



# WWDA NEWS

ISSUE 2 2011

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## **Women With Disabilities Australia (WWDA)**

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. WWDA is run by women with disabilities, for women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally. It represents more than 2 million disabled women in Australia and operates as a national disability organisation; a national women's organisation; and a national human rights organisation. WWDA is inclusive and does not discriminate against any disability. The aim of WWDA is to be a national voice for the needs and rights of women with disabilities and a national force to improve the lives and life chances of women with disabilities. WWDA is committed to promoting and advancing the human rights and fundamental freedoms of women with disabilities.

Our work is grounded in a rights based framework which links gender and disability issues to a full range of civil, political, economic, social and cultural rights. This rights based approach recognises that equal treatment, equal opportunity, and non-discrimination provide for inclusive opportunities for women and girls with disabilities in society. It also seeks to create greater awareness among governments and other relevant institutions of their obligations to fulfil, respect, protect and promote human rights and to support and empower women with disabilities, both individually and collectively, to claim their rights.

More information about WWDA can be found at the organisation's extensive website:

**[www.wwda.org.au](http://www.wwda.org.au)**

Previous Newsletters and Update Reports are available on the WWDA website at:

**[www.wwda.org.au/bulletin.htm](http://www.wwda.org.au/bulletin.htm)**

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# WWDA NEWS

## IN THIS ISSUE

A Word from the WWDA President.....	4
WWDA Submits Communication to the United Nations regarding forced sterilisation in Australia .....	6
India: Proposed law gives disabled people right to fertility and prohibits forcible abortions.....	9
USA: North Carolina Considering Compensating Victims of Forced Sterilization .....	11
WWDA joins global campaign to stop torture in health care .....	12
FIGO releases guidelines on 'Female Contraceptive Sterilization' .....	13
WWDA Policy Paper: 'Assessing the situation of women with disabilities in Australia: A human rights approach' .....	14
UN Human Rights Council calls for study on violence against women and girls with disabilities .....	15
News Wanted For WWDA-NEWS!.....	16
Joint CEDAW-CRC General Recommendation/Comment on Harmful Practices - Call for Submissions.....	17
WWDA Submission to the Draft Report of the National Disability Care and Support Inquiry .....	18
World Report on Disability Released .....	19
'Respite She Wrote' - a true story by Juliette Maxwell.....	20
Taiwan Workshop – Building Leadership for Women with Disabilities.....	21
WWDA President's Field Visit to Danshui, Taiwan .....	23
Consumers with Disabilities and the Telecommunications Industry Ombudsman (TIO).....	26
US Report finds mammography inequities threaten health and lives of women with disabilities .....	28
Bold new work of art celebrates 30 years of Victoria Legal Aid .....	29
Resources – Books, Reports, Websites, Lists .....	30
Join WWDA!.....	34

# A WORD FROM THE WWDA PRESIDENT



**Sue Salthouse,**  
WWDA President

The release of the Productivity Commission's report into Disability Care and Support on 28 February this year has stimulated ongoing and wide-ranging discussion across the disability sector. Although there is consensus that change is urgently needed, robust debates continue as to how that change can be brought about. For people with disabilities, a National Disability Insurance Scheme (NDIS) offers one mechanism for getting much needed additional and assured long term funding. But many questions remain as to how that funding might be administered. People with disabilities are strongly advocating for greater control over our lives, and for a "system" which operates outside any entrenched service system; which allows us to choose the supports which suit our individual situations; and which enables a much greater use of mainstream service products. The social inclusion agenda and human rights considerations dictate that this must be an outcome of any long term care and support scheme.

Given the disparities which currently face women with disabilities, WWDA's initial concerns about an NDIS inquiry centred around the human rights imperative for a properly gendered approach to the allocation of funding for care and support of people with disabilities. Our submission to the Draft Report, Gendering the National Disability Care & Support Scheme<sup>1</sup>

used a human rights framework to argue for change. Our concerns were not allayed when we read the PC's Draft Report – gender was mentioned only once in acknowledging that the impact of disability on men and women in Aboriginal and Torres Strait Islander communities results in very marked gender differences in the way their disabilities affect their lives in the community. WWDA agrees that this is the case, and contends that gender affects the experience of disability across all communities.

In contributing to the second round of submissions to the PC, WWDA therefore focussed on a gender and human rights analysis of the NDIS proposals in the Draft Report. Along with a number of peak disability bodies, the Australian Federation of Disability Organisations (AFDO), People with Disabilities Australia (PWD) and the Disability Advocacy Network of Australia (DANA), WWDA co-commissioned a Human Rights Analysis of the Draft Report. Undertaken by Dr Dinesh Wadiwel, former CEO of the National Ethnic Disability Alliance, this analysis also considered the equity implications for women with disabilities, Aboriginal and Torres Strait Islander people, those from Culturally and Linguistically Diverse Backgrounds (CALD) and children. This submission can be read in full on the Productivity Commission website<sup>2</sup>.

The same group of organisations co-commissioned Samantha Jenkinson to write a submission which refines the understanding of assessment and self-assessment. Group members believe that, if people with disabilities are to have autonomy over the application of their support funding, then that autonomy needs to be applied at the outset i.e. in the assessment process, with supports put in place to provide assistance where it is required. This submission will be available online in due course. In a third submission, WWDA joined with Women with Disabilities Victoria (WDV) to commission Chris Fyffe to conduct a focus group meeting and write a submission augmenting the need for gender considerations to be explicit in the structure of the NDIS. This submission can also be viewed on the PC website<sup>3</sup>. I also spoke at the PC consultation held in Canberra on 8 April, at which time I focussed on the gendered nature of disabilities, such as chronic conditions and musculoskeletal disorders, and services, such as public housing, which are excluded from the scheme. In a presentation to the National Disability and Carer Congress which was held to focus exclusively on the scheme, I presented an analysis of mainstream gender discrimination in Australia, along with population data from the 2009 Survey of Disability and Carers to argue for incorporation of

targeted positive discrimination for women with disabilities in all "Tiers" of the Scheme. Finally Christina Ryan and I had an opportunity to meet with the Director of the Office for Women, Mairi Steele to discuss the double discrimination barriers which continue to affect us. I believe that a properly-structured National Disability Insurance Authority will be able to reduce both gender and disability negativity and thus improve equality across the entire community.

The WWDA input to the PC NDIS process has comprised only a small part of the work undertaken by staff and the Management Committee over the past three months. The first 3 year Action Plan for the National Plan to Reduce Violence Against Women and their Children, contains strategies to focus on women with disabilities (along with other marginalised groups). Best practice strategies in the primary prevention of violence and sexual assault against women with disabilities will attract grant funding. National Outcome 4 is directed at developing services which meet the needs of women with disabilities. A paradigm shift in attitudes and understanding can only be promoted with targeted funding to forge changes in the justice system, and in service delivery, and in particular in the cultures which prevail in institutional settings.

One of the limiting factors in changing policies and programs for women with disabilities is the lack of data about us. WWDA, through the sustained, intensive work done by our Executive Director, has completed a comprehensive analysis of existing and missing data about us, and

identification of the research work required to fill the knowledge gaps. As in past WWDA work, a Human Rights Framework has been used, and in this case analysis of commitments made in national policy has been added. Section headings are drawn directly from the Convention on the Rights of Persons with Disabilities. The work comprises a policy paper which has been submitted to the WWDA funding body - the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). It will have much wider use as a reference for WWDA, and for researchers and those interested in women, disability, and human rights.

It will come as no surprise to learn that WWDA has been working intensively over the past three months on our struggle to stop the non-therapeutic, forced sterilisation of women and girls with disabilities. At the UN Universal Periodic Review of the human rights status in Australia, questions on the current situation were raised by the United Kingdom, Denmark, Belgium and Germany. Whilst the Australian Government continues to be non-committal in response, international attention has once again been focussed on the immorality of Australia's inaction to protect women and girls with disabilities. In consequence WWDA was invited to work with the Open Society Foundations<sup>4</sup>, based in New York, in their campaign to eliminate the non-therapeutic, forced sterilisation of women, including those with disabilities, Roma women, and women with HIV/AIDS in Nigeria. A Submission outlining the situation in Australia has been sent by WWDA to the UN Special

Rapporteurs for Disability, Right to the Highest Attainable Standard of Physical and Mental Health, Violence Against Women and Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Centre for Reproductive Rights issued a paper in 2010 in which reproductive violations, including sterilisation, were classified as contravening this latter UN Convention<sup>5</sup>. In June 2011, the International Federation of Gynaecology and Obstetrics (FIGO) issued guidelines<sup>6</sup> which further confirm the WWDA position. This international support re-invigorates us to continue work on this human rights violation. You can read more detail about WWDA's work on sterilisation in this Newsletter.

Once again, I particularly thank staff for their sterling work, and hope you enjoy reading this edition of WWDA News!

