

Violence against women with a disability



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Persephone npo
Association of women with a disability or
a chronic and disabling disease

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Preface

Violence against women with a disability is not an easy subject. There is a taboo; people like to pretend it doesn't exist. Especially *sexual* abuse is kept mum. Women with a handicap are after all considered as asexual persons, not attractive and therefore they cannot be victims of sexual assaults. As if sexual assault is due to being attractive or not! Isn't it mainly an abuse of power?! The negation of these and also other abuses of power is also due to two though prejudices:

« Someone who has a heavy spastic paralysis and/or has difficulty in speaking, is likely to be mentally handicapped. So such a person does not really understand what is happening! » One has to insist once more: the intellectual powers and the co-ordination of movements are two different regions in the brain, like a city having different districts.

« All these social helpers are really kind people. » In fact they are like anyone else, *people*. Yes, they are kind. When their motivation is really sincere and concerned. But not when it is – probably subconsciously – based on frustration: « I very often feel so powerless! But ... each time I help these persons, *I am* the powerful! Ha, ha! ». It is crystal clear that in this permanent feeling of frustration lies the great danger of abuse of power.

Who is looking for an easy victim, finds it amidst women with a disability; this is even more true, when she is not able to defend herself and cannot go to the police.

It would be wonderful if violence against women with a disability did not exist. But, alas, it does exist! At our organization, Persephone, different cases have been registered: ill-treatment by the partner - with a physical handicap as result - ill-treatment by relatives, sexual abuse at the protected workplace, ...

Investigations about violence against women in general ascertain that only 20% of violence cases have been revealed. As to women with a disability no official figures are available. But assuming that these women are easier victims than their normal colleagues and have more difficulties in outing their complaints, we can be sure that these cases known to us are only the summit of the iceberg.

This document is meant to bring the problem into the open. When there is a problem, solutions have to be found. This document also provides a summary of what has already been realized in terms of research, prevention and specific assistance. This is very useful for women with a disability, too. In part I and II we will talk about our initiatives, part III is about the European Conference on violence against women with a handicap held in 2001, in which we took part. In appendix B you will find some references to studies and statistics. These researches have been very restricted so far. As these problems have been neglected, systematic and extended research has never been performed. Neither has there been a well thought-through government plan for women with a handicap concerning the present prevention and help to victims.

This publication wants to open your eyes and break-through the taboo which still exists. It wants to give a voice to the many women with a disability who were victims of violence and to those who risk to be the next victims.

It is not at all our purpose to cause panic. We put our finger on the sore spot because only the appropriate measures can be worked out if everyone has the right understanding of these problems. Ostrich policy is only profitable to the offenders. We want to encourage universities, politicians and fieldworkers to take these problems to heart. This on behalf of the many women with a disability who are part of our community.

Let us change the still growing violence into respect.

Antwerp,
December 2001

If, after having read this publication, you still have questions, suggestions or comments, please feel free to contact us. You will find our contact details in appendix A. Appendix E provides you additional information about our association.

Preface to the second edition

During the last six years we have not been sitting around doing nothing. To start with, we sent this brochure to the Flemish universities and to the ministers, who - according to us - should have thought for these problems. We first sent it to the Flemish government and the Dutch speaking ministers of the federal government. As soon as the French version was ready, the other ministers got also our brochure in their letterbox. An English version was prepared and sent to DPI (Disabled People's International), EWL (European Women's Lobby), WAVE (Women Against Violence Europe) and Equality Now. In 2002 we paid a visit with this brochure to Mieke Vogels. Since 2003 we have our seat in the study group "Over grenzen" ("Beyond the limits") which worked out a protocol around prevention of unacceptable behaviour in institutions. During the last years we published articles around violence against women with a disability in various periodicals. In 2006 we conducted a new survey on the accessibility of women's refuge centres and reception centres. And now we are still building the roadside. We owe this to ourselves, because we are still the only association for women with a disability in Belgium. Again we will send this brochure to all competent ministers. In addition, we organize again assertiveness and self-defence courses.

Do our efforts have results? Pessimists say that violence is increasing. The victims with a handicap remain silent. If they do speak, their story regularly ends with "... and nobody believes me". The offenders are indeed silent too. The others still like to believe that the problem does not exist. The fact that Refleks, the organization where self-defense courses were given for years, had to stop its activities end of 2002 due to a lack of subsidies, illustrates this strikingly. The pessimists are right: nothing changed fundamentally.

Nevertheless something is moving. We now have sufficient material to enlarge our originally 25 pages counting brochure with much more content. Part II could be completed with 'Small steps in the right direction'. Part IV and V are completely new. One bundles some valuable initiatives in Flanders, the other one is the report of the European conference on violence against women with a disability, in which we participated in December 2007. Appendix A and B have considerably been extended. We have devoted an appendix to the UN-Treaty, the Convention on the Rights of Persons with Disabilities passed on 13th December 2006, in which the attention to the specific situation of women is not missing.

While there is life there is hope. We hope that in some years we can again update our brochure and that we can conclude at that very moment that the steps taken in the right direction are significantly more important.

Antwerp,
May 2008

Part I “Women with disabilities do not accept violence!”

Report of the panel discussion

Held on November 11th 2001, in the light of the Women's Day with the topic “Women and Health”

Panel members:

Tonia In den Kleef, Member of the Board of Persephone npo: Moderator

An Sterkens, Co-Founder of the women's refuge center in Antwerp and voluntary therapist at Pandora npo

Ann Van den Buys, Founder and Chairwomen of Persephone npo

Wendy Verhaegen, substitute to the King's Attorney at the court of Justice in Antwerp

Outline of the problem

Ann Van den Buys

Violence against women with a disability is not an easy topic. There is a taboo, one likes to believe it does not exist. But - alas it is really there. At Persephone, different cases are being reported. Herewith an anonymous statement:

« As a child I dreamt of riding a horse. I inherited this dream from my mother. But I had one big problem: I have a physical handicap. When I was twelve I thought I was very lucky because we found a horse riding school in Burcht. But what was supposed to become an experience, turned into a nightmare.

After an introductory tour at the riding school where I saw other handicapped people on horses, I went for a ride myself. Wow, fantastic!

My guide, the riding-school owner, held me firmly. Too firmly! While I held the horse with my hands, I felt his hands along my body. Later on I felt his hands at places where they were not supposed to be at all. When I tried to push him away, he told me it was a part of the therapy. I could not do anything. Just wait. Wait till the lesson was over. At first I could not tell my mother what happened. At the cafeteria the owner of the riding-school stood near me all the time. I wanted to tell my mother but could not as he was nearby. I was scared to death of him. Only when we were in the car, on the way home, I told my mother everything.

I never went back again. But he pursued me. He phoned me and I could not forget what he did to me. When I heard that I was not the only one who had experienced this situation, I filed a complaint at the court in Burcht. I was the only victim who was able to do so. The vicious man always chose the weakest of the group but was really mistaken with me. He thought I was mentally handicapped, as I have difficulty speaking. »

Women with a physical or mental handicap are more fragile than normal women, and therefore more often victims. Speaking of violence, I don't think in the first instance about robbing of purses, which can be avoided by not taking them, but more specifically about «violence at home»: ill-treatment and sexual abuse. This hidden form of violence takes place very often. The perpetrator being a well-known person, nobody can deny that, but it happens also by sexual abuse. It really is a misunderstanding that you can avoid danger by avoiding dark little streets and quiet places. 80 to 95% of the culprits are acquaintances. People who are normally to be trusted: fathers, uncles, social workers, therapists, a colleague, ... In short: people you meet everyday. Maybe, you are just like me, shocked by this percentage. An investigation by the university of Michigan in the USA showed even more terrifying figures: 44% of the women staying in institutions are victims of sexual abuse. Half of them more than once! Eight years ago New York started with a prevention program and a program against ill-treatment of physical handicapped children up to 18 years. At that moment it was stated that no less than 83% of the handicapped girls was sexually abused, against 33,3% of the normal girls. Luckily the USA are not Belgium, but here also the figures are alarming: in the Netherlands, Nel Draijer came to the conclusion after investigation that among the entire Dutch population 1 out of 6/7 girls are being abused before their 16th birthday by one of their relatives. Specific figures of women and girls with a handicap are missing. What we know for sure is, that the number of victims is certainly more important than 1 out of 6 or 7.

I mentioned before that a handicap provokes a greater vulnerability. The figures from New York certainly prove that. I will go deeper into this, as this greater vulnerability has different causes.

Firstly – and this is applicable to people who were handicapped from birth – we are very often overprotected. We never – or very late – learned to say «no». We are expected to be docile and say thank you. Children, but also many adults, do not always recognize dangerous situations and therefore they cannot react appropriately.

They don't resist or too late, are ashamed about the violence they were confronted with and feel guilty as they could not defend themselves.

A second cause is helplessness. Very often the helper has to touch physically, which can be disliked but is really necessary. We have learned to endure things and sometimes we feel too late that some people take advantage of the opportunity. There is nothing to it, for example, to make things hard for someone who needs help to wash or dress himself. It is very easy for a social worker to threaten: «You shut up! Or I won't help you anymore! »

Thirdly, feeling isolated plays a part: many of us cannot leave their home without help, or the inaccessible public transport makes it impossible for them to go to the police with their complaint. Not only public transport is rarely accessible, but also most police offices and court buildings are inaccessible for them. The accessibility of complaints desks, refuge centres and doctors practices also leaves a lot to be desired. If in the hall there are accessibility-workers: this is a warm appeal for co-ordination! And there is not only the physical inaccessibility! Try to explain what has been done to you, when you have difficulty in expressing yourself!

