

## **Our Forgotten Sisters: Women with Disabilities in Situations of Conflict**

Wednesday, October 20, 2010, 1:15 – 2:45 PM, UN Conference Room E

### **Akiko Ito, Chief, Secretariat on the Convention on the Rights of Persons with Disabilities, UN Department of Economic and Social Affairs.**

- Welcome to moderator and Panel Organizer: Stephanie Ortoleva and to speakers: Patience Stephens, Shantha Rau Barriga, Dale Buscher and Maria Veronica Reina. Thanks to sponsors: Permanent Mission of Mexico, and Permanent Mission of Liechtenstein.
- The UN continually works towards peace and development initiatives, and we are encouraged by the inclusion of disability-specific language in international agreements. As an example of a recent initiative, UN Security Council resolution 1894, adopted in 2009, specifically recognizes the particular impact that armed conflict has on civilians with specific vulnerabilities, including women and persons with disabilities, and calls on states to provide assistance for the care, rehabilitation, and economic and social reintegration of victims of armed conflict, including persons with disabilities. This year's commemoration of the tenth anniversary of UN Security Council resolution 1325 provides an important opportunity to focus particular attention on the needs of groups that are specially affected and, in many cases, rendered vulnerable by reasons of gender, age or disability.
- As the speakers on this panel will elaborate on, sustainable peace requires the full participation and inclusion of all groups affected by the conflict, at all stages. We cannot achieve peace without development, or development without peace, nor can we exclude women with disabilities from such processes. Incorporating women's voices into the peace and development agenda is vital, at the local, national and international level. We look forward to hearing practical suggestions from this panel discussion where and how the inclusion and leadership of women with disabilities in peace and development initiatives can be improved.

### **Stephanie Ortoleva, Esq., Senior Human Rights Legal Advisor, BlueLaw International and Associate, American University Center for Global Peace**

- United Nations Security Council Resolution 1325 and the succeeding three resolutions in the UN's Women, Peace and Security framework do not mention women with disabilities and women with disabilities are rarely included in post-conflict peace building work of the UN, governments or civil society.
- Women with disabilities face stereotypes as women and as persons with disabilities
- CRPD has strong gender focus (Article 6) – concerns of women with disabilities are weaved throughout – tie between CEDAW and CRPD
- CRPD rejects medical model of disability and instead uses social/rights-based model
  - CEDAW also reflects gender as a social construct
- Gender mainstreaming and disability inclusion are linked concepts
- What are strategies for change:
  - Modify indicators to include disability – if we don't measure it we don't know it
  - In future resolutions, include explicit references to disability to create stronger mandate
  - Ensure women with disabilities have high level positions within UN system, particularly UN Women
  - Collect gender and disability disaggregated data!

- Create economic and education opportunities – women with disabilities have lowest literacy rates in the world, need accessible transportation systems, face high levels of violence and abuse
  - Make justice system accessible and create gender and disability sensitive health care
  - Why include women with disabilities?
    - Won't make progress on lives on women with disabilities unless they are included in development programs and UN programs
    - If you don't have a seat at the table, you don't get your voices heard, especially in competition with other voices
- ✚ See, [www.forgottenpeacebuilders.org](http://www.forgottenpeacebuilders.org)

**Representatives from the co-sponsoring governments, Mexico and Liechtenstein,** also welcomed the group and thanked people for coming. Mexico emphasized the importance of mainstreaming disability in the UN system, including the Department of Peacekeeping Operations. The role of civil society is very important.

**Panelists:**

**Patience Stephens, Special Assistant to the UN Special Adviser on Gender Issues and Advancement of Women**

- Women and girls are not a homogenous group.
- In Iraq, thousands of civilians per year become disabled by landmines.
- Knowledge about the unique vulnerabilities to violence and abuse has not informed UN action very much – needs of women with disabilities are not addressed in 1325.
  - 1325 and CRPD must work synergistically
  - Spirit of 1325 is inclusion, not exclusion. Even though 1325 doesn't mention women with disabilities, they are included.
- Why are women with disabilities not addressed?
  - They are invisible in society.
  - Chaos of armed conflict – in struggle for survival, advocating for peace is not a priority.
- **What to do?**
  - Prepare that armed conflicts will create larger numbers of disabilities – focus on planning and prevention
  - Provide for continuation of education of women and girls with disabilities
  - Educate communities and challenge biases against women with disabilities, such as that women with disabilities are unmarriageable.
  - Collect data.
  - UN WOMEN and CRPD should be working together
  - Find evidence-based solutions