### **Sue Salthouse**

- <sup>1</sup> [www.wwda.org.au/WWDASubPCInquiry2010.doc](http://www.wwda.org.au/WWDASubPCInquiry2010.doc)
- <sup>2</sup> [http://www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0015/110247/subdr0982.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0015/110247/subdr0982.pdf)
- <sup>3</sup> [http://www.pc.gov.au/\\_\\_data/assets/pdf\\_file/0009/109917/subdr0943.pdf](http://www.pc.gov.au/__data/assets/pdf_file/0009/109917/subdr0943.pdf)
- <sup>4</sup> <http://www.soros.org>
- <sup>5</sup> <http://reproductiverights.org/sites/crr.civicactions.net/files/documents/TCIDT.pdf>
- <sup>6</sup> <http://www.figo.org/files/figo-corp/FIGO%20-%20Female%20contraceptive%20sterilization.pdf>

# WWDA SUBMITS COMMUNICATION TO THE UNITED NATIONS REGARDING FORCED STERILISATION IN AUSTRALIA

In late June 2011, WWDA submitted a formal communication to the United Nations regarding the ongoing practice of forced sterilisation in Australia. WWDA's Submission was sent simultaneously to four of the United Nations Special Rapporteurs, Mr. Shuaib Chalklen (Special Rapporteur on Disability); Mr. Anand Grover (Special Rapporteur on the Right to the Highest Attainable Standard of Physical and Mental Health); Ms. Rashida Manjoo (Special Rapporteur on Violence against Women); and Mr. Juan E Méndez (Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment).



Special Rapporteurs often conduct fact-finding missions to countries to investigate allegations of human rights violations. They can only visit countries that have agreed to invite them. Aside from fact-finding missions, Rapporteurs regularly assess and verify complaints from alleged victims of human rights violations. Once a complaint is verified as legitimate, an urgent letter or appeal is sent to the government that has allegedly committed the violation.

Given the relevance of this critical and urgent issue to the Special Rapporteurs respective mandates, WWDA's Submission has requested that they urgently intervene to urge the Australian Government to comply with the recommendations of the Committee on the Elimination of Discrimination against Women (July 2010)<sup>1</sup>, the Committee on the Rights of the Child (October 2005)<sup>2</sup>, and the UN

Human Rights Council (January 2011)<sup>3</sup> and act immediately to prohibit the non-therapeutic and forced sterilisation of women and girls with disabilities in Australia.

For more than a decade now, WWDA has insisted that the Australian Government take all necessary steps to stop the forced sterilisation of women and girls with disabilities. Specifically, WWDA has maintained that there is an urgent need to develop national legislation prohibiting the non-therapeutic sterilisation of girls and adult women with disabilities in the absence of their fully informed and free consent. WWDA's position is endorsed and supported by various UN bodies and a wide range of national and international organisations; however, to date the Australian Government has failed to act. In its recent response to the recommendations

stemming from the Universal Periodic Review (UPR) process, the Australian Government did not accept the specific recommendation regarding forced sterilisation, which stated that the Australian Government should:

**Comply with the recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women concerning the sterilization of women and girls with disabilities (Denmark); Enact national legislation prohibiting the use of non-therapeutic sterilisation of children, regardless of whether they have a disability, and of adults with disability without their informed and free consent (United Kingdom); Repeal all legal provisions allowing sterilization of persons with disabilities without their consent**

## WWDA SUBMITS COMMUNICATION TO THE UNITED NATIONS REGARDING FORCED STERILISATION IN AUSTRALIA

**and for non-therapeutic reasons (Belgium); Abolish non-therapeutic sterilization of women and girls with disabilities (Germany).**

Instead, the Australian Government's response to the above Recommendation was that:

**'The Australian Government considers that the 'best interests' test as articulated and applied in Australia is consistent with Australia's international obligations. In response to concerns expressed internationally and domestically, the Attorney-General intends to initiate further discussions with State and Territory counterparts.'**

WWDA's Submission to the Special Rapporteurs also asks for their help to ensure that the Australian Government undertake the following steps to enable women with disabilities to realise their right to health, their right to freedom from violence, their rights to reproductive freedom and to found a family, and their right to freedom from torture or cruel, inhuman or degrading treatment or punishment:

1. Develop national legislation prohibiting, except where there is a serious threat to life or health, the non-therapeutic sterilisation of girls with disabilities, and of adult women with disabilities in the absence of their fully informed and free consent. Adequate resources must be provided to ensure proper consultation and collaboration with key organisations representing women with disabilities and with other critical stakeholders. Such legislation should be consistent with the full International *Federation of Gynecology and Obstetrics (FIGO) Guidelines on Female Contraceptive Sterilization*. Specifically, the national legislation should include explicit recognition of the following from the Guidelines:<sup>4</sup>



- a) Medical practitioners must recognise that, under human rights provisions and their own professional codes of conduct, it is unethical and in violation of human rights for them to perform procedures for prevention of future pregnancy on women who have not freely requested such procedures, or who have not previously given their free and informed consent. This is so even if such procedures are recommended as being in the women's own health interests;
- b) Only women themselves can give ethically valid consent to their own sterilisation. Family members including husbands and parents, legal guardians, medical practitioners and, for instance, government or other public officers, cannot consent on any woman's or girl's behalf;
- c) It is unethical for medical practitioners to perform sterilisation procedures within a government program or strategy that does not include voluntary consent to sterilisation;
- d) It is ethically inappropriate for healthcare providers to initiate judicial proceedings for sterilisation of their patients, or to be witnesses in such proceedings inconsistently with Article 23(1) of the Convention on the Rights of Persons with Disabilities;
- e) Sterilisation for prevention of

- future pregnancy is not an emergency procedure. It does not justify departure from the general principles of free and informed consent. Therefore, the needs of each woman must be accommodated, including being given the time and support she needs, while not under pressure, in pain, or dependent on medical care, to consider the explanation she has received of what permanent sterilisation entails and to make her choice known;
  - f) Women considering sterilisation must be informed that it is a permanent procedure, which does not protect against sexually transmitted diseases, and be provided information on non-permanent options for contraception. Information should be provided in language women understand, through translation if necessary, in plain, non-technical terms, and in an accessible format, including sign language or Braille;
  - g) Forced sterilisation constitutes an act of violence, whether committed by individual practitioners or under institutional or governmental policies. Healthcare providers have an ethical response in accordance with the guideline on Violence Against Women (FIGO 2007).
2. Provide redress to women and girls with disabilities who have been

**WWDA SUBMITS COMMUNICATION TO THE UNITED NATIONS REGARDING FORCED STERILISATION IN AUSTRALIA**

sterilised without their consent. Work in this area would need to include:

- a) the provision of financial compensation and an official apology for discrimination;
  - b) the provision of specialised funding for qualified counsellors through a recognised body (such as Relationships Australia) to provide ongoing counselling and support to women with disabilities who are survivors of forced sterilisation;
  - c) the provision of specialised funding to the Disability Discrimination Legal Centres to support survivors of forced sterilisation with their claims to financial compensation.
3. Address the cultural, social, and economic factors that drive the sterilisation agenda. Work in this area would need to include:
- a) Commission and fund a national project on women with disabilities' right to reproductive freedom which:
    - addresses the incidence and long term effects of forced sterilisation for *all* women with disabilities, including those with psychiatric, cognitive, sensory and physical disabilities;
    - investigates the practice of menstrual suppression of girls and women with disabilities, including those in group homes and other forms of institutional care. Research into menstrual suppression practices must include:
      - o investigation into the non-consensual administration of Depo-Provera and other injectable contraceptives, the contraceptive pill, and other forms of contraception to women and girls with disabilities;

- o investigation into the use of contraception as a form of social control of girls and women with disabilities;
  - o investigation into the long term physical and mental health and social effects of menstrual suppression practices.
- b) Develop national protocols for health education curriculum (commencing at primary school level) which incorporate models of diversity that portray positive images of women with disabilities as parents and as sexual beings;
  - c) Fund a full time Project Officer position for Women With Disabilities Australia (WWDA) for a period of three years to conduct a national project which educates and informs women with disabilities of their right to reproductive freedom, including their right to sexuality and their right to parent;
  - d) Develop specific measures to ensure a gender perspective is incorporated into any national, state/territory initiatives undertaken as part of the domestic implementation of Article 8 [Awareness Raising] of the CRPD.
4. Assist women and girls with disabilities and their families and carers to access appropriate reproductive health care. Work in this area would need to include:
- a) Research and implement the specific supports required by carers to better assist them in managing the menstruation and reproductive health needs of women and girls with intellectual disabilities;
  - b) Investigate the feasibility of establishing a national scheme (similar to schemes such as the Continence Aids Payment Scheme), which provides funding for women and girls with disabilities and their families and carers to access

- appropriate reproductive health care;
- c) Develop national sexual health protocols for women with disabilities that incorporate options for menstrual management and contraception.

