tasmania. Available online at: <http://www.wwda.org.au/subs2006.htm>

⁴ Women With Disabilities Australia (WWDA) (2010) *Women With Disabilities & The Human Right to Health: A Policy Paper*. WWDA, Tasmania. Available online at: <http://www.wwda.org.au/subs2006.htm>

(b) people with disability enjoy choice, wellbeing and the opportunity to live and make decisions as independently as possible

Women with disabilities have difficulty in finding accessible housing, are more likely to be institutionalised than their male counterparts and are often forced to live in situations in which they experience, or are at risk of experiencing, violence, abuse and neglect.⁵ Women with disabilities are denied their right to freedom from exploitation, violence and abuse – they experience alarmingly high rates of all forms of violence and abuse from a range of perpetrators yet remain excluded from violence prevention legislation, policies, services and supports. They continue to be assaulted, raped and abused at a rate of at least two times greater than other women, and are at greater risk of severe forms of intimate partner violence. Women with disabilities are denied their right to bodily integrity, to control their own bodies and to be free from interventions – evidenced by the practices of forced sterilisation, menstrual suppression, forced contraception and coerced abortion. Compared to other women, disabled women are less likely to receive appropriate health services and are significantly more likely to face medical interventions to control their fertility. Women and girls with disabilities are more likely to be unlawfully sterilised than their male counterparts. They are less likely to have children, more likely to experience marriage breakdown and divorce, and more likely to be single parents.⁶

(c) people with disability have the opportunity to participate in decisions that affect their lives

Many women with disabilities are excluded from participating in decisions that affect their lives on a daily basis, particularly for example, as active partners in their own health care. They are often stereotyped as passive, asexual, dependent,⁷ compliant,⁸ sick, child-like, incompetent and helpless,⁹ powerless¹⁰ or insecure.¹¹ Alternatively, women with developmental disabilities in particular may be regarded as overly sexual, creating a fear of profligacy and the reproduction of disabled babies, often a justification for their sterilisation.¹² These perceptions, although very different, often result in women with disabilities being denied the right to participate in decision-making processes that affect their lives.

Women with disabilities are denied the right to experience their sexuality, to have sexual relationships and to found and maintain a family. They experience discriminatory attitudes and widely held prejudicial assumptions which question their ability and indeed, their right to experience parenthood. They have their babies and children removed by child welfare authorities without evidence of abuse, neglect and/or parental incapacity, and lose their children in custody disputes simply because they are women with disabilities.¹³

(d) people with disability are actively involved in all aspects of the development, delivery and evaluation of disability policies, programs and services that impact them; and

Many international human rights treaties recognise participation as a human right, and several (including the CESC, CEDAW, and CRPD) contain specific articles concerned with ensuring the participation of marginalised groups in the conduct of public affairs and policy development. In the

⁵ Ibid.

⁶ Ibid.

⁷ See for eg: Curry, M. et al (2001) Abuse of women with disabilities: An ecological model and review. *Violence Against Women*, Vol. 7, No. 1, pp. 60-79

⁸ See for eg: Carlson, B. (1997) Mental retardation and domestic violence: An ecological approach to intervention. *Social Work*, Vol.42, No.1, pp. 79-89.

⁹ See for eg: Crawford, D. & Ostrove, J. (2003) Representations of Disability and the Interpersonal Relationships of Women with Disabilities. *Women & Therapy*, Vol. 26, No.3/4, pp.179-194.

¹⁰ See for eg: Chang, J. et al (2003) Helping Women with Disabilities and Domestic Violence: Strategies, Limitations and Challenges of Domestic Violence Programs and Services. *Journal of Women's Health*, Vol.12, No.7, pp. 699-708.

¹¹ See for eg: Calderbank, R. (2000) Abuse and Disabled People: vulnerability or social indifference? *Disability & Society*, Vol.15, No.3, pp. 521-534.

¹² WWDA (2007b) *'Forgotten Sisters - A global review of violence against women with disabilities'*. WWDA Resource Manual on Violence Against Women With Disabilities. Published by WWDA, Tasmania, Australia.

¹³ WWDA (2009) *Parenting Issues for Women with Disabilities in Australia: A Policy Paper*. WWDA, Tasmania. Available online at: <http://www.wwda.org.au/subs2006.htm>

context of women with disabilities, 'participation' is a process by which they are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing, delivering and evaluating services and in taking action to achieve change.¹⁴ The right to participate in the development, delivery and evaluation of disability policies, programs and services is clearly critical for women with disabilities. However, more often than not, they are excluded and ignored in the development of such policies, programs and services. The right to participate, enshrined in the General Obligations¹⁵ of the CRPD, includes the need for, and the right to capacity building for women with disabilities, so that they have the skills, expertise and networks to adequately participate.

(e) people with disability are actively involved in the development, delivery and evaluation of broader government policies, programs and services provided to the community.