Fourthly, people who are involved in victim assistance, police and lawyers are not used to communicate with people with a handicap. That scares them a bit and they feel unsure and prejudiced. Most of the time they cannot believe the complaints concerning *sexual* abuse. Women with a handicap are after all considered as asexual persons, not attractive and therefore they cannot be victims of sexual assaults. And is someone who has a heavy spastic paralysis and/or has difficulty in speaking, not likely to be mentally handicapped?

All these obstacles make it very difficult for the victims to report the abuse. This leads to a vicious circle: *because* there are so little complaints, the problem is not getting solved. Concerning aid to victims no attention is been given to people with a handicap, which makes the perpetrators continue without being punished.

So I have no choice than to finish my preface with an urgent appeal to the victims with a handicap: please don't stay silent. You do not help only yourselves, but also all the others.

Ill-treatment of women: who is disabled?

An Sterkens

To start with, I want to clear up some misunderstandings about ill-treatment.

1. Ill-treatment is more than that single slap out of feeling powerless, sadness or anger. This is the way ill-treatment is often understood, but that's not right. Ill-treatment of women is growing out of an increasing power imbalance. This imbalance provokes mental, physical and sexual violence, which finally escalates.
2. Ill-treatment happens everywhere. In all population ranks, in all social classes, in all countries. I have also been victim of ill-treatment, even having a social assistant certificate. To make it clear, I use crutches not due to ill-treatment, but as a result of a wrong surgery.
3. Ill-treated women are not weak. Someone who survives what happened to him/her, is strong as a lion. Victims do not need to go to a psychiatric ward. It is a fact that the victims, especially children, *become* psychologically handicapped, *as a result* of ill-treatment. The everlasting violence destroys their basic confidence and gives way to a very negative self-image. That makes it very difficult for them to build up a well balanced relationship. Afterwards they are just getting from one violent relationship into another.

Of course the key question is: what are the profound causes of power imbalance? As I mentioned before, it is clear that the experiences during youth of perpetrators and victims have a great impact on this situation. But that's not all. The social and cultural context plays at least an even important part. We all know that up till now men have more opportunities to take decisions than women, not only in socio-economic matters, but often also individually. All this is a deep-rooted disequilibrium. Women's opinions are still less important than men's. Jobs in which decision making is involved are still mostly taken by men. There is still a great job to be done for equal opportunities management! Although in many families there is a real balance in power, it still happens too often that men consider themselves as being the head of the family and women still think, due to their education, that the ideal housewife must fulfil her husband's wishes. Her children are brought up with the same vision ... and so this imbalance goes on and on!

This socio-cultural kind of oppression is considered as structural violence. Structural violence leads to having fewer opportunities on the labour market, lower wages for the same job, fewer chances for promotions, fewer

chances to participate in political solutions, financial dependence. Structural violence not only increases the risk of getting into a violent relationship, it also reduces the chance of escaping from a violent relationship.

Psychological violence is another frequent form of violence. Examples are humiliations, verbal abuse, prolonged criticism, forbidden contact with family, absolute control, damaging personal belongings on purpose, knife threats, threats of murder or mutilation. Being unable to assess if these threats are real or not, provokes constant fear. This kind of violence does not leave any *visible* marks, but in most cases it is far more effective than any other form of ill-treatment. Psychological oppression never really ends. Day by day the perpetrator oppresses his victim. In the long run he completely destroys the self-image of the person. Often this psychological violence starts when the woman has a handicap e.g. *after* a car accident.

Physical violence, such as whipping, kicking, throwing out of bed, trying to strangle, knife wounds, compulsory sexual intercourse, breaking of arms and legs, are the most known forms of ill-treatment, as the results are most of the time clearly visible. Very seldom physical violence is the result of a clear conflict. Mostly a stupid banality provokes it, e.g. the meal being ready too late. Who endures physical violence, also has to face psychological violence. A growing number of women get also a physical handicap as a result of this ill-treatment.

Not only the ill-treated woman, but also the perpetrator keeps silent for a very long period. She, because on the one hand she feels ashamed – she cannot succeed in keeping harmony in her relationship – and on the other hand because he keeps her isolated: he deprives her of keeping contact with friends, family or anyone else. In public, he is very charming, making her believe that he still loves her. They chose each other because they love each other, isn't it? This certainty makes it very difficult to say to the others: « He mistreats me ». The reality is only revealed after a crisis situation. But before she has lived a long period of toleration and extending boundaries. After the first blow she thought maybe: « When he does that again, I leave! », but afterwards he was so sorrowful, so kind ... and she stayed.

What can we do, as a non-profit organization, when a woman comes for help? Aid to victims starts with *believing* the victim. That is the start for coming to terms, the first step to restore the severely damaged basic self-confidence. We already experienced that in 98% of the cases, the story of the woman is *true*! Then we help her to file a complaint. Step by step we restore her positive self-image. The children do also require guidance. They have lost their childhood because they were exposed to violence at home. They developed an exaggerated sense of responsibility. The reactions of their mother were also very difficult to understand: one moment she is scared to death and tells them their father is bad, but when he promises to change and is friendly and correct, he suddenly turns into a good daddy. One day they run away from father, the next day they return home Personally I followed up many women and their children. It is very tough, but it is rewarding. I saw many women get up again, growing away from their humiliation Some of their testimonies were brought together in a book, titled «Om de lieve vrede » («For the sake of peace»). Highly recommended! For more background information, a brochure is available: «Wie zwijgt wordt niet gehoord » (« The silent person is not heard»).

Let me first explain the task of the King's Attorney to use the official appellation. The Attorney works for the community's interests. His substitutes are his helpers. Our task is to investigate if the complaints can lead to the perpetrator's prosecution. If the perpetrator is to be prosecuted, then the trial goes to Court. Otherwise the file only gets registered and dismissed (classified without consequence).

A perpetrator can only be persecuted by the Court when the following 3 conditions are met:

- his deeds are punishable
- his identity is known
- there are sufficient indications that he is guilty.

If one of these conditions is not sufficiently met, the complaint is dismissed.

When the judge decides that the perpetrator is guilty, he can choose four different ways of punishment:

- through mediation: the perpetrator and the victim together, try to find a way for the perpetrator to mend the wrong he did
- an alternative punishment
- a suspended jail sentence
- a jail sentence

Rumours tell that complaints are *mostly* dismissed. I did a little investigation, based on the complaints which were put down in 2000 in the Antwerp 'arrondissement' (district). These were the results:

- The total amount of registered complaints: 78.000
- of which 55.000 were suspended
- main reasons: perpetrator not known and lack of evidence
- main reason for dismissing complaints about domestic violence: lack of evidence

This is very frustrating for the victims of domestic violence, I must admit it. But if there is insufficient evidence, what can we then do? With our system of justice, the guilt of the perpetrator has to be proven before he can be judged. After all, it is fair. Imagine that people can be judged by any complaint, it would be impossible to have fair trials!

Fortunately, I can give some useful tips to victims for the collection of evidence:

- The Court also accepts *indirect* witnesses. These people did not witness the crime, but the victim told them what happened. This is also an appeal, like said in the preface: don't stay alone and silent, come out with it!!!
- The testimony of a psychiatrist is also valid. When he declares that he examined the suspected offender and finds that he is *indeed* capable of committing this alleged offence, this is a valid evidence.
- The same value is given to the testimony of a doctor: when he declares that the wounds *can* be the consequence of violence, it is also a valid evidence.
A supplementary tip of An S.: don't expect your regular doctor to fill in such a statement. Most doctors are afraid to do so. You better choose a doctor who does not know the perpetrator and ask *him* to keep his statement in his surgery. Don't keep it yourself.

Evidence does not have to be irrevocable. The text of law mentions that the judge «must have the feeling » that the complaint «has evident proof» to convict someone. There is no mention that the guilt has to be proven in black and white!

It is also important that the victims know that they have different possibilities when they want to submit a complaint:

- Someone who is not able to go to Court personally, can also fill in a written complaint or ask for help at the Court's Crisis Centre for Victims. Then the police comes to your home.
- The Crisis Centre for Victims helps to fill in the complaint, gives support at any moment of the procedure, gives information and eventually can refer to assistants.
- A person with a mental handicap can ask friends to submit a complaint.

I would like to conclude by mentioning what we have achieved and still achieve with Persephone concerning problems of violence against women with a handicap. We listen carefully to the victims when needed, but – as we also work on sensitiveness and interest defence – we do not stop them. Shortly after our existence we were already confronted with problems concerning violence.

In 1996 we heard the story about a women in a wheelchair who had to be taken urgently to a refuge centre. In the entire province of Antwerp there was not one refuge centre available to lodge a wheelchair user! The women was forced to stay at home. We then started a letter-writing action to all refuge and reception centres in Flanders asking to pay attention to the accessibility of their centres. Some of them informed us immediately that they also had to refuse access to their houses, because they were not equipped to accept wheelchairs. Only one single – you hear it well – one single reception centre informed us that there were no problems accepting wheelchair users.