*WWDA's Submission to the United Nations Special Rapporteurs regarding the ongoing practice of forced sterilisation in Australia* can be downloaded from WWDA's website in either PDF format or Word format at: <http://www.wwda.org.au/sterilise2011.htm>

Alternatively, if you would like a copy emailed to you directly, or a hard copy posted to you in the mail, please contact WWDA on ph 03 6244 8288 or via email at: [wwda@wwda.org.au](mailto:wwda@wwda.org.au)

- 1 Committee on the Elimination of Discrimination against Women (2010) Concluding observations of the Committee on the Elimination of Discrimination against Women: Australia. CEDAW Forty-sixth session, 12 – 30 July 2010. CEDAW/C/AUS/CO/7. See: <http://www2.ohchr.org/english/bodies/cedaw/cedaws46.htm>
- 2 In considering Australia's report under Article 44 of the CRC (Fortieth Session), the Committee on the Rights of the Child encouraged Australia to: 'prohibit the sterilisation of children, with or without disabilities'. United Nations Committee on the Rights of the Child, Fortieth Session, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding Observations: Australia, CRC/C/15/Add.268, 20 October 2005, paras 45, 46 (e).
- 3 UN General Assembly Human Rights Council (2011) Draft report of the Working Group on the Universal Periodic Review: Australia, 31 January 2011, A/HRC/WG.6/10/L. 8 [para. 86.39]. The final document will be issued under the symbol A/HRC/17/10.
- 4 International Federation of Gynecology and Obstetrics (FIGO), Guidelines on Female Contraceptive Sterilization, June 2011.

# INDIA: PROPOSED LAW GIVES DISABLED PEOPLE RIGHT TO FERTILITY AND PROHIBITS FORCIBLE ABORTIONS



**NEW DELHI, July 3, 2011**

Breaking free of the traditional practice of sterilising people with mental illnesses, particularly women, a proposed law for disabled persons gives them the right to retain their fertility.

Recognising the legal capacity of all persons with disabilities and making provision for support where required to exercise such legal capacity as under the United Nations Convention on the Rights of Persons with Disabilities, the proposed new law — Rights of Persons with Disabilities Bill, 2011 — also prohibits forcible abortions or any medical intervention that could result in a woman losing her fertility.

The Rights of Persons with Disabilities Bill, 2011 — the final draft of which has been submitted to the Ministry of Social Justice and Empowerment — wants governments to ensure that persons with disabilities have access to information regarding family and reproductive planning on an equal basis with others, while prohibiting subjecting any person with disability to any medical procedure, which leads to or could lead to infertility without their free and informed consent.

Traditionally, mentally unsound women are subject to sterilisation to avoid unwanted pregnancy as the chances of sexual exploitation of such women are higher and people with physical disabilities are perceived to be incapable of taking care of their

## WWDA SUBMITS COMMUNICATION TO THE UNITED NATIONS REGARDING FORCED STERILISATION IN AUSTRALIA

children. Physically and mentally disabled women are often made to undergo abortions against their wishes. But now any contravention of this provision that protects the reproductive rights of the people with disabilities is liable to be penalised under Section 153 of the proposed law with imprisonment and fine.

Whoever performs, conducts or directs any medical procedure to be performed on a person with disability which leads to or is likely to lead to infertility in contravention of proposed law will be punishable with imprisonment for a period not exceeding seven years and with fine.

Any person acting as a care-giver of the person with disability, whether as parent or guardian or in any other capacity, lawful or unlawful, who does any act to facilitate or negligently fails to prevent such medical procedure from being performed, shall be

punishable with imprisonment, which may extend to five years and with fine.

On forceful termination of pregnancy, the proposed law suggests that whoever performs or directs any medical procedure on a woman with disability, which leads to or is likely to lead to termination of pregnancy without her express consent, shall be punishable with imprisonment for 10 years and with fine; any person acting as a care-giver of the woman with disability, whether as parent or guardian or in any other capacity, lawful or unlawful, who does any act to facilitate, or negligently fails to prevent such medical procedure from being performed, shall be punishable with imprisonment, which may extend to seven years and with fine.

The Rights of Persons with Disabilities Bill, 2011, covers a whole spectrum of disabilities ranging from physical disabilities to mental illness and multiple disabilities. It will replace the existing Persons with Disabilities (Equal Opportunity Protection of Rights and

Full Participation) Act of 1995.

### Political participation

On political participation, the proposed law says that every person with disability who fulfils the eligibility requirements shall be entitled to be registered as a voter and not be disqualified to exercise his or her right to vote on the ground of disability, irrespective of any stipulation to the contrary in any law for the time being in force.

Any person with disability who is unable to cast vote in person due to his or her disability or because of admission in any establishment for treatment of persons at the time of the poll shall be entitled to vote by postal ballot, it says while directing the Election Commission to ensure that all polling stations are accessible to persons with disabilities.

This article appeared in The Hindu, July 3rd, 2011. Accessed on line at: <http://www.thehindu.com/news/national/article2154019.ece>

## FIND US ON FACEBOOK!

Women with Disabilities Australia (WWDA) is now entering the world of social networking, find us at <http://www.facebook.com/pages/Women-With-Disabilities-Australia-WWDA/202081393153894>

The Facebook logo, consisting of the word "facebook" in white lowercase letters on a blue rectangular background.

# USA: NORTH CAROLINA CONSIDERING COMPENSATING VICTIMS OF FORCED STERILIZATION

From the 1920s-1970s more than 60,000 people in 32 U.S. states were forcibly sterilised in an attempt to reduce the welfare payments. At the time, justifications for these sterilizations included feeble-mindedness and promiscuity. Some people were sterilized simply because of their race. Now, North Carolina is the first state to consider making amends. Of the more than 7,000 people North Carolina sterilized between 1929 and the 1970s, most were poor and uneducated, frequently girls who had given birth to babies as teens.

On March 8, 2011, North Carolina's Governor Beverly Perdue established a five-member *'Governor's Task Force to Determine the Method of Compensation for Victims of North Carolina's Eugenics Board'*. The North Carolina Justice for Sterilization Victims Foundation (as a Division of the North Carolina Department of Administration), will provide the necessary professional, administrative, and staff support services to the Task Force.

The five member panel is to recommend possible methods or forms of compensation to those persons forcibly sterilized under the North Carolina Eugenics Board program. On Wednesday June 22nd, dozens of victims and their relatives addressed the Task Force, sharing how their lives had been impacted emotionally, in terms of mental breakdowns and depression, and physically, from bleeding from the coerced surgeries. Video testimonies from victims of forced sterilization in North Carolina are available on the CBS Evening News website at: <http://www.cbsnews.com/stories/2011/06/22/eveningnews/main20073457.shtml>

The Task Force is due to report its preliminary recommendations to the Governor by August 1, 2011 and a final report by February 1, 2012.

Sources:

<http://www.cbsnews.com/stories/2011/06/22/eveningnews/main20073457.shtml>

<http://healthland.time.com/2011/06/23/north-carolina-mulls-paying-victims-of-forced-sterilization/>

<http://www.sterilizationvictims.nc.gov/taskforce.aspx>

# WWDA JOINS GLOBAL CAMPAIGN TO STOP TORTURE IN HEALTH CARE

Health care settings should be places where human rights are realised. Yet, too often, they are places where human rights are severely abused, sometimes amounting to torture and cruel, inhuman, and degrading treatment. This is especially true for socially marginalized groups—people living with HIV, sexual and gender minorities, people who use drugs, and people with disabilities or mental health problems—who may be deemed “deviant,” “incompetent,” and in need of evaluation or “curative” treatment through the health care system.

International law explicitly prohibits torture and cruel, inhuman, and degrading treatment. However, these laws are not commonly applied to health facilities. The global *Campaign to Stop Torture in Health Care* promotes government accountability for all forms of torture and ill-treatment in health settings, including those most egregious and pervasive abuses condoned on the grounds of medicine, public health, or social order. The campaign is being co-ordinated by the Open Society Foundations, an international organisation which works to build vibrant and tolerant democracies

whose governments are accountable to their citizens. To achieve this mission, the Foundations seek to shape public policies that assure greater fairness in political, legal, and economic systems and safeguard fundamental rights. The Foundations place a high priority on protecting and improving the lives of people in marginalized communities.

An increasing number of health and human rights organisations have joined the Campaign to Stop Torture in Health Care to put an end to the abuse of individuals in health settings. The Campaign is committed to a world in which all people are free from torture and abuse as part of their fundamental human rights. Marginalized people worldwide encounter abuse and torture in the name of health care and treatment. The Campaign is helping people stand up to demand their human rights.

The Campaign to Stop Torture in Health Care is currently focusing on three priority areas: Forced Sterilisation; Detention as Treatment; and Denial of Pain Relief. The Open Society Foundations, in conjunction with the Center for Reproductive Rights, has established a Working



Group to Stop Forced/Coerced Sterilization. WWDA has recently being invited to join the Working Group to Stop Forced/Coerced Sterilization, and is being represented on the Group by WWDA's Executive Director Carolyn Frohmader. The aim of the Working Group is to stop forced and coerced sterilization in different parts of the world and among different populations. The members of the Working Group have come together to share information and strategies and collaborate on advocacy as part of the Campaign to Stop Torture in Health Care.