**Shantha Rau Barriga, Disability Rights Researcher/Advocate, Human Rights Watch**

- HRW has expanded its work in the field of disability rights, and has issued a number of reports highlighting violations against persons with disabilities, in collaboration with DPOs in these countries since they have the real expertise on these issues based on their personal experiences and advocacy on the ground.
- **Key findings** from recent report on women with disabilities in northern Uganda:

- Frequent and multiple types of discrimination: The overwhelming majority of women with disabilities that HRW interviewed face frequent abuse from strangers, neighbors and even family members. As a result, they are denied even basic needs such as food, clothing and shelter.
- High levels of sexual and gender-based violence: over 1/3 of women with disabilities interviewed told HRW that they experienced some form of sexual or physical violence.
  - Women with disabilities are vulnerable because of their isolation, lack of support structures, mobility and communication barriers and also because of myths that women with disabilities are weak, stupid or asexual.
- Lack of access to economic/livelihood support: government and UN support programs often do not reach women with disabilities. Only about half of the women with disabilities knew about the economic support programs, and only one had actually benefitted from these programs.
- Lack of access to health care: health care, including sexual and reproductive care, is insufficient. People must travel long distances to reach health centers, which don't meet the specific needs of women with disabilities.
  - Research shows that women with disabilities may be at greater risk of HIV infection because of sexual violence, inability to negotiate safe sex, unstable relationships, etc.
- **Key recommendations:**
  - Ensure that humanitarian and reconstruction efforts and mainstream government programs and services reach women and girls with disabilities.
  - Monitor programs to ensure that women with disabilities are actually benefitting
  - Collect data on the situation of women with disabilities and use this data to develop inclusive programs for women with disabilities.
- **Regarding the 1325 indicators:**
  - Human rights violations reported to CRPD Committee should be included among the reporting mechanisms.
  - Women and girls with disabilities should be included and identified as a particularly vulnerable group.
  - Data collected should be disaggregated by sex and disability.

**Stephanie Ortoleva** echoed the importance of inclusion of DPOs and especially of women in DPOs. She stressed the need to support advocacy and skill-building activities for women with disabilities through DPOs.

**Dale Buscher, Director of Protection, Women's Refugee Commission (WRC)**

- In his experience, persons with disabilities in refugee camps were invisible
- "In all wars and disasters it is disabled people that are first to die; disabled people that are the first to get disease and infection; and it is disabled people who are the last to get resources and medicines when they are handed out. They are treated as the bottom of the pile."
- Estimated 4 million persons with disabilities are affected by conflict (10% of 40 million total conflicted-affected population).
- WRC carried out a research project from October 2007 – April 2008 in 5 countries on the situation of refugees with disabilities – their access to mainstream services, the availability of needed targeted services and their protection concerns.
- The goals of the project were to: raise awareness and to change practice.

- The researchers interviewed refugees with disabilities and their families, as well as practitioners, donors, policy makers, experts, all sectors of service providers.
- Looked at camp-based and urban sectors.
- Looked at 9 sectors: Identification and registration; camp layout and infrastructure; food and nutrition; health services; psychosocial services; inclusive education; vocational training, employment and livelihoods; participation and community inclusion; and protection.
- **Findings:**
  - Collecting data is huge challenge
  - Assistance programs (what few there are) focus on physical and sensory disabilities
  - Persons with mental disabilities face more discrimination and fewer services
  - Poor physical layout of camps
  - Health care: lack of specialized health care, assistive devices, mental health services
  - Some inclusive education and some limited access to vocational training
  - PWDs highlighted isolation post-displacement (had support in home communities)
  - Persons with disabilities are less able to flee, more often to get left behind
  - If they have fled, they are less likely to return home.
  - Potential to contribute and participate not recognized
  - Women and girls with disabilities at increased risk of abuse and exploitation
  - Mothers and caregivers also vulnerable and under-served
- **Gaps:**
  - Even where there are DPOs, no organization is playing convening role.
  - Near complete lack of awareness among mainstream service providers
  - Lack of engagement with local DPOs
- **Solutions:**
  - Think about what women in IDP camps have to do and how we can help them do it
  - Think about conflicts and emergencies as catalyst for positive change
    - Example of Haiti – visibility of disability
  - Real need for data and disaggregated data
  - Disability awareness for all service providers
  - Establish self-help and support groups
  - Promote participation, prevention, and protection – access and inclusion for all services