After five years we wanted to know if the situation had changed. In mid-2001 we wrote again to all refuge and reception centres in Flanders asking them to fill in a little questionnaire. Not only did we like to know if they could already accommodate wheelchair users, but also if they could – eventually with government support – make the necessary improvements to their centres. 24 out of 34 centres (or more than 70%!) filled in our questionnaire! This summary gives the following figures:

Number of letters sent	34
Answers	24
Had already to refuse wheelchair users (several times)	
Yes	10
No, because our house is or is almost accessible	4
No demand	8
Question not answered	2
Modification/New location is	
planned or in execution	5
Impossible without subsidies	12
Not necessary, because our house is accessible, or as good as	4
Question not answered	3

As an illustration: 4 x «our house is accessible or as good as » means that 3 houses can welcome wheelchair users as it should be, and that one house can welcome a wheelchair user with the possible use of a toilet but no possibility of sleeping nor shower.

A remark of a refuge centre that never received an inquiry of wheelchair users: « The fact that we receive so little inquiries is probably due to the fact that it is well known that our houses are not at all accessible. The necessity of accepting victims with a handicap is real. »

We will give these figures to the Minister Mieke Vogels requesting her to impose that the houses are suitable for disabled users, and that the required modifications are also affordable.

We were and are still busy with the prevention of violence. In 1997 we asked Refleks, an organization who gives lessons in assertiveness and self-defence, to make a special program for women with a physical handicap, and they did it! In co-operation with Refleks and KVG, an association which defends the interests of people with a handicap, we organized these lessons twice. When the demand is adequate we intend to organize them again, and eventually also for women with a mental handicap.

In this way – and obviously with this workshop – we hope to be able to contribute our mite in order to eliminate once and for all the problem of violence against women with a disability.

Questions from the audience

1. Can a victim remain anonymous?

Answer by Wendy: No, a witness can remain anonymous, but not a victim. You cannot lodge a complaint anonymously.

2. I once lodged a complaint. How can I know if the accused has been sentenced?

Answer by Wendy: You can ask the file number at the police. With this number you can consult your file immediately at the court house. You have the right to read your file, but you must request it.

3. A mother who decides to leave home with her children for security reasons, better follows a specific procedure. Could you indicate it step by step?

Answer by Wendy:

Step 1: Inform the local police that you leave and that you take the children with you.

Step 2: Take contact with a lawyer (eventually one who wants to give a free performance). The judge will grant you permission to leave home.

Or another step 2: Go to the justice of the peace court. They can issue temporary measures quickly.

4. A girl with a mental handicap that stays in an institution, is molested by a monitor. For her own security it would be the best to move to another institution. But there is a great lack of accommodations for people with a mental handicap. Does she have to remain where she lives?

Answer by Ann VdB: There is a big shortage for accommodation possibilities for people with a mental handicap, that's right. The question is should *the girl* move? Why not the educator, which seems to me a far better solution? Can't he be dismissed?

Answer by Wendy: Indeed. I'll illustrate this with a similar case. Once there was this girl of an ethnic minority that was abused by her teacher. She had told this to various girl friends. Since the evidence from different girl friends perfectly corroborated, the teacher was found guilty and dismissed.

5. The vulnerability of women with a disability was emphasized in the introduction. This is really not promoting positive self-esteem!

Answer by Ann VdB: That's right. On the other hand an informed women is worth two (or three?). A women realizing that she is an easier victim, can be vigilant and take precautions. To impose respect is something you can learn. As I said: we twice organized lessons in assertiveness and self-defence; if the demand is big enough, we will organize them again. Moreover: if it is true that a handicap makes you more vulnerable, it is also true that your handicap gives you advantages. If you have to defend yourself, a wheelchair, a walking stick or a white stick can be an efficient arm! Somebody who is paralysed on the lower limbs, has in general phenomenally more power in her arms. A few well placed knocks with your fists can have a surprising effect! Very often an efficient women will not at all need these weapons. If a perpetrator understands that he will be in trouble himself with the victim, he will back up, and maybe try on another defenseless victim.

Part II File: Inaccessible refuge centres

Problem description

Imagine yourself in a wheelchair, having an urgent need to get help in a refuge centre. That's tough luck, because refuge centres that are able to welcome wheelchair users are very rare indeed. Most likely you won't even find one in your region. So, you have to stay at home.

In 1996 this nightmare became reality for a women in the (Belgian) province of Antwerp. Persephone, just over one year old, heard of her plight and started an immediate letter action to all reception and refuge centres in Flanders. This action showed that the accessibility of these places is in a very pathetic state indeed.

Five years later, halfway 2001, Persephone wondered whether there was any improvement. A new letter action showed that barely a few refuge centres were capable to welcome wheelchair users. This is a problem that can only be solved with government aid.

On Women's Day in 2001, Persephone passed on the file into the hands of Mieke Vogels (Flemish Minister of Welfare, Health and Equal Opportunities). She listened carefully to our grievances and promised to tackle the problems soon. Starting from 2002, we have regularly been following up on the activities of her ministry.

Letter of 1996 to all refuge and reception centres in Flanders

Antwerp, 4th June 1996

Madam, Sir,

Recently it was brought to our attention that a woman was refused access to a refuge centre. The reason for this was, that she is a wheelchair user and, being unable to climb the stairs, the facility could not (regrettably) offer her a "guest room". Isn't this a regretful situation?

As it is not unthinkable that such a situation will repeat itself in the near future, we would like to ask you to make the necessary changes. There is no need to do expensive changes. It would spear for you when public opinion would notice your human approach. Isn't it possible to arrange a room on the ground floor? With washing facilities? With some slopes to allow a wheelchair to pass the thresholds?

This is the only way to break the vicious circle where the disabled do not have access and consequently do not participate in Society, causing lack of interest in providing accessibility.

Yours truly,
On behalf of Persephone

Ann Van den Buys

Letter of 2001 to all refuge and reception centres in Flanders

Antwerp, July 2001

Madam, Sir,

In 1996 we heard the story about a women in a wheelchair who had to be taken urgently to a refuge centre. In our entire Province, not a single refuge centre was found that could welcome a wheelchair user! Consequently, the woman was forced to stay at home.

Letter to Mieke Vogels

Antwerp, 11th November 2001

Dear Minister,

In our first letter action we asked all refuge and reception centres in Flanders whether they could welcome wheelchair users. Only one (!) acknowledged. Is it true that Flanders, with its 6 million inhabitants, only counted one such facility? Our letter was not particularly demanding: we merely suggested some affordable changes.

Now, five years later, we were curious to see if any progress has been made. In addition, we were wondering whether financing would really help renovation. Last summer, we sent an enquiry to all refuge and reception centres in Flanders.

Let the results speak for themselves:

Number of letters sent	34
Answers	24
Had already to refuse wheelchair users (several times)	
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A remark of a refuge centre that never received an inquiry of wheelchair users: « The fact that we receive so little inquiries is probably due to the fact that it is well known that our houses are not at all accessible. The necessity of accepting victims with a handicap is real.

Disabled persons are most certainly more often a victim, compared to the non disabled. There are several reasons for this:

they are dependent on help, which makes them extra vulnerable
they are often kept ignorant and overprotected and as a consequence, only recognize potentially dangerous situations when it is too late
they have more problems filing a complaint
their complaint is often not taken seriously

Conclusion:

Knowing for certain that the disabled are more often victims, and holding the figures above as evidence, we urge you to take the necessary actions for a subsidy scheme in order to improve drastically the accessibility of the refuge centres in Flanders.

We would appreciate to hear of any progress in this matter.

We expect a fast and positive reply and thank you for this in advance.

Yours truly,

Ann Van den Buys
Chairwoman of Persephone npo

Little steps in the right direction

In May 2002 we paid a visit to the cabinet of Mieke Vogels in order to remind her of the promises she made. We also tried to throw some light on the political responsibility concerning the accessibility of the refuge centres. Are they public buildings? In February 2003 (!) we finally received an answer from VIPA (Flemish Infrastructure Fund for Person-related Matters): "Since 2 years we have a budget for instance to support refuge centres in their alterations. It doesn't matter whether a refuge centre is a public building or not. We only subsidize if the accessibility for persons with a disability was improved sufficiently." It goes without saying that this regulation is a step in the right direction. In order to check the effect of this regulation, we introduced in 2006 a new questionnaire to the refuge and reception centres.

Various houses which answered the survey in 2001, did not do that anymore in 2006. The only thing to do is to hope that the 5 houses which wanted to invest in better accessibility, were really able to do that. It is really clear that there are still too many houses – i.e. more than half of them! – which are forced to refuse wheelchair users.

Number of letters sent	42
Answers	20 (*)
Had already to refuse wheelchair users (several times)	
Yes	11
No, because our house is or is almost accessible	3
No demand	5
Question not answered	0
Modification/New location is	
no option	5
planned or in execution (with subsidies)	5
not yet planned	2
Not necessary, because our house is accessible, or as good as	3
Question not answered	4

(*) one house answered that they have another purpose now.