**For more information, including how to participate in the Campaign:**

Campaign to Stop Torture in Health Care: <http://stoptortureinhealthcare.org>

Open Society Foundations: <http://www.soros.org>

# INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS (FIGO) RELEASES GUIDELINES ON 'FEMALE CONTRACEPTIVE STERILIZATION'

Founded in 1954, the Federation of Gynecology and Obstetrics (FIGO) brings together professional societies of obstetricians and gynecologists on a global basis. It has member societies in 124 countries/territories across five regions. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a FIGO member. FIGO's mission is to '*promote the wellbeing of women and to raise the standards of practice in obstetrics and gynecology.*'

At its Executive Board Meeting in June 2011, the International Federation of Gynecology and Obstetrics (FIGO) released new Guidelines on 'Female Contraceptive Sterilization'. These Guidelines recognise the long history of forced and coerced sterilisation of marginalised women, including women with disabilities, and provide detailed recommendations for when and how consent to sterilization can be obtained.

The updated guidelines specify that:

- Only women themselves can give ethically valid consent to their own sterilization. Family members, including husbands and parents, legal guardians, medical practitioners, and public officials cannot consent on their behalf.

- Sterilization should not be performed within a government program or strategy that does not include voluntary consent.
- Health care providers should not initiate judicial proceedings for sterilization of their patients or serve as witnesses in such proceedings.
- Sterilization to prevent future pregnancy is never an emergency procedure and does not justify departure from general principles of free and informed consent.
- Consent to sterilization should not be made a condition of access to medical care, such as HIV/AIDS treatment, delivery of a baby, or termination of pregnancy, as well as any other benefit, such as medical insurance, social assistance, employment, or release from an institution.
- Consent to sterilization should not be requested when women are vulnerable, such as when requesting termination of pregnancy, going into labor, or in the aftermath of delivery.
- Women considering sterilization must be informed that it is a permanent procedure, which does not protect against sexually transmitted diseases, and provided information on non-permanent



options for contraception. Information should be provided in language women understand, through translation if necessary, in plain, non-technical terms, and in an accessible format, including sign language or Braille.

The guidelines further recognize the importance of protecting women's access to sterilization while ensuring consent. Forced sterilization is an "act of violence," necessitating an ethical response by health care providers. However, voluntary sterilization is an important reproductive option for women, and once an informed choice has been made, barriers to sterilization should be minimized.

The International Federation of Gynecology and Obstetrics (FIGO) *Guidelines on 'Female Contraceptive Sterilization'* are available in both PDF and Word formats on the WWDA website.

Go to: <http://www.wwda.org.au/sterilise2011.htm>

# WWDA POLICY PAPER: 'ASSESSING THE SITUATION OF WOMEN WITH DISABILITIES IN AUSTRALIA: A HUMAN RIGHTS APPROACH'

WWDA has recently released a Policy Paper entitled '*Assessing the situation of women with disabilities in Australia: A human rights approach*'.

This Paper uses a human rights framework to document the range of data, research and information needed in order to give a comprehensive assessment of the situation of women with disabilities in Australia. The need for this work to occur has long been identified by women with disabilities themselves, and most recently, identified by the CEDAW monitoring committee as an area warranting urgent and immediate attention by the Australian Government.

WWDA's paper provides the context for this work by giving an overview of the intersection of gender and disability, as well as a brief background to the human rights imperative. Using key articles from the Convention on the Rights of Persons with Disabilities (CRPD), the paper then prescribes the key quantitative and qualitative data and research required under each article, and links this to Australia's international human rights obligations and domestic policy context. The Paper provides in detail, in an Appendix, the international

human rights obligations in relation to each of the issue areas covered in the paper. This section includes for example, information drawn from the international human rights treaties to which Australia is a signatory, the General Comments supporting each of these treaties, as well as detailed information from a number of relevant human rights instruments, such as: Vienna Declaration and Programme of Action (1993); Beijing Declaration and Platform for Action (BPFA) (1995); Biwako Millennium Framework (BMF) (2002); Biwako Plus Five (2007); and, UN Resolution S-23/3 Further actions and initiatives to implement the Beijing Declaration and Platform for Action (2000).

The obligation to respect, protect and fulfil women with disabilities' human rights, clearly requires 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

*Assessing the situation of women with disabilities in Australia: A human rights approach*



*A Policy Paper by Women With Disabilities Australia (WWDA)*

*June 2011*

additional resources will need to be made available for this purpose and that a wide range of specially tailored measures will be required. In this context, WWDA's Policy Paper urges the Australian Government to act immediately to commission and adequately resource a comprehensive assessment and analysis of the situation of women and girls with disabilities in Australia.

WWDA's Policy Paper '*Assessing the situation of women with disabilities in Australia: A human rights approach*'. can be downloaded from WWDA's website in either PDF format [2.3MB] or Word format [2.5MB] at: <http://www.wwda.org.au/subs2011.htm>

# UN HUMAN RIGHTS COUNCIL CALLS FOR STUDY ON VIOLENCE AGAINST WOMEN AND GIRLS WITH DISABILITIES

In mid June 2011, at its 17<sup>th</sup> session, the United Nations Human Rights Council adopted a Resolution to accelerate efforts to eliminate all forms of violence against women. The focus of the Resolution<sup>1</sup> is ensuring due diligence in protection. The Resolution calls for a study to be conducted on the issue of violence against women and girls and disability, with the report of the study to be presented to the 20<sup>th</sup> session of the Human Rights Council in 2012. The Resolution states:

*The Human Rights Council...Invites the Office of the High Commissioner to prepare a thematic analytical study on the issue of violence against women and girls and disability, in consultation with the Special Rapporteur on violence against women, its causes and consequences, the Special Rapporteur on disability of the Commission for Social Development of the Economic and Social Council, other relevant special procedure mandate holders, States, United Nations entities, regional organizations, civil society organizations and other relevant stakeholders, and to report to the Human Rights Council at its twentieth session;*

The Resolution expresses the Human Rights Council's concern that multiple, intersecting and aggravated forms of discrimination against women and girls increase their vulnerability and undermine their ability to protect themselves from violence. It recognises that effective protection requires comprehensive, integrated, coordinated multi-sectoral approaches involving multiple stakeholders, and that such responses should avoid re-victimization, be empowering to the victim, be evidence-based and culturally sensitive, and integrate the specific and differentiated needs of women and girls who face multiple, intersecting and aggravated forms of discrimination. It underscores the duty of States to exercise due diligence to provide protection to women and girls who have been subjected to or are at risk of violence, including using all appropriate means of a legal, political, administrative and social nature to provide access to justice, health care and support services that respond to their *immediate needs*, protect against further harm and continue to address the ongoing consequences of violence for women and girls, taking into consideration the impact of violence on their families and communities.

The Resolution calls on States to enact a number of measures to protect women and girls against violence including for example:

- to adopt measures to enhance the awareness of women, and in particular women at known risk of gender-based violence, of their rights, the law and the protection and legal remedies it offers,

**WWDA SUBMITS COMMUNICATION  
TO THE UNITED NATIONS  
REGARDING FORCED STERILISATION  
IN AUSTRALIA**

- to promote the establishment or support of integrated centres and safe spaces through which shelter, legal, health care, psychological, counselling and other appropriate, timely, accessible and confidential support services are provided to all women and girls who have been subjected to violence;
- to ensure that mechanisms, services and procedures set up to protect women and girls facing violence are designed in a manner which addresses the targeted, compounded and structural discrimination that combines to increase the vulnerability of women and girls, including.... women with disabilities;
- to give attention to, and encourage greater international cooperation in, systematic research and the collection, analysis and dissemination of data, including data disaggregated by sex, age and disability, and other relevant information on the extent, nature and consequences of violence against women and girls, and on the impact and effectiveness of policies and programmes for protecting women and girls who have been subjected to violence;

WWDA looks forward to the opportunity to contribute to the Office of the High Commissioner's thematic analytical study on the issue of violence against women and girls with disabilities.

The full copy of the Resolution is available for download at:

**[http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/17/L.6](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/17/L.6)**

If anyone would like a copy of the Resolution emailed or posted to them, please contact WWDA on Ph 03 6244 8288 or via email at: **[wwda@wwda.org.au](mailto:wwda@wwda.org.au)**

## **NEWS WANTED FOR WWDA-NEWS!**

Women with Disabilities Australia (WWDA) produces this newsletter, WWDA-News, quarterly. If any organisation or individual has any relevant information/news that you would like to share please forward to [wwda@wwda.org.au](mailto:wwda@wwda.org.au) for inclusion. We look forward to hearing from you. NB: Space is limited and the editorial committee reserves the right to decide the content of WWDA-News.

# JOINT CEDAW-CRC GENERAL RECOMMENDATION/COMMENT ON HARMFUL PRACTICES – CALL FOR SUBMISSIONS

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child (CRC) both contain legally binding obligations in relation to the elimination of harmful practices affecting girls under eighteen that are based on gender stereotypes and prejudices emanating from the socially established inferior/superior dichotomy between females and males. By virtue of this overlapping mandate, the Committee on the Elimination of Discrimination against Women (CEDAW) and the Committee on the Rights of the Child (CRC) have decided to elaborate a joint General Recommendation/Comment<sup>1</sup> on harmful practices with the aim to provide the authoritative interpretation of the actions required by State Parties to fulfil these obligations.

