



## **Stigma, Discrimination and Women with Disabilities**

**Carol Kessel - Volunteer Beit Issie Shapiro  
2015**

### **Introduction**

A great deal of information and material exists on the subject of discrimination against women. Relatively little empirical material exists on research on the effects of discrimination and stigma that is endemic worldwide in the lives of women with disabilities.

Women with disabilities are the largest minority among the female population and disability is a category that crosses all other categories including gender, race, age, orientation, and religion.

It is estimated that there are 1 billion people with disabilities and an estimated 50 percent of this population – 500 million people – are women with disabilities, two-thirds of whom live in developing countries. In addition to being the largest minority worldwide, women with disabilities face discrimination at all levels of life. (Keogh, 2012)

Women with disabilities often remain invisible in mainstream laws and policies for women. A contributing factor to this invisibility is a general lack of data disaggregated from a gender and disability perspective. In addition, research concerning the issues faced by women with disability is still in its early stages, leaving women and girls with disabilities invisible citizens in mainstream policy, often not considered in the mainstream disability movement and well as the women's (Keogh, 2012).

### **Areas of discrimination most prevalent in the lives of women with Disabilities**

- Education
- Sexuality
- Participation and access to decision making
- Family Discrimination
- Motherhood and domestic life
- Social policy
- Workforce/employment
- Violence and Sexual abuse

## **A. Familial Discrimination against Women**

There has been a ‘culture of silence’ in the private and personal sphere of women with disabilities. Familial discrimination has been largely ignored by the promoters of rights for women with disabilities and historically there has been the perception that the state should not interfere in the private realm of family relations (2013, Gurung).

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 (2011, Fiduccia.)

Pratima Gurung in her research on discrimination against women in Nepal concludes that familial discrimination against WwDs (women with disabilities) is a bitter reality in Nepali society. It is difficult to open out the world of family, the parents feel reluctant to understand disability and provide services to their disabled child especially girl and women with disabilities. The problems and situations faced by WwDs inside the private realm vary according to the circumstances like gender, race, poverty or geography and leads towards intersectional discrimination and violence. So familial discrimination as a violation of human rights should be taken into consideration with effective definition, measures and laws to address private and be made public (2013, Gurung).

## **B. Education and training**

Whereas it is deemed normal for men with disabilities to be independent and to require education and training with a view to finding employment in spite of their disabilities, in the case of women the combination of disability and gender prejudice results in diminished awareness of the need for education and training, particularly university education and vocational training (2003, Beleza).

It has been alleged that in many situations girls with disabilities are more likely to be placed in special schools than boys with disabilities. In some cases the effects of special schools can be negative for girls with disabilities as girls are taught to do as they are told, so that they are consequently placed in vulnerable situations, unable to make choices, to engage in ordinary personal interactions or deal with sexual abuse.

Existing statistics on vocational training indicate that the percentage of women trainees is low. Studies carried out in Switzerland have shown that parents of girls with disabilities keep their daughters at home through fear of them being sexually abused.

A study in Spain carried out in 1994 showed that 20 percent of women with disabilities had completed primary education while 8 percent had received higher education.

## C. Health Care and Sexual Health Education

Globally, women and girls with disabilities also 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. (2011, Fiduccia.)

The authors of the article on Reproductive Health Justice for Women with disabilities (2011, Fiduccia.) highlight 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,

Despite recent study findings which show that people with disabilities are sexually active and young women with disabilities may be initiating their sexual careers during their teen years, people with disabilities continue to be excluded from school-based comprehensive sexuality education and resources. In a 2008 study published in the *Journal of School Health*, researchers found that girls with certain disabilities such as learning and cognitive disabilities, who received special education services in high school settings may be at higher risk for contracting sexually transmitted infections (STIs) than their typically developed peers (Mandell, et al, 2008).

In addition, women with disabilities continue to receive less preventive health care services, such as recommended reproductive cancer screenings and health promotion interventions to prevent chronic diseases such as obesity (CROWD, 2005). Women with disabilities also face an uphill battle when they try to access routine health care services through a complex health delivery system that does not appropriately meet their needs. For example, medical staff members and professionals may not be adequately trained to address the needs of women with disabilities, particularly in the area of gynecological and reproductive health care.

As a result, women can experience humiliation, sub-standard care, and even refusal of care when they enter a facility that is not equipped to serve their needs. These experiences also contribute to a self-perpetuating cycle of under-service and lack of access, as women with disabilities may (2011, Fiduccia.)