In April 2006 the CTPA (Centre for Accessibility of the Antwerp Province) organized a workshop on environmental planning and accessibility in the municipalities. Persephone was present and stressed again the importance of the accessibility of refuge centres and other crisis reception centres. Different persons present let us know afterwards that they had noted the remarks.

Part III “Handicapped women, victims of violence: what can we do?”

Summary of the European conference

Held on November 16th, 17th and 18th 2001 in Italy within the framework of the Daphne-project

When and where do we find violence?

a) Everyday violence

On the first sight, it seems exaggerated to claim that disabled women are confronted with violence on a daily basis. But if you consider that violence can occur at several levels, you see that it is true.

The first level is visibility. Being visible means being recognized as a person, having the chance to study, to work, raise a family and have social life. Our society does or cannot recognize that disabled women can have a meaningful role in all these domains and therefore tends to exclude them.

Unemployment provokes an increased dependence (on others) and thus facilitates violence. Contracted employees are usually men and this gender gap is increasing! Quota's, positive discrimination and job training can stop this.

A women must be beautiful and charming; when disabled, a women is often considered as a “failure”, a non-sexual being with an impersonal body. What is wrong with abusing such a body? And can such a person raise a family? Hardly, especially since not only her handicap is a problem, but her *environment* is not co-operative either. Mothers with a handicap are a greater rarity than disabled fathers.

Every day, disabled women, just like their male counterparts, must face the insufficient accessibility of public buildings.

When we examine the Equal Opportunity policies, we must conclude that there is practically no attention given to women *with a disability*. In government policies that aim the disabled, *women* are again completely invisible. From the huge amount of political programs which were set up one might conclude that disabled women simply do not exist!

b) Institutional violence

In institutions, homes, sheltered workshops residents' care is usually done in a very paternalistic way. This silences people. This should also be seen as violence. In such an atmosphere sexual abuse is always close. If you are used to the fact that *others* wash and clothe you (without taking the trouble to close the door of your room), that *the others* decide when you get up, eat and go to sleep, that others examine and touch your body “for your own good” without ever asking you permission, sexual abuse is indeed only “a step away” for a social worker.

If you are disabled from childhood, there is a good chance that you never had sexual education. If you then fully understand that what just happened to you is really abuse, who can you talk to? Often, to protect “the good name of the institute” abused inmates are asked to hush it up. Talking to another social worker is a risky business. Suppose he decides to side with his colleagues? We have an urgent need for an independent service dispensing aid for victims.

c) Domestic violence

“You will never get a husband! What man could ever be interested in a disabled woman?”. A disabled women often gets to hear such remarks from her family. At one point or another, she will believe it herself. She will start hating and ignoring her own body. Her family will often deny her the right to sexuality. Even if she succeeds in starting and maintaining a good relationship, parents cling to the non-sexual image of their daughter. “You want birth control pills? Why do *you* need them?!” , is an answer disabled women often get from their mothers.

Living alone with the help of hired assistants is a solution that is slowly paving its way. There are clear advantages: you pick your own assistants and if they don't meet your expectations, you can simply replace them. This way, hired help will get little opportunity to abuse their power. Even so, experience has shown that even in these controlled environments, abuse is possible. Some examples: a female assistant introduced a smoking break

for herself between helping her charge out of the bath and drying her. Another assistant arranged repair works, without ever consulting her disabled boss. It also proves to be difficult to actually fire an assistant. The industrial tribunal tends to believe the explanations offered by the assistant rather than the disabled employer. The cause of all these problems is the inexperience of disabled people in this role of employer. Society does not consider them as an employer either. There is an obvious solution: assertiveness trainings, assertiveness trainings, assertiveness trainings!

d) Breach of privacy

If one cannot wash or dress oneself, there is little hope for privacy on such moments. Social workers are regularly assigned to other charges, have little time, do not take the trouble of shutting the door, etc.

A visit to the gynaecologist means little privacy. Sterilisation and abortion are often forced upon disabled women, in contrast with the experiences of other women: if these women chose sterilisation, doctors often advise against it. Decisions of this magnitude must be taken only after *carefully reviewing the issue* and taking the opinion of the woman herself into account.

e) Statistics

The increasing violence against the disabled made DPI Europe decide to start up its own database. Evidence of discrimination or abuse of the disabled is being collected, both general and individual incidents. The aim is to found an “Amnesty” alike network between the disabled, that will voice their concerns on human rights. The data will be collected in a central database, managed by DAA (Disability Awareness in Action). It is already operational in 5 countries: Finland, Germany, Italy, the Netherlands and Portugal.

We as women must seize this opportunity. Only by publishing concrete evidence we can question current practices and induce changes. We must show our politicians and society itself what life really is for the disabled. Only in this way permanent improvements can be made.

Data on *disabled women* are sorely needed: as well women living in institutions, as well as those living with their families or alone. We must also chart the places where violence occurs: on the street, at home, in the bathroom, at the doctor's or the physiotherapist, on the way to school, in the sheltered workplace, ... It can happen everywhere. Research must be conducted in all European countries. Only this way we have a chance to prove that the problem is universal and must be addressed everywhere.

Legislation on abortion, sterilization and sexual violence

a) Abortion

Most European countries allow pregnancy termination under certain conditions. If the foetus is handicapped, the conditions are much more relaxed. We experience this attitude as a type of violence: a child is denied the right of life simply because it is disabled!

The consequences are dramatic: statistics show that 94% of all parents confronted with the knowledge that their child will be disabled, choose abortion. What images of doom are suggested to these parents?

People who are told that they are expecting a disabled child must get the opportunity to listen on the one hand to parents that have a child with a similar or equal handicap and on the other side to adults with such a disability. We, as women, bearers of life, have the *obligation* to make ourselves heard. A society that only tolerates “perfect” people is doomed to disappear. People with a disability guarantee diversity and creativity of society.

b) Sterilization

DPI's view on sterilization is clear: it may never be enforced upon someone. If the person in question is not capable of understanding the concept of sterilization, this can only be allowed when medical reasons urge to do so and when an official permit has been secured.

Daily experience shows that sterilized women are more frequently victims of sexual violence. She cannot get pregnant, so the abuse cannot come to light!

Italy has no law on sterilization. Other European countries do, but they are not sufficiently precise. Spanish law, for instance, does not make a difference between mental or physical disability.

c) Sexual violence

Legislation is poor on sexual violence against disabled girls and women. German law punishes “sexual violence against persons unable to defend themselves”.

The UK gives women with or without disability exactly the same rights, but in reality things can turn out to be quite different: a judge once stated that only *oral* testimony is valid evidence. Other judges declined complaints of people with a mental handicap because “they do not know what happened anyway”. The Spanish penal code mentions violence against mentally disabled people, but does not so on violence against physically disabled people.

A lot of work has still to be done here!

Prevention and aid to victims

a) Prevention

Some important basic principles are:

- Your body is *yours* alone
- Trust your intuition
- You have the right to receive sexual education
- You must learn the difference between pleasing and offensive physical contact
- Learn to say 'no'
- Once a victim of sexual violence, try to communicate what happened
- Learn to take your own decisions
- Socialize with other disabled women
- Fall in love with life: build up your own project, learn to believe in your *possibilities*, use your perseverance

Prevention includes several aspects. Self-defense is one of them. Defending yourself is much more than kicking and screaming. It is a system that must allow you to effectively stop psychological violence. Therefore mental training is an important part of any good course. But one should start at making the difference between dangerous and non dangerous situations. Also encouraged is the effective use of body language and the voice. Some physical self-defence techniques should wrap it all up. One must learn what one can *really* do, whilst still taking the physical limitations into account. Fear must be replaced by self-confidence!

We must increase the offer of assertiveness and self-defence trainings, that are adapted to the disabilities and the specific life situations of the participants.

Learning from companions in adversity can be crucial in preventing violence. Disabled people that nevertheless manage to get themselves respected can be an inspirational example to similarly disabled women. People need examples! Disabled women therefore have a lot to gain from support of other disabled women, across borders of nationality and culture. It's just ... that they should be able to contact each other. Hence the importance of creating and maintaining regional and international networks.

b) Aid for victims

There is no organized, specific support for disabled women. Theoretically all existing initiatives are of course open to all, including disabled women, but in reality, this proves to be much more difficult. Accessibility leaves much to be desired.

What can you do if you assume that someone has been victim of sexual violence?

- Stay calm.
- Note down the reasons of your suspicion.
- Try to convince the suspected victim to talk about it with a trusted person. Make sure the environment in which this will take place is safe and transparent.

- Make sure to analyze the consequences of filing a complaint, especially if and when the victim will remain dependent on the perpetrator of the crime.
- Ascertain the need of a therapist to alleviate the stress and trauma.
- If this is the case, help to find one. It is not easy to find a therapist with accessible premises. Therapists are often inexperienced in dealing with disabled persons.

International documents: handy tools at lobbying

a) UN documents

Inquire at your local government to get the complete text of these documents. The ministries that carry the responsibility of these subjects should also be able to tell you what documents have been adopted by your government and what laws and measures have been taken to implement those words. If you find the measures lacking effectiveness, you can ask your government to do better.