This General Recommendation/Comment will also be an authoritative interpretation of the obligations of States Parties to CEDAW with respect to the elimination of harmful practices (as defined in the General Recommendation/Comment) that affect the rights of adult women either directly or as effects of practices performed when they were children

and of States Parties to CRC with respect to harmful practices that affect the enjoyment of the rights of boys in a discriminatory manner.

The harmful practices covered by this General Recommendation/Comment whether traditional or emerging are prescribed by social norms, which are often embedded in culture and are perceived to have beneficial effects for the victim, family and/or community.

As female genital mutilation, early marriage and forced marriage are practices that often come before the Committees, are well studied and have been gradually reduced with certain legislative and programmatic approaches; this General Recommendation/General Comment will use them as key illustrative examples. However, the General Recommendation/Comment will provide a conceptual framework and recommendations for State Party action that are applicable to all harmful practices (currently known or unknown) that fall within its scope.

CEDAW and CRC Committees welcome papers on harmful practices affecting girls under eighteen years

old, in English, French or Spanish, particularly from those interested organizations and individuals who have extensive experience or information on harmful practices affecting girls under eighteen years old. The papers should be as concise as possible and submitted to the following email address in Word format by no later than 31 August 2011: [cedaw-crc@ohchr.org](mailto:cedaw-crc@ohchr.org). Lengthy submissions should include a table of contents and an executive summary. Allow us to express our appreciation in advance for your active support for the work of both Committees.

## **Silvia Pimentel, Chairperson**

Committee on the Elimination of Discrimination against Women  
Jean Zermatten, Chairperson,  
Committee on the Rights of the Child

1 A General Comment is a treaty body's interpretation of the content of human rights provisions, on thematic issues or its methods of work. General comments often seek to clarify the reporting duties of States parties with respect to certain provisions and suggest approaches to implementing treaty provisions. Also called 'General Recommendation'.

# WWDA SUBMISSION TO THE DRAFT REPORT OF THE NATIONAL DISABILITY CARE AND SUPPORT INQUIRY

WWDA, in conjunction with Women With Disabilities Victoria (the peak NGO for women with disabilities in Victoria) recently contributed a joint Submission to the second stage of the Productivity Commission's National Disability Care and Support Inquiry. Our joint Submission was developed in response to the Productivity Commission's Draft Report of the Inquiry, released in February 2011, and was informed by women with disabilities who participated in specific public forums for women with disabilities in Victoria, South Australia, and Western Australia. Many more women with disabilities provided input to the process via email, telephone, and participation in forums, seminars and Conferences conducted during the term of the Inquiry. The emphasis for the joint Submission from WWDA and Women With Disabilities Victoria is how to ensure lived experiences which arise from gender, with

attention to the perspective of women and girls in particular, are considered in the development of the National Disability Insurance Scheme (NDIS) and addressed in its implementation. The Submission addresses a number of issues of specific interest to women with disabilities, including for example: Sexuality, Parenting and Reproductive Rights; Health and wellbeing; Employment; and, Safety and violence. The Submission includes a number of case studies to highlight and give a context to the issues raised, and contains a number of specific recommendations. The Submission builds on WWDA's 2010 Submission to the Inquiry, entitled '*Gendering the National Disability Care and Support Scheme*', which is available on WWDA's website in PDF at: [www.wwda.org.au/WWDASubPCInquiry2010.pdf](http://www.wwda.org.au/WWDASubPCInquiry2010.pdf) or in Word at: [www.wwda.org.au/WWDASubPCInquiry2010.doc](http://www.wwda.org.au/WWDASubPCInquiry2010.doc)

WWDA and Women With Disabilities Victoria's *Joint Submission to Productivity Commission's Draft Report National Disability Care and Support Inquiry*, can be downloaded from WWDA's website in either PDF format or Word format at: <http://www.wwda.org.au/subs2011.htm> Alternatively, if you would like a copy emailed to you directly, please contact WWDA on ph 03 6244 8288 or via email at: [wwda@wwda.org.au](mailto:wwda@wwda.org.au)

# WORLD REPORT ON DISABILITY RELEASED

The World Report on Disability, jointly published by the World Health Organisation (WHO) and the World Bank, was launched on 9 June 2011 at the World Health Organization headquarters in Geneva. The World Report on Disability suggests that more than a billion people in the world today experience disability. People with disabilities have generally poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities. This is largely due to the lack of services available to them and the many obstacles they face in their everyday lives. The report provides the best available evidence about what works to overcome barriers to health care, rehabilitation, education, employment, and support services, and to create the environments which will enable people with disabilities to flourish. The report ends with a concrete set of recommended actions for governments and their partners.

This pioneering World report on disability will make a significant contribution to implementation of the Convention on the Rights of Persons with Disabilities. At the intersection of public health, human rights and development, the report is set to become a "must have" resource for policy-makers, service providers, professionals, and advocates for people with disabilities and their families.

To promote the World report on disability and its messages, three films were launched in February, April and May 2011, each featuring a woman with disabilities talking about her life and the barriers she has overcome. The films are available on the WHO YouTube channel, and via links on the WHO Facebook page and the WHO main website. Blind aboriginal musician Geoffrey Yunupingu Gurrumul supplied the soundtrack to the films.

For more information:

The World Report on Disability can be downloaded from the WHO website at:

[http://www.who.int/disabilities/world\\_report/2011/en/index.html](http://www.who.int/disabilities/world_report/2011/en/index.html)

The "What's disability to me" series of videos can be accessed via: [http://www.who.int/disabilities/world\\_report/2011/videos/en/index.html](http://www.who.int/disabilities/world_report/2011/videos/en/index.html)

## WORLD REPORT ON DISABILITY



World Health  
Organization



THE WORLD BANK

# 'RESPITE SHE WROTE'..... OTHERWISE ENTITLED 'A TALE OF TWO POSSIBILITIES' - A TRUE STORY BY JULIETTE MAXWELL

Having spent the better part of a year corresponding with the Australian Government, trying to get them to understand/admit and do something towards fixing the extreme shortage of nurses in aged care facilities (the places that I have to go for residential respite), I decided to tackle the issue of residential respite for adults with physical disabilities (something I had been going to do and had done research on just before I got side-tracked into the nursing shortage debacle).

Let me introduce myself - my name is Juliette Maxwell. I am a married, 43 year old lady with multiple severe physical and sensory disabilities, living in NSW. Through previous education (study at university) and previous employment I already knew that disability services are the responsibility of the NSW State Government Department of Ageing, Disability and Home Care (DADCH), so I wrote a letter to the new (since change of government) Minister for Ageing Disability and Home Care.

I pointed out that the Federal Government has a report on its Department of Health website stating that aged care facilities (ACFs) are not appropriate places to put young [people between the ages of 18 and 65] people with disabilities, and that the NSW State and Federal Governments are jointly funding a program to get young people with disabilities out of ACF's- "so why were they sticking me in there for respite???"

I then outlined some of my experiences

in ACF's pointing out that when I return home from a stay in an ACF, I invariably come home with more problems than I go in with e.g. urinary tract infection (due to nurses changing my catheter bag incorrectly); bruises and abrasions (due to nurses having to hurry and therefore they handle me less carefully); pressure areas etc.

I explained that through contact with the DADHC information line and thoroughly researching the DADHC website, I had discovered that the NSW government provides residential respite for:

- children with physical and/or intellectual disabilities;
- adults with intellectual disabilities.

But **NOT** for adults with physical disabilities.

And that the only residential respite available to adults with physical disabilities (other than an ACF) is in-home respite using the NSW State Government's HACC Respite funding grant and arranging in-home, day and night agency respite care. The grant is only \$6000 a year!

I proposed a model of group home residential respite. (in some detail e.g. at least one group home per local government area, staffing levels and home facilities); explained why a large institutional model of residential respite would not work e.g. the cost to potential respite residents of travelling to the institution etc; and demonstrated the high cost of providing in-home agency carer respite - about \$4500 per



week! And just under \$40,000 for the 63 days respite that Centrelink allows informal carers to have ! (And these figures do include the 35 hours a week I get with the attendant care program). I included some detail about my own situation and how having to care for me for approximately 133 hours a week (when my formal carers are not here to do their approximately 39 hours per week) was adversely affecting my husband's health.

I concluded with telling the Minister that the HACC Respite funding grant needed to be substantially increased or the group home residential respite model needed to be implemented this year.

Something might happen - but maybe not...

# TAIWAN WORKSHOP – BUILDING LEADERSHIP FOR WOMEN WITH DISABILITIES

In the March issue of WWDA News, a report was given on WWDA's participation in the December 2010 International Conference "Proud to be Myself" conducted by the League of Welfare Organisation for the Disabled [LWOD] (Republic of China). The conference was held in Taipei, the capital of Taiwan. This report is on the full day workshop for women with disabilities which preceded the conference itself. The workshop was conducted by WWDA President Sue Salthouse.