Women with disabilities are not only less likely to receive general information on sexual and reproductive health and are less likely to have access to family planning services, but should they become pregnant, they are also less likely than their non-disabled peers to have access to prenatal, labor and delivery and post-natal services.

:According to the National Women's Health Network, state policy makers and health professionals intimidated "undesirable" women in to agreeing to surgical sterilization – because of state fears of over population, welfare dependency, increased spending for public services, and illegitimate childbearing, generated by negative stereotypes about women of color, immigrant women, and women with disabilities(National Women's Health Network, 2008).Forced sterilizations have also occurred in many other countries (Forced Sterilization and Reproductive Justice by Lisa Alvares)

## D. Workplace and Employment

Employment is of prime importance to everyone as a basis for independence and self-sufficiency.

Despite laws and policies which have been established in some parts of the world addressing equal rights for both females and males, in the workplace gender discrimination still exists. But the **double discrimination** faced by women with disabilities is not being addressed. People tend to discuss gender differences but it is not very often related to disability. It is almost as if society is not aware of the stigma that is associated with disability which is created by society. Women in general have not reached equality in the labor force and women with disabilities have not been given justice. (Keogh, 2012)

The United Nations estimates that only 25 percent of women with disabilities are in the global workforce, and literacy rates for women with disabilities are as low as one percent in some regions. (Keogh, 2012).

The focus on “normality” and narrow standards of beauty make it more difficult for women with disabilities to be recognized and included in society. It is believed that “normal” means not to be different from those who are in the able-bodied majority. This includes having a specific body type and face, looking young, as well as being an able-bodied individual. Society fears difference therefore it is referred to as “not normal”. Society also tends to pity those who are different and establishes various assumptions regarding the capabilities of those with disabilities. Pressure from society creates barriers and exclusion for women with disabilities” (Accessibility News International)

Women with disabilities are more likely to be employed in low- status, lower paid jobs influencing the ability to achieve independence

Even in countries such as Canada where “The Duty to Accommodate” is law and ensures that individuals with disabilities are provided with employment that meets their capabilities, the attitude of the people in the workforce does not go away and many employers disregard these policies

Yet the need of women with disabilities and those of men with disabilities are perceived differently. For women, work would appear to represent a means of filling time rather than offering a guarantee of independence. Occasionally, women with disabilities also develop this negative idea. Women with disabilities are more likely to be employed in low-status, lower-paid jobs with poorer working conditions. Lack of self-esteem and education further complicates the matter. (Beleza, 2003)

According to the Spanish study mentioned by Narua Keibir Bekeza, throughout the European Union 76% of able-bodied men have jobs, as against 36% of men with disabilities, while the corresponding figures for women are 55% and 25% respectively. In the Netherlands and in Portugal it was found that women entitled to invalidity benefit were seeking and receiving assistance to return to work but that more men than women

were successful in finding jobs. In Sweden men receive a disproportionate share of the resources earmarked for rehabilitation.

In general, there is a lack of counselling and career guidance to respond to the specific needs of women with disabilities.

Within Spain the study found that, while women with disabilities outnumbered their male counterparts, they were in a minority on the labor market but constituted the majority of recipients of non-contributory benefit. (Beleza, 2003)

Independence and participation are the key concepts in today's society. In order to be independent and able to survive, one needs to be employed or have some form of financial support. Employment in turn provides an income that is necessary for survival but also a sense of belonging because of the ability of giving back to society. Women with disabilities are more likely to be employed in low-status jobs influences their ability to achieve independence (Accessibility News International)

## **E. Social policy**

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

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

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

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

A vitally important area in terms of gender equality generally is that of participation and access to decision-making

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

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

## **F. Social Representation**

Images of women with disabilities on film or television are normally presented in the context of problems surrounding the disability, with either the women being portrayed as victims or as exceptional individuals. They are rarely seen in ordinary roles: as journalists or other media professionals, performers or the subject of everyday news items, on a par with any other person.