To us, disabled women, the following documents are useful:

- The Universal Declaration of Human Rights (1948)
Although disabled people are not explicitly mentioned here, this Declaration is still a basic instrument. It does state that these rights are for *all* people.
- The Convention on the Elimination of All Forms of Discrimination against Women (1979)
Once again, disabled women are not mentioned as such, but as this convention is valid for all women, it is also valid for us.
- The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993)
Same comment: not a word about women with a disability, but still useful.
- The Fourth Women's World Conference in Beijing (1995) and the follow-up Conference in New York (2000)
Disabled women were well represented at these conferences and ... it shows in the results! There is, for instance, the chapter on violence against women which clearly bears the marks of it. This success is just the beginning, as too often we are still not on the political agendas!

b) Documents of international organisations for the disabled

These contain a lot of suggestions for the European and national governments. They also delineate the rights and responsibilities of the disabled.

- Resolution of the first European Conference on Self supported Living for Disabled Women (DPI – European Womens' Committee 1996)
- European Manifesto of Disabled Women (European Disability Forum 1997)
- Viewpoint of Disabled People on bio-ethics and Human Rights (DPI Europe 2000)

Part IV “And the farmer, he continued to plough ...”

Some valuable initiatives in Flanders and Brussels

Prevention and (service dispensing) aid for victims in institutions, subsidized by the Flemish Agency for Persons with a Disability (Vlaams Agentschap voor Personen met een Handicap)

In 2005 and 2006 the Flemish Agency – it was then called Flemish Fund for Social Integration for Disabled People (Vlaams Fonds voor Sociale Integratie van Personen met een Handicap) – organized two workshops called ‘Beyond the limits’ (‘Over grenzen’) around prevention of domestic violence in institutions. The request for prevention actually comes from the EU, requesting her member states to investigate and to work out measures to prevent abuse, exploitation, neglect and psychological oppression, especially crimes committed by confidential advisors. The Flemish Fund set up a study group, of which Persephone was a member since 2003. The homework of the study group is finished since March 2006. Institutions only get subsidies if they have a prevention plan. To put such a plan down on paper is of course not sufficient. Institutions should also work on inspiration, communication, sexual education, assertiveness training, recognition and elimination of risk situations, handling suspicions, protection of victims and suspects, etc. The Flemish Agency puts a training package at the disposal, provides legal information, gives hints around communication and risk analysis. Institutions can always purchase the CD-ROM ‘Beyond the limits’ (‘Over grenzen’), which contains all this information. Flanders' initiative is an example for Europe. It is good to know that we, Persephone, took part in the whole process.

IDEWE vzw (Externe Dienst voor Preventie en Bescherming op het Werk), an External Service for Prevention and Protection at Work, afterwards elaborated an instrument for registering undesired, unacceptable behaviour with disabled persons by order of the Flemish Agency for Disabled People. It goes without saying that registration and reporting are no objectives in themselves. The focus should be on preventing undesired unacceptable behaviour against disabled persons. Research was finished in March 2008. The assignment was divided into three large fields:

- develop a registration instrument supported by the sector and the users
- test the instrument and analyze the obtained data
- formulate a proposal for the development of a complaints registration centre

The report is stated in appendix B.

PAB and PLB

We wrote in 2002 in Part III about the PAB (Personal Assistance Budget): ‘Living alone with the help of hired assistants is a solution that is slowly paving its way.’ At present there are already 1.396 PAB-budget holders. The Flemish government still has insufficient money to grant all PAB-applicants a budget. From the last VAPH health care report it appears that 4.250 persons are still on the waiting list. In the first months of 2008 a large assignment round has not yet taken place. A restricted amount of persons was assigned a PAB according to the emergency procedure. The Flemish government needs to keep its promise to eliminate the waiting list.

During the last months the Person linked Budget (PLB) (Persoonsgebonden budget (PGB)) was really topical matter. This budget gives disabled persons maximum autonomy. It is the final implementation of direct financing: the budget holder receives himself the money necessary to organize the care/support needed and the purchase of aids. The PLB-decree distinguishes 3 kinds of budgets:

- PLB: Budget for the purchase of care in the existing Flemish Agency facilities.
- PAB: Personal Assistance Budget. Assistants you hire yourself can help you in the various aspects of life: at home, during leisure time, at work, at school.
- IMA: Budget for buying aids (Individual Material Assistance)

The PLB-decree was already voted end 2001. Actually only the PAB exists. You can already apply for a PLB. Your application will then be registered, but not yet processed because no PLB-budgets are available right now. However Minister Vanackere announced that he will start a PLB-experiment. The experiment starts on 1st September and runs for 2 years. In 2008 he will allocate 4 million euros for it. For the moment 200 persons are addressed a letter inviting them to participate in this experiment.

Budget holders associations support disabled persons to start an inquiry and to work with PAB or PLB. They also organize meetings where budget holders can mutually exchange experience.

Advisory Committee on Equal Opportunities of the Belgian Senate

During the next months the Advisory Committee on Equal Opportunities of the Belgian Senate will devote time to the discussion of the situation of disabled women in our society. We will surely participate in this debate and one of the issues we will put on the agenda is domestic violence.

Our incentives for scientific research

We sent the first edition of this brochure to all Flemish universities asking to stimulate students to do further research. The (meanwhile closed) Women studies department of the University of Antwerp, informed us that they do not have time for this. Fortunately two remedial education students in Brussels accepted the offer. Their thesis is mentioned in Appendix B. In 2006 the Women studies department at the University ULB decided to investigate the situation of disabled women. So far this resulted in a special number of 'Chronique féministe' (feminist chronicle) – also mentioned in Appendix B – and a workshop. The theme of violence was examined. We received no reaction from other universities.

For the rest our inquiry for global figures, containing all types of disability and all forms of living, seemed to fall on deaf ears, till we discovered in 2006 that the Flemish universities had set up the so called 'Wetenschapswinkel' (scientific shop). The 'Wetenschapswinkel' renders academic knowledge accessible to non profit organizations. They are not doing research themselves but they help to translate a question into a scientific inquiry and mediate between the organization and the researcher. Research is mainly done by students within the framework of their thesis. The students are guided by experienced researchers. Every regional 'Wetenschapswinkel' within its own institution searches for experts and students who can answer the question. In November 2007 we again launched our inquiry for scientific research using this way. We pointed out that the co-operation with KVG was a possibility in order to eventually get a spot check from the membership file (they have 25.000 members) aiming to spread for example a questionnaire. The universities of Antwerp, Brussels and Ghent informed us that they will submit our inquiry to their students.

Other initiatives of Persephone npo

In spring 2008 we organized ourselves some day classes in Kessel-Lo (Leuven):

- in co-operation with VMG an assertiveness training on 19th April 2008
- in co-operation with Garance on 17th and 18th May, self-defence techniques, especially for women with a physical disability and for women with a sensory handicap.

In 1997 we organized for the first time day courses. At that time we aimed for a maximum of 12 female participants. The number of enrolments was so high that we extended to 15 female participants, but more was really not feasible for the female teachers. Out of necessity three people were put on a waiting list. In 1998 we organized again this course. We barely got the minimum number of female participants. Now, 10 years later, we do not even reach the minimum for our course assertiveness and therefore we had to put up one 'mixed' group on May 18th with barely the minimum amount of female participants. How is it possible? Can we conclude from this that there is no need anymore? If only it was true, we could celebrate instead of organizing workshops! In 1997, in full 'post-Dutroux-period', domestic violence was debatable. A year later this was no longer true. The memory of our society is a short-term memory... Now this subject still remains a taboo. It is also striking that all women signing up for our workshops have already been in a dangerous situation, often with dramatic consequences. In the workshop they discover how they can improve their defence. However such a course is useful to all women. The person who never was in an awkward situation, probably thinks: 'It will never happen to me'. Let's hope! But if you are ever in danger, you should better be prepared. Some simple basic techniques can prevent the worse. Prevention is still better – and a lot cheaper – than cure...

We are always open to listen to women with a disability who are victims of domestic violence. We take time for them and believe them. We know, often from our own experience, how much courage it takes to break the silence. We also know how relieving this step is. However we must state that these women do only contact us once. One cry of distress, followed by: 'You won't make a fuss about my story, won't you?'. Afterwards they are gone in the suffocating silence. Do we shout personal stories from the rooftops? Our non-profit organization is not only bound by the privacy legislation, but also by our regulations. The following extract explains our way of working:

2.1. Being a women and having a disability is a specific situation through which many themes get a special focus. The association wants to offer the chance to women with a disability or a chronic and disabling disease to join their forces, so that they come outside with an individual face.

2.2. In order to elaborate this individual focus sufficiently, the meetings are principally only open to women with a handicap or a chronic and disabling disease. This closed character also guarantees a bit of safety, for instance if you work around violence against women.

2.3. Obviously the privacy of each participant is respected. This means that personal stories remain within the group. In the framework of a project they may exceptionally be brought outside, but this happens in all respects in total anonymity and with the explicit agreement of the person in question.

2.4. This explicit agreement must not prevent the defence of interest and the sensitization. The positions strongly win credibility when they are illustrated by examples; in media contacts and with policymakers it is not always possible to ask for agreement beforehand. Indeed examples contain no single reference to the identity of the person in question. They are informed when and where an element of their personal story will appear in the media.

