

Discrimination Generated By the Intersection of Gender and Disability

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Abstract: *Women and girls are reported to be the largest group in the global disability population, and they have been historically subject to discrimination both on grounds of their disability and gender. Discrimination on the basis of gender and disability is a fact, officially recognised by Article 6 of the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD). The Convention calls for state measures which will safeguard women's full enjoyment of all their rights and freedoms, such as equal rights to services, education, employment, health care and a personal life, free of torture, exploitation and violence. While issues pertaining to disabled women are multiple, this paper will look into the violence that women with disabilities encounter and seek to formulate an intersectional approach to gender and disability.*

I. Introduction

Intersectionality

Intersectionality or Intersectionalism is the study of intersections between different disenfranchised groups or groups of minorities; specifically, the study of the interactions of multiple systems of oppression or discrimination. It was first highlighted by Kimberlé Crenshaw in 1989 in her attempt to describe the interaction of race and gender in shaping women's experiences of employment. The theory suggests that—and seeks to examine how—various biological, social and cultural categories such as gender, race, class, ability, sexual orientation, species, and other axes of identity interact on multiple and often simultaneous levels, contributing to systematic injustice and social inequality. Intersectionality holds that the classical conceptualizations of oppression within society, such as racism, sexism, homophobia do not act independently of one another; instead, these forms of oppression interrelate, creating a system of oppression that reflects the intersection of multiple forms of discrimination

Intersectional discrimination occurs when somebody is discriminated against on several grounds at the same time and in such a way that these are inseparable; for instance forced sterilisation of Roma women is a case of intersectional discrimination on the basis of gender, ethnicity and poverty.

The Issues Related To Disability

Women with disabilities suffer a double discrimination, both on the grounds of gender and of impairment. The social status of disabled women varies according to individual circumstances and to the community in which they live. There is ample evidence that women with disabilities experience major psycho-social problems and they have been restricted to home-based activities, while men are likely to be supported in more public and outward-looking avenues. Being a woman they do not have access to better education or find a suitable job, have poor health facilities and are subject to domestic and sexual violence. Feticide and infanticide are more in case of women with disabilities.

Violence Against Disabled Women

Violence against women with disabilities can range from neglect to physical abuse to denying them even the traditional roles of marriage and childbearing. Human Rights Watch in a report published in 2012 estimates that women with disability are up to 10 times more likely to be abused either physically or sexually by a family member or caregiver than women without disabilities. Violence against women with disabilities takes many shapes and forms, which can be individual or systemic. The experience of violence in disabled women is mediated by intersections of oppressions that occur around age, sexuality, ethnicity, race and class. The dynamics of abuse of disabled women presents considerable complexity. Disabled women can suffer multiple forms of abuse and neglect related to their disability, which include withholding medication, denying access to mobility or communication equipment, obstructing personal care and hygiene, or blocking access to medical consultation.

The intersection of gender, disability, dependency on carers leads to discrimination and confinement of disabled women in the private sphere and seriously impedes their active presence and participation in public life. Moreover, common perceptions of disabled women as helpless and passive make them more vulnerable to abuse, not least in medical and institutional settings. Key characteristics in the relationship between disabled people and carers are dependency and intimacy which are also dominant in relationships of abuse and outweigh

the experience of abuse or violence, making them more palatable. Factors such as societal discrimination are often internalised and lead to low self-esteem, which again makes abuse more acceptable and even natural.

Disabled Women And Domestic Violence

Domestic violence is the physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and forms a pattern of coercive and controlling behaviour. Disabled women are at higher risk of bad treatment or abuse. They face more significant barriers to seeking help and, due to inadequate support, may face longer abuse, as well as different types of abuse than non-disabled women. Perpetrators of abuse against disabled women are multiple, including partners, family members, paid carers, or care agencies. Impairment-specific abuse by partners or carers can consist of depriving them from mobility or other aids, while neglect can involve being denied access to medicines, sanitary materials etc. Financial control and power exertion are also common. The intersection of disability, gender and race makes domestic violence more pronounced for minority ethnic women.

Sexual Violence And Forced Sterilization

Women with disabilities suffer sexual abuse, forced sterilization, and female genital mutilation. Human Rights Watch has reported that women with disabilities have been subjected to marital restrictions, involuntary abortions, and forced relinquishment of their children. In Africa, where the myth exists that having sex with a virgin can cure a person of HIV/AIDS, women and girls with disabilities are targeted for rape because they are presumed to be asexual and thus virgins.

Women with disabilities are particularly vulnerable to forced sterilisation performed under the auspices of legitimate medical care or the consent of others in their name. The fear of rape or an undesirable pregnancy is dominant amongst all parents of women with mental disabilities and is often what prompts them to consider hysterectomy as a solution. The right to reproduction is seen to be dangerous for mentally disabled women as it is assumed that they lack maturity and intellect to be able to take care of another person. The fear of transmission of the disability is also very common.

Status Of Disabled Women In India

The 2001 Census estimates that there are over 9 million women with disabilities in India constituting 3.5% of the population, 98% of them are illiterate, less than 1% can avail healthcare and rehabilitation services. The majority of women with disabilities in India suffer the triple discrimination of being female, being disabled and being poor. Indeed not only are they a socially invisible category but their plight is worse than both men with disabilities and other non-disabled women. Being powerless, isolated and anonymous women with disabilities are extremely vulnerable to abuse and violence.