**Maria Veronica Reina, Executive Director, Global Partnership on Disability & Development**

- Marginalization results in exclusion from economic, community, and social opportunities
- Physical and cultural barriers to development programs
  - When disability community is consulted at all, it is usually men with disabilities because the leadership roles in DPOs go predominantly to men. The few women with disabilities who have a voice in the development agenda are mostly from developed countries. Women with disabilities in developing countries, and particularly women with disabilities living in poverty, are not being heard.
- Barriers to access to reproductive health care and basic medical care:
  - Inaccessibility of health care clinics and procedures
  - Lack of information in appropriate formats
  - Lack of awareness and sensitization among agents
  - Denied the right to retain their fertility, to be protected from sexual assault, or give birth.

- Sterilization and abortion strongly recommendation or performed without consent.
- Violence from – care givers, in war, in prisons, from their own families
- Barriers to access justice
  - Accessibility issues
  - Awareness issues
- Lack of education opportunities. Women with disabilities get less education than other women and men with disabilities. In developing countries, there is a lack of teachers and schools capable to addressing the needs of children with disabilities in education, especially in the rural areas.
- Women with disabilities are disproportionately impacted by natural and man made disasters
  - Women with disabilities are not encouraged to be independent, so at time of disasters don't have capacity to react effectively
  - For example, women with disabilities don't turn to shelters for support because of cultural issues.
- Employment – discrimination (based on gender and/or disability) and attitudinal and institutional barriers to participating in different forms of employment, including self-employment.
- Other issues:
  - Marginalized Populations within Women with Disabilities, such as minorities, indigenous groups, girls, elderly, refugees, etc.
  - Caregiving, which is perceived as women's work.
  - Assistive devices lead to greater independence for women with disabilities.
  - Sanitation
  - Data
  - Media portrayal
  - Mental health issues
- **Recommendations:**
  - Women with disabilities are experts in their own issues and should take the leading role in educating others
  - Women with disabilities need to be involved in every stage/level of development process
  - Inclusion of a gendered disability dimension
  - Accessibility from project design – i.e., make projects accessible at the beginning, not later on
  - Disability awareness, especially among medical and health care staff
  - Stories of women with disabilities made public and widely known
  - Self-determination
  - Capacity building of women with disabilities
  - Appropriate training of stakeholders
  - Inclusion of women with disabilities in education and accessible schools
  - Early identification of girls with disabilities
  - Indicators
  - Media
  - MDGs

**Stephanie Ortoleva** emphasized the importance of data collection. We have great anecdotal evidence but little statistical data, which is needed to persuade policymakers to lead to change.

**The moderators then opened the discussion to the audience for questions and comments.**

- A representative from the police division of the UN Peacekeeping Operations (DPKO) is creating a toolkit on gender and policing, and wants to include disability perspective. Panel members will follow up with her.
- James Rwampigi Aniyamuzaala, Youth with Physical Disability Development Forum-Uganda, stated there was a lack of information and advocacy about sexual and reproductive health and HIV/AIDS for persons with disabilities in Uganda.
  - Also in the international context – disability not included as a most vulnerable group.
  - 2006 Disability and HIV/AIDS Project of the National Union of Disabled Persons of Uganda (NUDIPU).
  - As advocates, how do we empower women and girls with disabilities via education and human rights training? Also how to know what funding opportunities are available from UNIFEM/ UN WOMEN.
- UNAIDS and DESA are organizing a panel discussion on AIDS and persons with disabilities, so hopefully that will lead to greater linkages
- Anne Kelsey, Human Rights Watch, asked a question regarding the visibility of disability in Haiti – what changed and what is being done to institutionalize the process?
- Maria Veronica Reina responded:
  - First time there was disability subcluster within health cluster
  - Rehabilitation center is going to be built by Brazil
  - GDZ is building shelters
  - Amazing leadership, but few resources
  - Lack of organization
  - Ongoing work
- Shantha Rau Barriga asked a follow-up question on the issue of service providers targeting persons disabled by earthquake, not those disabled from before the earthquake.
  - Maria Veronica Reina responded that there have been reports of this, and that also the Center for International Rehabilitation report on post-tsunami areas showed that the newly disabled get more attention. DPOs in Haiti need to be strengthened and funded and given capacity to serve all persons with disabilities.