Twenty women with disabilities participated along with just two men - a professor from the Kaohsiung Medical University of Taiwan, and a male support worker from a Taipei Disability Service Provider Organisation. The success of the day was in large part due to the excellent translation skills of Serena Chang who acted as interpreter. A signing interpreter was also present to interpret for the 5 Deaf women who took part. Two of the women in this group came from different parts of Taiwan, and it was the first time all 5 had been together at a conference. Despite these 3-way interpretations (English – Taiwanese – Sign language) continuing almost simultaneously throughout the day, discussions were rigorous and a lot of material was covered.

The Workshop, "Building leadership for women with disabilities", provided an opportunity to look at a range of factors which combine to inhibit leadership opportunities in Taiwan; examine the



*Taiwan Sign Language - "Thank you"*

Articles of the Convention on the Rights of Persons with Disabilities (CRPD) and how the language of the CRPD can be used in lobbying for change. In the morning session, the barriers to participation which arise because of the intersectionality of gender and disability were discussed. Although today's Taiwan is a modern, industrialised net-exporting nation, the persisting traditional cultural values were seen as contributing to negative attitudes to women. Participants felt that entrenched attitudes towards women's role as home makers, or only eligible for low paid work, was preventing the majority from being recognized

as capable of taking on leadership positions.

This opinion was held by participants, despite the fact even a decade ago, Taiwan had approximately 22% women in the Legislative Yuan (Taiwan's National Parliament) and had a woman Vice-president (Annette Lu) serving from 2000-2008.<sup>1</sup> When discussion was expanded to consider community attitudes towards people with disabilities, opinions were unanimous that taboos prevail and that negative attitudes are still strongly held in the community. This is also despite having had discrimination legislation since the

## TAIWAN WORKSHOP – BUILDING LEADERSHIP FOR WOMEN WITH DISABILITIES

early 1980's and having strong rhetoric in both Government and disability organisations based on the Biwako Millennium Framework call for an "inclusive, barrier-free and rights- based society"

For women with disabilities, it is almost impossible to gain employment. A straw poll of those in the room showed that women with disabilities continue to be locked out of the leadership positions in disabled people's organisations, even when roles are voluntary. Barriers are even more formidable in both government and NGOs for women with mental health conditions, cognitive impairment or autism spectrum disorder. As is the case elsewhere, women who identify as GLBTI are marginalised even further.

In this context, recognising that the double discrimination of gender and disability will predominate for some time to come, discussion turned to feminist models of leadership, and the need for both targeted and mainstream measures to enable women with disabilities to build capacity to lead, and to seize leadership opportunities. The possibility of forming self-help organisations and peer support groups was also discussed.

Comments from the workshop included:

**"What I learned is that for female persons with disabilities, confidence building is much more important than other empowerment"**

**"Women with disabilities need to be more confident and express themselves confidently."**

**"Be certain of your own capability and existence."**



**Table group discussion – Deaf women conversing**

The afternoon segment of the workshop looked further at the CRPD, with groups examining specific articles to consider the status quo in Taiwan and proposing how changes might be made for and by women with disabilities. In the final segment of the day, participants did a brief skills audit in each group, and this enabled each woman to recognise and acknowledge her own skills, and we confirmed that leadership skills were already in the room waiting to be harnessed into effective advocacy.

- 1 A General Comment is a treaty body's interpretation of the content of human rights provisions, on thematic issues or its methods of work. General comments often seek to clarify the reporting duties of States parties with respect to certain provisions and suggest approaches to implementing treaty provisions. Also called 'General Recommendation'.

# WWDA PRESIDENT'S FIELD VISIT TO DANSHUI, TAIWAN

In December 2010, I visited Taiwan for 4 days, and was really interested to investigate what a government commitment to a 'barrier-free' environment actually meant in terms of accessibility. Naturally such a short visit to the Republic of China (ROC) is not sufficient to draw definitive conclusions about overall progress in making buildings and transport accessible. Nevertheless in many aspects, the island's facilities seemed more accessible overall than what is found in Australia.

The "Proud to be Myself" international conference in Taipei, was held on 13-14 December 2010 at the Howard International Conference Centre. This centre was impressive for good wheelchair access but less so for tactile markers and talking elevators, although the conference auditorium did have a hearing loop.

Conference organisers had ensured that Real Time Captioning was provided, as well as sign language interpretation, and simultaneous language interpretation. A number of support workers were present at all times to help participant needing any additional assistance, and were distinguishable in bright vests. The Howard International Hotel, in a building adjacent to the conference centre, had excellent wheelchair accessible accommodation.

Regrettably I didn't take note of facilities for people who have vision or hearing impairment.



**Taipei – shared roadways in older parts of city**

Taipei itself is a challenge for any planner doing retrofitting of buildings. It has a mixture of modern, old and very old, traditional architecture. The city streets vary from narrow and cobbled roadways in which pedestrians share with motor scooters and cars, to 8-lane highways coursing through the middle of town. However the highways are bridged by elevated walkways accessed by lifts, and in these, once again, more attention has been paid to mobility impairment than to vision impairment.

In contrast, the Taipei MRT (Metropolitan Rapid Transport) subways

seemed to be more fully accessible. For wheelchairs it was often a test to find the right station entrance with a lift to go down! At times it was even more of a challenge to find the right lift to get out again from amongst the maze of multilevel subway tunnels. Lifts varied from conventional elevators to bannister-mounted platforms, which had to be operated by hailing the right station guard and an off-sider – one to operate the lift and the assistant to walk in front to clear other pedestrians off the stairway whilst an automated loudspeaker voice announced repetitively that the stair-lift was in use.



*Fall Prevention Barrier– for safety of vision impaired travellers moving between carriages.*



*Passenger Information Systems - bi-lingual public address system, bi-lingual visual destination, station and train route indicators.*



*Signs outside the train indicate reserved spaces for wheelchairs inside the train*



*Passenger Information Systems – interior train signage – Danshui Bullet Train*



*Taiwan Access for All office. Back Row: Rahnee Patrick (Chicago), Sandy Yi (Danshui/Berkeley), Ali (TAFAA), Front: Sue (WWDA), Rob (TAFAA)*



*Danshui - Converted golf buggy with fold down wheel chair ramp at the Fort Domingo tourist attraction*

## WWDA PRESIDENT'S FIELD VISIT TO DANSHUI, TAIWAN

Feelings of grandeur do not arise from this exercise! Nevertheless, the MRT was accessible.

Although the visit to Taiwan was short, on the day following conference, both international speakers were the guests of the Taiwan Access For All Association (TAFAA) which has its offices in the nearby city of Danshui. Danshui is the capital of a sea-side district in northern Taiwan at the mouth of the Tanshui River. It is a popular holiday resort or day-trip destination and can be reached on the bullet train.

TAFAA has a staff of about 5, and like many NGOs the world-over has minimal government funding, and operates on a very tight budget from a miniscule office, relying heavily on volunteers.

Since 2004, TAFAA has worked with the local government to improve physical access in Danshui. This intensive work has resulted in a city which has many good accessibility features, so that there are lipless cutaways, tourist venues have been retrofitted with clever adaptations for wheelchair accessibility, many ramps, and bannister-mounted lifts.

Most impressive was the Wheelchair Accessible Taxi service in Danshui. The Eden Social Welfare Foundation (International Development Division) is a major supporter of the Wheelchair Accessible Taxis (WATS) fleet. It seems that there are more than 60 long wheel base vehicles, serving as multiple-WC-capacity Wheelchair Accessible Taxis, in



**Danshui - Tansui River mouth at dusk**

just this region alone. Each taxi is able to carry 3-4 wheelchairs.

The WATS have simple tie-down brackets inside and all are fitted with rear hoists. They are funded by both local government and the Eden Foundation, with salaried drivers, and provide free transport for eligible people with disabilities. There was almost instant arrival of a WAT after a booking call was made.

Danshui is a city where motor scooters outnumber cars, and it was heartening to see that there were designated accessibility parks for scooter users with disabilities.

Thanks to Ali Chen (Project Manager), Sylvia Yu (Project Manager), Sandy Yi (International Affairs Specialist based at Berkeley [2010]) and all TAFAA staff for hosting us for the day.



**TAFAA office is cramped with access from the roadway via a bannister-mounted lift**



**Danshui - Accessible Parking reserved for motor scooters**

# CONSUMERS WITH DISABILITIES AND THE TELECOMMUNICATIONS INDUSTRY OMBUDSMAN (TIO)

All Australians are guaranteed access to a basic fixed line telephone service – the standard telephone service. The guarantee is known as the Universal Service Obligation (USO) and is delivered by the Universal Service Provider, Telstra. Under the Universal Service Obligation, Telstra must:

- ensure that consumers with disabilities have reasonable access to voice telephony, or an equivalent form of communication if voice telephony is not practicable;
- ensure that consumers with disabilities are supplied with, on request, appropriate equipment with which to connect to the standard telephone service. This means that Telstra must give its customers the option of leasing equipment appropriate to their needs.