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

Having a family of one's own and having one's entitlement to parenthood recognized can be the hardest things for a woman with a disability to achieve in comparison with a woman who is not disabled (who can take these rights for granted) and even with a man with a disability. The fact is that many girls with disabilities are brought up to believe that they cannot expect to have a relationship with a partner, and much less to have children and found a family. In contrast, all too often girls and women with disabilities are used as domestic labor in the family home without the least recognition of their status and value in this respect. Women with disabilities feel that the medical profession discourages them from having sexual relations, for example by making it difficult to obtain prescriptions for contraception;

## **H. Violence**

Forms of violence are: 1) physical, 2) sexual, 3) mental, and 4) economical.

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

Explanations of this vulnerability to violence lie in lack of self-esteem, fear of reprisals and difficulties in communicating, and in lack of information, access to counsellors or awareness of the unacceptable nature of abuse. (Beleza, 2003)

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 (Burns et al., 2010; United Nations Population Fund, 2010).

According to "Naisten Linja Suomessa ry" (Women's Line in Finland) women with disabilities are seen often as genderless persons. Also gender-based violence against women with disabilities is often overlooked. Non-disabled women are facing sexualizing attitudes every day but disabled women's sexuality and gender are often completely ignored. These beliefs also reflect in the upbringing of girls with disabilities. It is harder to recognize the violence because of fading of sexuality. This is due to both the victim and her family. Difficulties in communication, moving and need for personal assistants make it more difficult to recognize the violence and seek for help. Getting help is even more challenging because the abuser is usually close to the victim.

## Summary

This paper highlights the barriers faced by women and girls with disabilities in achieving their full potential. When we look at these barriers, we see that some are specific to the situation of women and girls with disabilities while others fit within the continued struggle of all women for equal rights and opportunities.

The paper focuses on the areas of education, sexuality, participation and access to decision making, family discrimination, motherhood and domestic life, social policy, workforce/employment, violence and sexual abuse.

It is clear that there is a need for support for specific measures for women and girls with disabilities in terms of rights protections and also the need for general gender goals and objectives to be inclusive of women with disabilities

Laws and policies are just one piece of the puzzle that will lead to the promotion of equal opportunities for women with disabilities. The development of education and awareness programs can also help to challenge the stigma faced by women with disabilities. (Keogh, 2012)

The Convention on the Rights of People with Disabilities (CRPD), recognizes that women and girls with disabilities are subject to multiple discrimination, and asks States to ensure that women and girls with disabilities are given the opportunities to enjoy their fundamental rights and freedoms. The convention addresses that women with disabilities should be freed from violence, exploitation, and abuse includes several provisions on gender issues.

## References

- Alvares, L., Case, H.A., Kronenberger, E. J., Ortoleva, S, (2011)  
Barbara Faye Waxman Fiduccia Papers On women and girls with disabilities center for women policy studies: Reproductive Health Justice for Women with Disabilities. May 2013,  
<http://goo.gl/wVduCw>
- Beleza, M. L. (2003). Discrimination against women with disabilities. May 2013,  
[http://www.coe.int/t/e/social\\_cohesion/socsp/Discrimination%20Women.\\_E%20in%20color.pdf](http://www.coe.int/t/e/social_cohesion/socsp/Discrimination%20Women._E%20in%20color.pdf)
- Double Discrimination Faced by Women with Disabilities in the Workplace,  
Accessibility  
News International 15 March 2010 Reproduced from:  
<http://www.accessibilitynewsinternational.com/double-discrimination-faced-by-womenwith-disabilities-in-the-workplace>
- Gurung, P. (2013). A Study on Familial Discrimination against Women with Disabilities and their Response. May, 2013.  
[http://www.socialinclusion.org.np/new/files/Pratima%20Gurung\\_1380091217dW9W.pdf](http://www.socialinclusion.org.np/new/files/Pratima%20Gurung_1380091217dW9W.pdf)
- Keogh, M. (2012). International Women's Day: Women with disabilities a dichotomy in protection' Disability and Human Rights.  
<http://disabilityandhumanrights.com/2012/03/08/international-women%E2%80%99s-day-women-with-disabilities-a-dichotomy-in-protection/>
- Mandell, D. S., Eleey, C. C., Cederbaum, J. A., Noll, E., Katherine Hutchinson, M., Jemmott, L. S., & Blank, M. B. (2008). Sexually transmitted infection among adolescents receiving special education services. *Journal of School Health*, 78(7), 382-388.
- Nosek, M. A., Howland, C. A., & Young, M. E. (1997). Abuse of Women With Disabilities Policy Implications. *Journal of Disability Policy Studies*, 8(1-2), 157-175