Despite the work of WWDA, women with disabilities in Australia still remain largely invisible and voiceless, often ignored by national policies and laws. Their issues and needs are often overlooked within broader government services and programs. The exclusion of women with disabilities from support services, social and economic opportunities and participation in community life, has been well documented.¹⁶ Women with disabilities have a significantly high level of unmet need for services and support to enable them to live independently and with dignity in the community.¹⁷ They have less access to community health programs, such as breast and cervical screening services than any other group of women, and as a group, are excluded from national women's health policies and programs.

Disability Advocacy, Gender & Human Rights

In the context of the status of women and girls with disabilities in Australia, disability advocacy is clearly, a critical mechanism in promoting, protecting and ensuring their legal and human rights. However, we know that there are gross inequities between men and women with disabilities in accessing, and being supported by National Disability Agreement (NDA) funded services (which includes disability advocacy). There is a significantly higher proportion of men with disabilities being assisted by disability services provided under the NDA,¹⁸ and this situation has remained unchanged since the beginning of NDA/CSTDA data collection and reporting processes.

The Draft NDAF asserts that, as a key principle, '*disability advocacy operates under a human rights framework and upholds the legal and human rights of people with disability*'.¹⁹ WWDA maintains that a human rights framework cannot ignore gender, in fact, a gender perspective is a critical component of any human rights framework.

In adopting the *Beijing Declaration and Platform for Action*²⁰ the Australian Government committed to the promotion of an active and visible policy of mainstreaming a gender perspective into all policies and programs, including with regard to human rights of women. The Platform also emphasised that the goal of full realization of human rights for all required explicit attention to the systematic and systemic nature of discrimination against women.²¹ **Mainstreaming does not replace the need for targeted, or women-specific mechanisms, but complements them.** The mainstreaming approach broadens a general policy or strategy in any sector to take into account considerations of gender with

¹⁴ World Health Organisation (WHO) (2002) *Community participation in local health and sustainable development: approaches and techniques*. European Sustainable Development and Health Series: 4. WHO, Geneva.

¹⁵ UN General Assembly, *Convention on the Rights of Persons with Disabilities*: resolution/adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: <http://www.wwda.org.au/hrcore1.htm>

¹⁶ WWDA (2009) *Submission to the National Human Rights Consultation*. WWDA, Tasmania. Available online at: <http://www.wwda.org.au/subs2006.htm>

¹⁷ Ibid.

¹⁸ See: Australian Institute of Health & Welfare (AIHW) (2009) *Disability support services 2007 – 08. National data on services provided under the Commonwealth State/Territory Disability Agreement*. Disability series. Cat. no. DIS 56.Canberra: AIHW.

¹⁹ See Principle [a] of the *Draft National Disability Advocacy Framework*, p.2.

²⁰ The *Beijing Declaration and Platform for Action* was adopted by member States at the Fourth World Conference on Women, held in Beijing from 4 to 15 September 1995.

²¹ United Nations (1998) *Integrating the gender perspective into the work of United Nations human rights treaty bodies*. Report by the Secretary-General. HRI/MC/1998/6, United Nations, Geneva.

a view to achieving gender equality. In terms of human rights, it requires an approach to rights and freedoms that accounts for gender-based differences.²²

Recognition of the personhood and human rights of women and girls with disabilities is long overdue. Lack of recognition of their needs and experience constitutes a serious form of disrespect which compounds lack of self esteem and self worth. Inattention to the rights of women with disabilities in the NDAF, only seeks to contribute to the ongoing neglect and pervasive denial of their rights and fundamental freedoms.

The obligation to respect, protect and fulfil women with disabilities' human rights, clearly requires Australian Governments to do much more than merely abstain from taking measures which might have a negative impact on women with disabilities. The obligation in the case of women with disabilities is to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to women with disabilities in order to ensure that they enjoy all human rights. This invariably means that additional resources will need to be made available for this purpose and that a wide range of specially tailored measures will be required.

WWDA therefore recommends that:

- 1. The NDAF make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability, and includes the need for focused, gender-specific measures to ensure that women with disabilities experience full and effective enjoyment of their human rights.**
- 2. A gender perspective forms an integral dimension of the design, implementation, monitoring and evaluation of the NDAF.**
- 3. The NDAF give explicit priority to women with disabilities in its reform and key policy directions, in recognition of the fact that women with disabilities experience direct human rights violations and multiple discriminations, and experience gross inequities in disability advocacy services and programs.**
- 4. The NDAF clearly articulate the need for the collection, analysis and reporting of gender disaggregated data in all areas of disability advocacy policy, program and service delivery.**

Please feel free to contact WWDA's Executive Director if you require any additional information.

Yours sincerely



Carolyn Frohmader
Executive Director



Sue Salthouse
President

- cc. Mr Graeme Innes, Disability Discrimination Commissioner, Australian Human Rights Commission
Ms Elizabeth Broderick, Sex Discrimination Commissioner, Australian Human Rights Commission
Hon W.R. Shorten, Parliamentary Secretary for Disabilities & Children's Services
Mr. Ron McCallum, Chairperson, UN Committee on the Rights of Persons with Disabilities

²² Ibid.