In general, anti-discrimination law requires that equipment suitable for consumers with a disability must be made available on the same terms and conditions (including price) as standard customer equipment.

## DISABILITY EQUIPMENT

Under the Universal Service Obligation, only Telstra is required to offer the full range of disability equipment. However, Optus has a Disability Equipment Program that provides standard equipment and disability equipment, including teletypewriters.

The regulations and standards that specify the equipment that must be available to consumers with

disabilities are detailed in the Australian Communications and Media Authority's fact sheet Telecommunications equipment for people with a disability.

## THE TIO'S ROLE

We can investigate complaints about the supply of disability equipment, particularly where Telstra is not complying with its obligations as the Universal Service Provider; that is, if it is not providing the consumer with reasonable access to a standard telephone service, including a rental handset.

If a consumer's rental handset appears to be faulty, we will investigate. In addition, we will also consider complaints where the equipment provided may not suit the consumer's disability, or where additional equipment is required to use a service but has not been supplied.

## OTHER PROVIDERS

While providers other than Telstra are not bound to supply disability equipment under the Universal Service Obligation, we expect that all service providers that bill a customer for local access should ensure that their customer's disability requirements are met – within reason – in relation to the provision of telecommunications services.

In the case of internet and mobile services falling outside the Universal Service Obligation, we may investigate complaints where a provider is alleged to have failed to provide equipment which is reasonably necessary for the



consumer to access the service. In these cases, we would consider the advice provided to the consumer at the point of sale or in other conversations with the provider.

## CASE STUDIES

The following case studies illustrate how we handle complaints about disability related matters.

### Case study #1

The consumer, who had trouble gripping a handset for long periods, signed up for a landline service that offered a disability handset with SMS function. She discovered that she could not send text messages as she had a silent phone number.

Although the provider said it had told the consumer when the phone was installed that SMS was not available from silent phone numbers due to technical and privacy reasons, the consumer denied being informed.

The consumer said she would need the SMS function and a silent line as she had an abusive ex-husband who had made threatening calls. We raised this complaint with the provider. It said that SMS messages could not be sent from silent lines as the receiving phone service needed a number in order to respond.

The provider said that even if it were possible to develop telephone networks that allowed SMS services with silent lines, it was under no obligation to provide a customer with one. As a gesture of goodwill, the provider offered a credit of \$250 towards a pre-paid mobile that could be used to send text messages.

### **Case study #2**

The consumer, who is vision impaired, sought a mobile handset on a post-paid plan which would best suit his needs. The consumer was offered one mobile handset that the provider advised was suitable for visually impaired users.

However this mobile handset had silver lettering on a white keypad and did not

give sufficient contrast and was not appropriate for his use. The consumer was aware of another mobile handset which better suited his needs but the provider required him to purchase this handset outright (not on a post-paid plan), which he could not afford to do.

The consumer advised us that he had to borrow money from a friend to purchase the more appropriate mobile handset. The consumer wanted the provider to reimburse him this amount. We raised this complaint with the provider. After consideration of the consumer's concerns, the provider offered the consumer a \$150 credit to cover the cost of the more appropriate mobile handset that the consumer had purchased.

### **Case study #3**

The consumer asked the provider to supply her with a teletypewriter. The provider sent the consumer a phone with amplified sound for the hearing impaired instead of a teletypewriter.

The consumer attempted to have this error remedied on several occasions and the provider promised to send out the teletypewriter but did not do so. The consumer also experienced considerable frustration as she had difficulty in getting through to the provider's customer service.

The consumer, who had a severe and deteriorating medical condition, did not have any access to a landline service in case of an emergency.

The provider then advised the consumer that it could not provide a teletypewriter and instead referred the consumer to Telstra, the Universal Service Provider. We raised this complaint with the provider as a priority assistance<sup>1</sup> complaint. The provider advised that it could not provide the teletypewriter and asked the consumer to transfer her landline service to Telstra and to sign an application form for the teletypewriter.

This posed an added delay to the resolution of the complaint. We pressed the provider for an early resolution of the complaint and for a goodwill gesture to the consumer for the considerable delay and frustration experienced. The provider registered the consumer's account as medical priority assistance, provided her with a teletypewriter and offered her a credit of \$180 (which covered the access fees for the landline service for the period of the delay).

1 Under the Universal Service Obligation Telstra is obliged to assign priority status to individuals in certain circumstances, including where the individual's life, health, safety or shelter would otherwise be at risk without a fully operational telecommunications service. Other service providers voluntarily offer priority assistance services in line with the requirements of the Communications Alliance Ltd industry code Priority Assistance for Life Threatening Medical Conditions.

# US REPORT FINDS MAMMOGRAPHY INEQUITIES THREATEN HEALTH AND LIVES OF WOMEN WITH DISABILITIES

Women with physical disabilities have fewer clinical breast exams and mammograms than non-disabled women, with all the attendant risks, from later diagnosis to more serious illness to a greater risk of death. The reasons are multiple, according to a recently released report from US disability organisation, Independence Care System (ICS). They include inadequate equipment, inaccessible waiting, dressing and examination rooms, inability to position wheelchair users, inexperience handling patients with paralysis, tremors, and spasms; discomfort around people with physical disabilities; impatience; insensitivity; and, an unwelcoming environment.

*"No one knows how many women with physical disabilities could have been saved if more mammography facilities were accessible to them",* said Marilyn Saviola, long-time leader of the disability rights movement and director of ICS's Breast Cancer Screening Project for Women with Physical Disabilities. *"Early detection is key to survival with this disease."*

ICS launched its Breast Cancer Screening Project in 2008. The Project was designed to create and test a healthcare model that would reduce barriers to breast cancer screening for women with physical disabilities. As described in ICS's preliminary findings report, the Project has:



- Coordinated initial screening mammograms for 42 women during the Project's first two years. Women with the most significant physical disabilities were more likely to: need increased time for mammograms; require an extra technologist; and/or receive compromised imaging (i.e., a failure to visualise the whole breast, and possibly, a cancer).
- Established partnerships with three prestigious institutions that provide mammography screenings for ICS members;
- Developed an eight-point model for increasing access to breast cancer screening services, which can be replicated nationwide. The model calls for: locating a breast cancer screening facility that is willing to provide the extra time and resources to participate in the project; conducting disability awareness training for all staff at the facility; providing skilled patient navigation services to the woman with a disability and a clinical assistant to accompany her to her examination.
- Launched an interdisciplinary advocacy initiative focused on policies that will increase access to mammograms for women with physical disabilities, such as enhanced insurance reimbursement for the extra time and personnel needed to conduct the examination.

For more information go to:  
<http://www.icsny.org>

# BOLD NEW WORK OF ART CELEBRATES 30 YEARS OF VICTORIA LEGAL AID

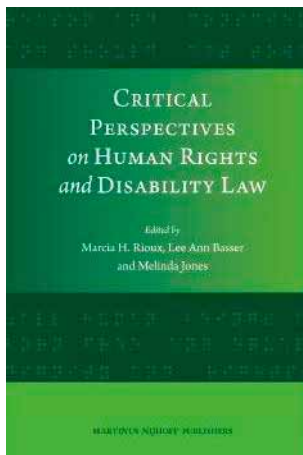


WWDA member Sue Armstrong in front of her painting *Access to Justice for all*

A bold new work of art by Moonee Valley artist Sue E. Armstrong has been unveiled to mark the 30th anniversary of Victoria Legal Aid. The work, *Access to Justice for all*, was unveiled at a function attended by State and Federal Attorneys-General, Robert Clark and Robert McClelland, and members of Melbourne's legal and community sectors in early June.

Ms Armstrong is a mental health consumer consultant and a strong advocate for women's-only psychiatric wards. She is also co-convenor of the community art group Penguin Artists. Victoria Legal Aid Managing Director Bevan Warner said Ms Armstrong's work reflected Victoria Legal Aid's community involvement and work in protecting the legal rights of the most vulnerable and disadvantaged members of our community. The painting depicts cartoon-like characters – representing the broad range of community members with whom Victoria Legal Aid works – progressing towards the central figure of Blind Justice. Ms Armstrong said her work promoting the rights of people with a mental illness inspired her painting. *'My vision for the artwork was to focus on the general themes of social justice and the part Victoria Legal Aid has played and continues to play in supporting the oppressed.'*

# RESOURCES – BOOKS, REPORTS, WEBSITES, LISTS



## BOOK: CRITICAL PERSPECTIVES ON HUMAN RIGHTS AND DISABILITY LAW

This book, edited by Marcia H. Rioux, Lee Ann Basser and Melinda Jones, examines the changing relationship between disability and the law, addressing the intersection of human rights principles, human rights law, domestic law and the experience of people with disabilities. Drawn from the global experience of scholars and activists in a number of jurisdictions and legal systems, the core human rights principles of dignity, equality and inclusion and participation are analysed within a framework of critical disability legal scholarship. This book breaks new ground in its consideration of the way in which human rights principles can be applied in law and policy to achieve positive outcomes for people with disabilities. The editors are legal and disability studies scholars who have used both individual experience with disability and contemporary disability theory to address the systemic nature of disability discrimination in law and judicial decision making. The outcomes and processes which promote the human rights principles of dignity, equality and inclusion in practice are explored through their work.