An Intersectional Approach To Gender And Disability

An intersectionality approach argues that forms of oppression, for e.g. racism, sexism, disability overlap, defining unique social groups, and thus posits that the consequences of disability, race/ethnicity and gender cannot be understood sufficiently by studying these phenomena separately; their overall effects need to be examined by looking into how disability, gender and race/ethnicity structurally interrelate and affect access to resources (both material and relational) or lead to risks for the groups in question. Intersectionality in policy denotes interaction of mutually constitutive inequalities producing an effect which is different from what each of their dimensions would produce separately, and also different from the addition of their separate parts together.

International Law

The intersection of gender and disability is not directly dealt with by international law. Beyond Article 25 of the Universal Declaration of Human Rights which grants to each person "the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" and its prohibitions of discriminations, beyond the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights, and thanks to the World Programme of Action Concerning Disabled People (1982), the Convention on the Rights of the Child (1989), and the Standard Rules on the Equalisation of Opportunities for People with Disabilities (1993), disability has become a human rights issue.

The most important UN initiative in this context is the UN Convention on the Rights of Persons with Disabilities (CRPD) which is devoted to disabilities. In addition, the Convention on the Elimination of All Forms of Discrimination against Women promotes action in order to support persons with disabilities and their families and caregivers.

Other International Texts On Un Level

Beyond the stated Conventions, other important texts dealing with the concerns of disabled are the United Nations Standard Rules for the Equalization of Opportunities of Persons with Disabilities, the World Health Organization (WHO) Mental Health Declaration for Europe, or the Millennium Development Goals (MDG). In 2011, the first ever World Report on Disability, jointly produced by the World Health Organization and the World Bank, has reviewed evidence about the global situation of persons with disabilities, and offered directions for policy and practice to address exclusion. This report does not make specific reference to the question of handicap and gender, but it mentions an 'acute difficulty' for women.

National Legislations

India is party to the United Nations Convention on the Rights of Persons with Disabilities (CRPD). In a country where terms like disabled, physically/mentally challenged, handicapped, impaired are used interchangeably to address or refer to a person with disability, it is difficult to protect and affirm the rights and entitlements of persons with disabilities in government policy and laws. Most legislations on disability in India do not contain any provision specifically addressing the concerns of women with disabilities.

The Government of India has enacted the following legislations for persons with disabilities:

1. **Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995**, which provides for education, employment, creation of a barrier free environment, social security, etc.
2. **National Trust for Welfare of Persons with Autism, Cerebral palsy, Mental Retardation and Multiple Disability Act, 1999** has provisions for legal guardianship and creation of an enabling environment that will allow as much independent living as is possible.
3. **Rehabilitation Council of India Act, 1992** deals with the development of manpower for provision of rehabilitation services.
4. **National Policy for Persons with Disabilities, 2006** deals with Physical, Educational & Economic Rehabilitation of persons with disabilities. In addition the policy also focuses upon rehabilitation of women and children with disabilities, barrier free environment, social security, research etc.

India has also both signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) which came into force on 3rd May 2008, and makes it obligatory on the part of the government to synchronise laws or legal provisions with the terms of the Convention. However, by not signing the optional protocol India has managed to safeguard itself in case of not fulfilling the commitments made under CRPD.

Looking Ahead: Certain measures informed by intersectional approach towards gender and disability should be taken to uplift the quality of life of disabled women and ensure greater inclusion and participation in public life. Inclusive education is a vehicle to achieve greater acceptance of disabled pupils in early years by their peer group, cultivate the sense of belonging, change stereotypes and give the chance to able-bodied pupils to appreciate disabled pupils' contribution, abilities and **commonalities. Measures** adopting an intersectional approach would aim at increasing employability of disabled women and thus enable them to become less dependent on their family and capable of having a more autonomous lifestyle. The link between poverty, disability and gender must be taken into account in any anti-poverty measures. Poverty is inextricably linked with disability, either as a cause or an outcome of it. Health inequalities at the intersection of gender and disability need to be acknowledged and included as a priority into the research agenda of governments, as this dimension has been neglected.

II. Conclusion

Disabled women are at the intersection of various forms of discrimination on the grounds of gender and disability. The intersectionality approach shows that disability mainstreaming might lead to less discriminatory practices. This derives from the idea that laws in general do not take into account the diversity of the population. For the mainstreaming of disability and gender issues, awareness-raising of the general population is needed as an overarching priority. Possible actions could be challenging stereotypes through art, science, media, visual representations, sport, advertisement, activism, and language, notably if related to contribution of eminent scholars, artists and thinkers. Disability and feminist movements should work together to remove both structural and cultural barriers. The social model of disability and findings of disability studies scholars should be included in the education and training curricula of professionals dealing with people with disabilities to make them familiar with the relevant issues and updated information related to their work. The visibility of disabled women in the public arena needs to be increased. Breaking stereotypes in the way disabled people are portrayed by the media and making linguistic adjustments in a non-simplifying and non-stigmatising way is an imperative. In this way, a more accurate representation of the conditions and the experience of disabled people are ensured. It leads to more inclusion.

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