In case we were enjoined to silence by a woman, we will not use elements of her story. We repeat once again our slogan: 'Please break your silence. You don't help only yourself, but also all the others.' Appropriate measures can only be worked out if everyone has the same understanding of these problems. Ostrich policy is only profitable to the offenders.

We have to add another call. Irene Zeilinger of Garance npo is instructed to train feasible physical self-defence techniques to disabled women. In our country, and especially in Flanders, there are still too little such female teachers. We would like to ask all female teachers of self-defence techniques to fill in this gap. In the Netherlands there already exists a schooling as teacher in assertiveness and self-defence for people with a (mental, sensory, physical) disability and people with a chronic disease. For more information you can contact BWZ (beroepsvereniging voor docenten weerbaarheid en zelfverdediging), the professional association for teachers in assertiveness and self-defence.

We can organize discussion afternoons on this subject. Organizations or schools can also ask for a lecture.

Part V “Violence in health institutions”

Summary of the European conference

Held on November 14th, 15th and 16th 2007 in Italy within the framework of the Daphne-project

Problem description

This project named “Lighthouse”, studies the situation of women needing medical care in addition to their handicap. It seems that the medical staff does absolutely not know how to cope with that handicap, which has dramatic consequences. A woman who was called on for a breast cancer screening, could not enter the building with her wheelchair. So, no screening. A woman who could not wash herself, was not washed because the persons in charge did not have the time for it. The doctor did not address himself to the patient but to her assistant. A urine catheter was not removed after 2 days because the wheelchair bound person, who underwent a gynaecological operation, should have been put on the bedpan and the nurses did not have time for it.

These examples clearly show where the shoe pinches: people have to know their rights, medical staff needs to be better educated, the government has to take its responsibility... The first step is of course on the one hand to chart the problems and on the other hand to collect good examples. Finally this project will generate directives on a European level.

Medical staff is mainly female. Female politicians are most sensitive to these problems. The central question is thus: which women networks can make a contribution to prevent such situations?

It's also worthwhile to consider a purely material question: which equipment should health institutions have at their disposal? Material which is standard in one member state, is often not yet available in poorer European member states. And let us be honest: here also, there is still a lot open to improvement.

Networking with patients' associations

Disabled people must realize that they have the right to receive high-quality care and that they can lodge a complaint in case a right has been violated. It seems useful to us to create together with patients' and disabled people's associations an information point that helps citizens to understand their rights and to obtain legal advice whenever possible. The existence of this information point can be advertised in information campaigns (on advertising panels, in newspapers, on the radio, through brochures ...). In hospitals clear information, accessible to everybody, should be available about this service. The information point should also employ disabled people.

Networking with the female medical staff and their professional associations

Starting point: disabled women and the female medical staff need *each other*. These networks have a triple aim:

- to create good examples for strengthening and changing
- to transmit information on the one hand to families, other disabled persons and on the other hand to staff members
- to give advise and training

Networking to organize training

Training is important and should focus on the special needs of persons with a disability. It should be compulsory for doctors, male and female nurses and the medical staff. Disabled persons need to be involved in this as advisers. A control service should guarantee the quality of the training and of the work in hospitals. Persons with a disability should be part of this service.

Networking with female politicians

The UN-Convention on the Rights of Persons with Disabilities (see appendix D) is the right instrument to approach politicians. Women live in various circumstances in different countries, but one aspect is the same everywhere: handicapped women are often neglected, both in the feminist movement and in movements of persons with a disability. It rarely happens that women with a disability get a responsible function. This double discrimination is not recognized. From this point of view the world of movements does not differ from the

political world. Women with a disability must change this situation themselves, both in the feminist movement and national and local politics.

Networking with women living in institutions

They should receive training and information. Institutions should become small-scaled. Living alone with the help of hired assistants is a fundamental human right. Associations of disabled persons must continue to lobby government so that finally all people wishing to live independently really can live this way.

Networking around topics like principle of life and end of life

Women expecting a problem child should choose freely if they do want to interrupt pregnancy or not. The free choice is hindered in several ways. Doctors often give insufficient information and emphasize the problem aspects. Moreover pregnancy may also be interrupted after more than three months if the health of the mother is in danger. We must prevent this law from being applied systematically if the foetus has a handicap. When the results of an prenatal examination are discussed, also disabled persons and/or parents of a disabled child should be present so that the chances and the possibilities can also be elucidated. The expectant mother can then make a more founded choice. Concerning this point of view it is important to find supporters within the feminist movement. This movement has already too often pushed through its vision.

Pressure is often put on persons with a disability in order to choose for euthanasia. In every situation the person concerned has the right to receive correct information and should have the possibility and freedom to choose.

Between the beginning and the end is today. The quality of daily life must be good in all vital aspects, also for women with a disability.

Networking collecting data about violence against women in health institutions

The problem consists in the fact that women do not tell the truth in questionnaires, nor do they lodge a complaint, either because they do not realize when their rights are violated or because they are afraid of the consequences. So the first step is that they should know their rights, especially articles 6 and 25 of the UN-Convention on the Rights of Persons with Disabilities.

The right to start a family deserves particular attention. Doctors often discourage disabled women in that point. Women who want to fill the part as mother, need to be supported by associations of disabled people. Associations of disabled women should absolutely support them.

Centers for aid to victims and authorities treating complaints around discrimination, could also add complaints concerning health institutions. In Croatia a helpline exists especially for women with a disability being victims of domestic violence or of discrimination at work, etc.. So far, they did not get one single complaint about violence in health institutions probably because the victims do not know their rights.

In protocols and questionnaires, figuring out the quality of services in health institutions, specific questions and procedures should be included for women with a disability. Lawyers, ombudsmen and -women specialized in patients' rights should be informed about the rights of disabled women and the various forms of violence.

Organizations of disabled persons can set up focus groups in order to trace violence against disabled women. Their delegates can go to hospitals and according to the seriousness of the situation talk to the management, lodge a formal complaint and possibly call in the media.

Once a year the above mentioned organizations, services and institutions should publish statistics, which could serve as a basis for research and policy measures. It is also important that disabled people learn how to collect data. Organizations of disabled persons can draw up national surveys. The media can launch an appeal to make people participate in these inquiries. Meanwhile good examples can also be gathered and spread everywhere. By means of internet and newspapers an international forum can be created, where both infringements and good examples can be found. Violence against disabled women has to be mentioned more often in the media and must be seen from a human rights' perspective. Special TV-programmes about and with persons with a disability should also start from that point of view.

Networking creating empowerment processes

Empowerment is to strengthen a person in her/his skills, so that she/he can more easily stand for her/his rights and fight the social mechanisms of discrimination and exploitation.

In an empowerment process the acceptance of the own disability plays a great part. This is a growth process where emotions, imagination, feelings and thoughts about social inequality get their place. The starting point is the bio-psycho-social model of a disability where the protection of the human rights of disabled people is at the centre. So social models including disabled people can be developed.

Empowerment is not an individual process. It starts in the family of the handicapped person, but also the school, the health services and the social movement play a part. It is important that in this field a network is created in which questions concerning gender and handicap are studied thoroughly. In this context we need multidisciplinary actions where each one of us can take her/his responsibility in her/his specific domain. Taking responsibility means to make choices which have consequences for ourselves and for the others. This skill has to recognize the diversity of all people, with and without disabilities. Each human being can contribute in a valuable way to the feeling of solidarity in society and to the general, human, social and economic well-being of the entire community.

Which training do girls need in order to guarantee their future rights?

Parents must understand and protect the rights of their disabled child.

There should be sufficient support in schools for people with a handicap. Transport to and from school needs to be arranged by the government. The school should include the UN-Convention on the Rights of Persons with Disabilities in their lessons.

During the training of teachers sufficient attention should be paid to the rights and needs of disabled children. Summer courses for pedagogy students and professors offer a good supplement.

Here also the spreading of good examples is certainly of great benefit. Both parents and teachers must get information from countries which have more experience on this field.

Which equipment should health institutions have?

It goes without saying that an accessible and patient friendly environment is a must. Concretely we think of the following points:

- accessible entries, elevators, toilets and rooms
- adjustable beds and bed steps and decubitus ulcer mattresses
- alarm systems at a good height or with remote control
- accessible information, which means understandable to persons with an auditory, visual or mental handicap
- adapted instruments in gynaecology, mammography and in the maternity ward
- sufficient help for disabled mothers
- scales for wheelchair users

Specific problems need teamwork. If a tetraplegic woman has to deliver for example, the gynaecologist has to call in a physiotherapist who has a lot of experience in treating this pathology.

The money for buying material should come from the government. What is useful and necessary for disabled persons is also useful and necessary for seniors. If specific instruments must be bought for people with a disability, then these handicapped people should be involved in the purchase. On the basis of article 25 of the UN-Convention on the Rights of Persons with Disabilities, a list of specific needs in the health sector can be drawn up.

In this case mass media can also spread good examples.

Conclusion

It is imperative that disabled women who are victims of domestic violence break through their silence. By doing so they do not only help themselves, but also give others the strength to go public with their story.

The subsidy regulation promoting the accessibility of refuge centres, is a step in the right direction, but in fact it is too permissive. If refuge centres do not submit an inquiry, nothing happens.