Critical Perspectives on Human Rights and Disability Law (542 pp)

Edited by Marcia H. Rioux, Lee Ann Basser and Melinda Jones

Published: July 2011 by Martinus Nijhoff Publishers, ISBN 978 90 04 18950 8

Order from: [www.brill.nl](http://www.brill.nl)

## ARTICLES: NEW PAPERS ON WOMEN WITH DISABILITIES

### **Violence Against Women with Disabilities – by The International Network of Women with Disabilities (March 2011)**

What do we mean when we talk about violence against women with disabilities? How is it different from violence against women in general? How is it the same? How is it different from violence against people with disabilities in general? How can we protect the right of women with disabilities to freedom from violence? The aim of this Paper is to educate people about the violence experienced by women with disabilities, to make recommendations about what can be done by a variety of stakeholders to end violence against women with disabilities, to motivate agencies dealing with violence against women to include prevention of violence against women with disabilities in their work, and to empower women with disabilities to protect themselves against violence.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **Women, Disability and Violence: Strategies to Increase Physical and Programmatic Access to Victims' Services for Women with Disabilities – by Dr. Lisa McClain (March 2011)**

Many studies conducted in the United States, Australia, Canada, and the United Kingdom corroborate a high occurrence of physical, emotional, sexual, and disability-specific abuse among women with disabilities. However, there exists little evidence that large numbers of women with disabilities attempt to access shelters and other domestic violence/sexual assault programs and services when they are victimized. Why don't the majority of women with disabilities who experience such abuse show up, seeking services? What might be done to encourage them to do so in greater numbers? This paper explores these questions.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **Collective Action and Emancipatory Aims: Applying Principles of Feminist Practice in a Shelter for Domestic Violence Survivors with Disabilities – By Alisha Ali, Randolph Mowry & Kimberly Ho (April 2011)**

Women with disabilities who experience domestic violence must contend not only with the trauma of the violence itself, but also with a system that is inadequate and often misinformed about how to serve their needs. As a result of this systemic inadequacy, women with disabilities are severely under-served and are at risk for remaining in abusive relationships. Thus, there is a crucial need for domestic violence shelters that serve women with disabilities. This Paper focuses on Freedom House, a fully accessible New York City shelter for domestic violence survivors with disabilities and their families. As the only shelter of its kind, Freedom House represents a unique opportunity to implement an innovative, transformative approach to service provision designed specifically to address the co-occurrence of domestic violence and disability in the lives of shelter residents. The purpose of this Paper is to outline one such approach as a viable model of care that is feminist, liberatory, and essential to recovery from trauma among domestic violence survivors with disabilities.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **Reproductive Health Justice for Women with Disabilities – By Lisa Alvares, Heidi A. Case, Emily J. Kronenberger, Stephanie Ortoleva, Joanne L. Tosti-Vasey (March 2011)**

Globally, women and girls with disabilities continue to experience marginalization, deep health inequities, and gross human injustices. In addition, due to complex socio-ecological circumstances in differing parts of the world, women with disabilities are too often excluded from making any health care decisions whatsoever on their own behalf. Disability, from the perspective of many diverse cultural interpretations, is often still viewed as a hindrance on a family or as a symbol of evil phenomena within a community, thus increasing the chances that women and girls -- who may already experience gender-related discrimination while exhibiting varying disabilities -- will be targeted as the embodiment of this negative stereotype. As a result, women and girls with disabilities suffer greater incidences of violence, sexual assault, abuse, adverse health outcomes, and lower quality of life around the world. This paper highlights the added discrimination that women with disabilities often face in the context of their disparate access to health care, especially in the areas of reproductive health services and sexual health education, and offers recommendations for a twenty-first century response to the vast health care gaps that impact this population.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **Right Now! – Women with Disabilities Build Peace Post-Conflict – By Stephanie Ortoleva (April 2011)**

Women across the world are standing their ground against political exclusion. A gender-sensitive approach must be used; all women must have the opportunity to participate in reconstruction, building the rule of law, strengthening democracy and post-conflict decision making processes. However, women with disabilities have been excluded from a role in these processes, both in practice and formally through the various United Nations resolutions and policy documents. The only way to ensure that women with disabilities are effectively represented and that their needs and concerns are addressed is to include them in post-conflict peace-building. They must play an important role in formulating and implementing policies that will affect the society as a whole moving forward after conflict. This approach also strengthens democracy and fosters inclusive political participation. Therefore, existing programs, institutions and mechanisms at the international, national and local levels must strive to ensure that the voices of women with disabilities are included as resolutions, recommendations and guidelines are drafted, as programs are designed and implemented on the ground, and as peace processes proceed.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **Bringing Together Feminist Disability Studies and Environmental Justice – By Valerie Ann Johnson (Feb 2011)**

This essay brings ideas from several social justice perspectives together in order to connect environmental justice and feminist disability studies in a way that provides a coherent framework needed to address activist work for women and girls. Two ideas should be kept in mind as this essay unfolds. The first is that feminist disability studies frames disability as a representational system that is socially constructed and of interest as an intellectual concern across a broad spectrum of inquiry and not just the intellectual concern of those in areas designed to “fix” the “problem”. The second is that environmental justice generally is defined as: “The pursuit of equal justice and equal protection under the law for all environmental statu[t]es and regulations, without discrimination based on race, ethnicity, and/or socioeconomic status.” Absent from that definition are both gender and able-ness, which is why feminist disability studies provides such a compelling framework from which to discuss this “gap” in environmental justice consciousness.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **The Rights of Women With Disabilities in Africa: Does the Protocol on the Rights of Women in Africa Offer Any Hope? - By Serges Alain Djoyou Kamga (Feb 2011)**

The aim of this paper is to analyze how women with disabilities can fully benefit from the legal framework afforded to African women by the African Women’s Protocol. The paper argues that the challenges faced by women with disabilities are huge and therefore should not be confined to a single provision, especially if disabled women’s rights are to be addressed efficiently. The Paper presents the situation of women with disabilities in Africa, discusses the implications of having a stand-alone provision on the rights of women with disabilities, and makes use of the guidelines for States’ reporting under the African Women’s Protocol with special attention to reporting on “Special Protection of Women with Disabilities” (article 23) to demonstrate the added value of having many and more explicit provisions on the rights of women with disabilities.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **The Role of Women with Disabilities in Community Based Inclusive Development – By Abia Akram (March 2011)**

Women with disabilities are disadvantaged in several key areas when compared with other women, men with disabilities, and the society as a whole. Women with disabilities face a triple handicap and discrimination due to their disability, gender and developing world status. This Paper provides deeper insights into the thinking of women with disabilities about leadership and community based development, the barriers they perceive as women with disabilities, their leadership styles, and strategies that should be undertaken to facilitate and promote their status and roles in community based development. The challenge for women leaders with disabilities is to unite and lead their peers in promoting Community Based Inclusive Development not only for the rights of women with disabilities but also to create an environment where they can have equal opportunities with men with disabilities as well as so called non-disabled persons to participate fully in all activities of the society.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

### **What's A Leg Got To Do With It?: Black, Female and Disabled in America – By Donna R. Walton (Feb 2011)**

Over a decade ago, Eddie Glenn called attention to the disparate treatment of African American women with disabilities, suggesting that a triple jeopardy syndrome puts them at a further disadvantage because they are victims of race, gender, and disability bias in our society. Her research explored what it means to be an African American and live with a disability. The goal of this paper is to go beyond the discussion of the impact of "triple jeopardy syndrome" with respect to Glenn's (1992) aforementioned aspects and to focus on other aspects that impact the lives of African American women with disabilities, such as self-esteem, self-efficacy, and sexual identity. One objective of this paper is to scrutinize how race and disability affect the self-esteem of African American women with disabilities, and how they overcome attitudinal challenges to manifest a new standard of "normalcy" in order to become successful, adjusted women in a society that lauds physical attractiveness.

Available online at: <http://www.centerwomenpolicy.org/programs/waxmanfiduccia/2011OnlineSeriesBarbaraWaxmanFiduccia.asp>

# WWDA NEWS

## JOIN WWDA!

The success of Women With Disabilities Australia (WWDA) relies heavily on the participation and goodwill of our members. We are always seeking women with disabilities who would like to represent WWDA at government consultations, workshops, forums and committees, as well as helping us in other ways such as commenting on WWDA documents and reports; presenting papers at Conferences; writing articles for our website, becoming members of our Management Committee and so on. WWDA is a Public Benevolent Institution, which means that donations over \$2 are tax deductible. Remember, becoming a financial member of WWDA entitles you to nominate for the Management Committee when vacancies arise and/or vote at annual elections.

WWDA's Membership Form is available from the WWDA website at:

**<http://www.wwda.org.au/member.htm>**

or by contacting WWDA