Universities have understood that disabled women are in a specific situation, which requires specific research. Insight exists, action not yet. Universities should start research on a large scale so that everybody gets the right picture of the issues.

On a large scale means that:

- All types of handicaps must be part of the research population: mental, motor disabled, psychological, auditory, visual, ...
- All forms of living must be part of the research population: institution, family, independent, small-scale community, ...

In order to get a correct presentation, the following points should be registered:

- Which form of violence did occur?
- Where did violence took place?
- What is the relation with the perpetrator: ADL-assistant (ADL=activities of daily life), therapist, fellow occupant, teacher, parent, partner, ...?
- The reason why the victim did not file an action?
- If, however, the victim filed an action, what did happen with the complaint?

Perhaps research must be done in different phases, since it has both a legal and relational aspect.

Both people being active in aid to victims and people who are (will be) working in the health sector, need to receive training around the aspect handicap.

Disabled people and certainly women need to learn their rights. The offer of empowerment and self-defence training adapted to the handicap and the circumstances of life of the participants, needs to be enlarged significantly. More attention should be paid to the prevention of violence.

In the laws concerning abortion, sterilization and domestic violence the aspect handicap has not or incorrectly been incorporated. A lot of work still needs to be done here!

Women with disabilities play a supporting part for:

- other disabled women
- parents with a disabled child
- people who are put off by imperfections
- people who are working in the health sector in general and especially for people active in the aid to victims
- politicians

Appendix A Useful addresses

Budgethoudersvereniging Onafhankelijk Leven-BUDIV (association dealing with personal assistant budgets[PAB])
Kerkstraat 108 9050 Gentbrugge
E-mail: info@bol-online.be

BWZ (beroepsvereniging voor docenten weerbaarheid en zelfverdediging) (professional association for teachers in assertiveness and self-defence)
Hulkestein 27 NL-7339aw Ugchelen
E-mail: info@bwz.nu

Centrum voor Gelijkheid van Kansen en voor Racismebestrijding (Centre for Equal Opportunities and Opposition to Racism)
Koningsstraat 138 1000 Brussels
E-mail: isabelle.demeester@cntr.be

Chronisch zieken en Gehandicapten Raad Nederland (Dutch Council of chronic patients and disabled persons)
PO Box 169 NL-3500 AD Utrecht
E-mail: bureau@cg-raad.nl

DPI-EUC (Disabled People's International – European Union Committee)
11 Belgrave Road UK-London SW1V 1RB
E-mail: dpieurope@compuserve.com
Internet <http://www.dpieurope.org>

ENPM (European Network of Profeminist Men)
Internet <http://www.europrofem.org/>

EWL (European Women's Lobby)
Hydraulische straat 18 1210 Brussels
E-mail: ewl@womenlobby.org

Garance vzw / npo
PO Box 40 Brussels 3 1030 Brussels
E-mail: info@garance.be

GRIP vzw (Gelijke Rechten voor Iedere Persoon met een handicap) (Equal rights to each disabled person)
Koningsstraat 136 1000 Brussels
E-mail: info@gripvzw.be

IDEWE (interbedrijfsgeneeskundige dienst voor werkgevers) (External Service for Prevention and Protection at Work)
Interleuvenlaan 58 3001 Leuven
E-mail: info@idewe.be

KVG vzw / npo (Katholieke Vereniging Gehandicapten) (Catholic Association of Disabled People)
Arthur Goemaerelei 66 2018 Antwerp
E-mail: post@kvg.be

Pandora Ekeren – Een huis in de rij vzw / npo
Groot Hagelkruis 8 2180 Ekeren
E-mail: hirpandora@pi.be
phone: 03/542.07.93 (from Monday to Thursday 10 a.m. – 4 p.m.; on Thursday also from 7 p.m. – 9 p.m.; Friday 10 a.m. – 1 p.m.)

Persephone vzw / npo
c/o Ann Van den Buys
Solvijnsstraat 30 2018 Antwerp

E-mail: persephone_vzw@hotmail.com

Project Violence against Lesbian Women. (project within the European Daphne-project).

Lesbian Information and Counseling center

Alte Gasse 38B D-60313 Frankfurt

Phone +49/69.21.99.97.31 Fax +49/69.31.99.97.32

E-mail Daphne@libs.w4w.net www.lesben-gegen-gewalt.de www.lesbians-against-violence.com

Raad van de Gelijke Kansen voor Mannen en Vrouwen (Council of Equal Chances for Men and Women)

Ernest Blerotstraat 1 1070 Brussels

E-mail: veerle.boodts@meta.fgov.be

Sensoa has offices in Antwerp and Ghent and a contact point in Brussels.

Kipdorpvest 48a 2000 Antwerp

Meersstraat 138d 9000 Ghent

Duquesnoystraat 45 1000 Brussels

info@sensoa.be

Slachtofferhulp Antwerpen (Aid to Victims Antwerp)

Kleine Doornstraat 61 2610 Wilrijk

E-mail: slachtofferhulp@antwerpen.be

Reception of Victims of the Prosecution Service

In each 'arrondissement' (district).

Antwerp : Lokaal 1, Britselei 55, 2018 Antwerp

Phone 03/216.53.25 03/216.54.20 03/216.54.42, all working days between 8.30 a.m. and 4.30 p.m.

Fax 03/238.79.97 (attn. Reception of Victims)

Steunpunt Algemeen Welzijnswerk vzw / npo

Diksmuidelaan 36a 2600 Berchem

E-mail: post@steunpunt.be

Stichting Vrouwen tegen mishandeling vzw / npo (foundation 'Women against ill-treatment')

c/o An Sterkens

Palingbrug 12 box 22 2000 Antwerp

VAPH (Vlaams Agentschap voor Personen met een Handicap)(Flemish Agency for Disabled Persons)

Sterrenkundelaan 30 1210 Brussels

E-mail: informatie@vaph.be

VFG (Vlaamse federatie gehandicapten) (Flemish Federation of Disabled People)

Sint-Jansstraat 32 - 38 1000 Brussels

E-mail: info@vfg.be

Vlabu (Budgethoudersvereniging Vlaanderen)(Association of Budget holders in Flanders)

Arthur Goemaerelei 66 2018 Antwerp

E-mail: vlabu@kvg.be

VMG (Vormingswerk voor en met Mentaal Gehandicapten)(association handling the training for and with mentally disabled persons)

Groot Begijnhof 10 9040 St.- Amandsberg

www.vzwvmg.be

VPP (Vlaams Patiëntenplatform) (Flemish platform for patients)

Groeneweg 151 3001 Heverlee

E-mail: info@vlaamspatiëntenplatform.be

Wetenschapswinkels ('scientific shops' = information points for non-profit organizations searching scientific support by means of research or advise)

Central unit
Pleinlaan 2 1050 Brussels
E-mail : info@wetenschapswinkel.be

Zijn vzw - Beweging tegen Geweld (association against violence)
Middaglijnstraat 10 1210 Brussels
E-mail: zijn@amazone.be

Appendix B Selected literature

We wrote the articles marked by a *

Op zoek naar de mens achter de gewelddadige façade, over slachtoffers en plegers van partnergeweld
De Bond 30th May 2008

Versluiting van geweld
Lutgart Van Parijs
Book published by Grafisch Bedrijf Pol, April 2008

Gebroken prinsessen. Sterke vrouwen over hun gewelddadige man
Isa Van Dorsselaer
Book published by Van Halewyck, March 2008

Patiëntenvoorlichting te weinig georganiseerd in Vlaamse Ziekenhuizen. Resultaten van een verkennend onderzoek
VPP-newsletter March 2008

Studie inzake prevalentie, incidentie, melding en registratie van grensoverschrijdend gedrag ten aanzien van personen met een handicap
Research report on the authority of VAPH, March 2008

Geweld tegen vrouwen. Wat zegt de Bijbel?
Ontwaakt! January 2008

La force de Perséphone * / The strength of Persephone *
about violence against disabled women
Chronique féministe December 2006 (special number about women and disabilities)

Disabled Women And Personal Assistance
Personal Assistance as an instrument to guarantee equal opportunities and a life of quality,
about legislation on personal assistance in Germany, France and Italy
Dinah Radtke e.a.
Information kit published by DPI-EUC, 2005

Je moet het niet pikken! *
about violence against disabled women
Handiscoop n° 6, July - August 2004

Possible itineraries for women with disability. Empowerment and advocacy
Rita Barbuto e.a.
Book published by Rubbettino, December 2003

Achievements against the grain: self-defense training for women and girls in Europe
Brochure issued by the London Metropolitan University, 2003

Strafrecht: seksualiteit, reproductie, fysiek en psychisch geweld
Documentation distributed on a study afternoon on 'Seksuele rechten'(sexual rights), May 2003

Seksueel misbruik bij mensen met een verstandelijke handicap
Thesis, VUB, 2003

Geweld tegen vrouwen met een handicap, een zinvol onderzoeksonderwerp */ Violence against women with a disability, an advisable research subject *
Nieuwsbrief van Sophia, coördinatie netwerk vrouwenstudies, 3rd trim 2003

Geweld tegen vrouwen met een handicap */ Violence against women with a disability*
Focus op vrouwen, March 2003

Gehandicapte Rita (44) is in haar jeugd misbruikt door vriend van moeder */Disabled Rita (44) ill-treated in her youth by her mother's friend *
Het Nieuwsblad, 4 March 2003

Persephone, een kwetsbare godin */ Persephone, a vulnerable goddess*
the functioning of our association , especially about violence against women with a disability
Onder ons, November 2002

Geweld tegen vrouwen met een handicap */ Violence against women with a disability*
Outline of the problem
Divazine, 3rd November 2001

Violence means death of the soul, about violence against women and girls with a disability
Dinah Radtke e.a.
Information kit published by DPI-EUC, 2001

De partnermishandelaar, een psychologisch profiel
Donald G. Dutton e.a.
Book published by Bohn Stafleu Van Loghum, 2000

Seksueel misbruik van mensen met een verstandelijke handicap
Erik De Belie e.a.
Book published by Acco Leuven, 2000

Gewalt gegen lesben / Violence against lesbians.
Summary of the European conference May 2000

Vrouwenmishandeling: Wie zwijgt wordt niet gehoord
Inge Dewil
Brochure on the Pandora-consultation, 1998

Zwijgen kan, vergeten niet, over seksueel geweld tegen vrouwen met een handicap.
Gehandicaptenraad Nederland 1995

Om de lieve vrede, over geweld tegen vrouwen
Inge Dewil and An Sterkens
Book publised by EPO, 1994

De glimlach van de dader,
over seksueel misbruik van mensen met een handicap
Handiscoop, January 1994

Weerbaarheid van vrouwen en meiden met een handicap : handboek voor begeleidsters van trainingen
Anne-Ruth Wertheim ; Lydia Zijdel ; Lieke Ruijgers ; final editor: Rozemarijn Esselink .
Book published by VUGA, 1993

Het komt vaker voor dan je denkt, over seksueel misbruik van mensen met een handicap
Study report of the Nederlandse Gehandicaptenraad (Dutch Council of Disabled Persons), 1989

Appendix C The Daphne project

The Daphne Programme (2000-2007) is a programme of the European Commission on preventive measures to anticipate violence against children, youngsters and women. This programme emerged from the Daphne Initiative, that ran from 1997 till 1999 on a yearly basis.

Violence has to be understood in the greatest possible sense, from sexual abuse to domestic violence, from commercial exploitation to vandalism in schools, from deception to discrimination, violence against persons with a disability, minorities, migrants or other vulnerable persons.

The DAPHNE project is a campaign of the European Commission to increase the awareness concerning Violence against Women.

As a result of the resolution of the European Parliament in 1997 about the need to start a European campaign about zero tolerance of violence against women, the European Commission has started an awareness campaign in 1999-2000 to allow European citizens to reflect on violence against women, especially domestic violence.

This campaign fits in the follow-up of the Beijing platform of 1995. The EC also undertakes specific actions to stop violence (DAPHNE).

This campaign is based on the EU's fundamental involvement in the defence of Women's rights as human rights, and the decrease of violent behaviour.

The objectives of the campaign are:

- Elimination of violence in all its forms, also domestic violence, as absolute priority
- Zero tolerance of violence against women.

At the European level, the campaign wants to make people aware that violence against women is a *social* phenomenon, that not only concerns victims and abusers, but also everybody who witnesses an abuse, like police, justice, teachers, social and medical professionals who are confronted with the consequences of violent actions,

The DAPHNE project supports initiatives that help realize these objectives.

A funding of 11.8 million ECU has been created.

The Daphne initiative sponsored 46 projects in 1997, 49 in 1998, and 54 projects were approved for sponsoring in 1999.

With the introduction of the Daphne Programme (2000-2003), the scope of possible actions was increased in three fields: a bigger group of organizations can submit projects for sponsoring; the geographic scope is wider and the duration of a project can now be longer than 1 year. More information is available in the section "General aims and annual priorities" (see Internet).

A call for proposals is published each year, usually in March in the EC Official Journal. Selected projects are normally made public in September or October. Project sponsors are asked to share the information about their work in an informal newsletter called Daphne News.

Final reports are presented three months after the closing of the project. Copies of these reports are filed in the Daphne project database. This is a convenient instrument in the fight against violence against children, youngsters and women, and it is an essential reference for organizations preparing projects for sponsoring. Press releases related to the Programme and other official announcements are to be found in the section "News and Updates" of the Daphne Internet site.

Examples of projects are the biennial European congresses concerning violence against women with a disability and the meanwhile generally known 'White Ribbon Campaign' (men against violence against women). In the first version of this brochure we also mentioned the "National Observatory for Violence to Women" as an example. It was then in formation. Afterwards nobody ever heard anything about that Observatory. It seems that it died a premature death.

Additional information on the Lighthouse project (see also part V):

lighthouse@dpitalia.org

More information about the White Ribbon Campaign:

http://www.euowrc.org/01.euowrc/04.euowrc_en/03.en_ewrc.htm

http://www.euowrc.org/01.euowrc/04.euowrc_en/04.en_ewrc.htm

<http://www.euowrc.org/index.htm>

Appendix D The UN-Convention on the Rights of Persons with Disabilities

On 30th March 2007 Belgium signed both the Convention and its optional protocol. More than 80 state members signed the convention at that time, only 44 signed the protocol. Belgium was 100% committed in this phase. End of April 2008 more than 20 countries had ratified the Convention. This was necessary to let it come into effect. Belgium is not yet ready. In our country, with its complex structure of state, a lot of steps have to be taken. All (Belgian) communities must give their advise. Once ratified, the Convention needs to be applied. This means that the contents of the convention has to be written down in laws and decrees and that, if necessary, the own legislation has to be adapted. The UN have foreseen an important role for the organizations of disabled persons in order to follow up the progress when the Convention is applied. In the National Superior Council of Disabled Persons an operating procedure has already been proposed: an independent Commission for the Rights of Persons with disabilities will be set up, which will advise, follow each step and also report to the UN through the Minister of Foreign Affairs. Apart from organizations of disabled persons, also representatives of the different Belgian governments and various administrations, such as the Flemish and Walloon Agency for Disabled Persons should be present in this Commission. The ratification of this Convention cannot be postponed indefinitely. Neither can the application of it.

The importance of this Convention for disabled women should not be underestimated. For the first time social inequality is recognized and dealt with in the whole text, as it turns out in the yellow marked text in the following extract. You will find the complete official Dutch translation of the Convention on www.cg-raad.nl/gelijkebehandeling/vnverdrag.pdf

Preamble

q. Recognizing that women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation,

s. Emphasizing the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities,

Article 3

General principles

The principles of the present Convention shall be:

- a. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- b. Non-discrimination;
- c. Full and effective participation and inclusion in society;
- d. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- e. Equality of opportunity;
- f. Accessibility;
- g. Equality between men and women;
- h. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Article 6

Women with disabilities

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

Article 8

Awareness-raising

1. States Parties undertake to adopt immediate, effective and appropriate measures:

- b. To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

Article 16

Freedom from exploitation, violence and abuse

1. States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, **including their gender-based aspects**.
2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender- and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence and abuse. States Parties shall ensure that protection services are age-, **gender-** and disability-sensitive.
4. States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account **gender-** and age-specific needs.

Article 25

Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures **to ensure access for persons with disabilities to health services that are gender-sensitive**, including health-related rehabilitation. In particular, States Parties shall:

- a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, **including in the area of sexual and reproductive health** and population-based public health programmes;
- b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons;
- c. Provide these health services as close as possible to people's own communities, including in rural areas;
- d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care;
- e. Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner;
- f. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.

Article 28

Adequate standard of living and social protection

2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:
 - b. To ensure access by persons with disabilities, **in particular women and girls** with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

Additional information on

[UN Convention on the Rights of Persons with Disabilities](#)

[Optional Protocol](#)

[Ratification Toolkit for the International Convention on the Rights of Persons with Disabilities](#)

[Implementation Toolkit for the UN Convention on the Rights of Persons with Disabilities](#)

[CRIN's information page on disability](#)

[CRIN's news page on disability](#)

<http://www.crin.org/resources/infoDetail.asp?ID=14535>

For more information, please contact:
UN Office of the High Commissioner for Human Rights
OHCHR-UNOG
8-14 Avenue de la Paix, 1211 Genève 10
Phone: + 41 22 917 9000; Fax: + 41 22 917 9016
Website: <http://www.unhcr.ch>

Appendix E Persephone npo

Being a woman with a disability: a specific situation

Concerning this, many themes gain their own particular emphasis. For instance, there is still a lot of work to be done about:

- privacy and help
- assertiveness and the ability to live independently
- violence against women
- the right to sexuality
- the right to be a mother
- employment
- image building

Disabled women can support each other very well, above and beyond the boundaries of countries and cultures. But only ... if they can reach each other.

Living with a handicap is extremely instructive. Do women with a disability sufficiently pass their wisdom on to other people, who are also searching for it? A lot of very useful information remains hidden away needlessly.

Why a specific group?

Within the existing associations for disabled persons there is usually not enough attention given to women's problems.

Within the existing women's groups there is often not enough attention for the aspects related to disabilities.

It is only when disabled women join their strengths that they can come out and show their own identity.

Objectives of our association

To bring women with a disability in contact with each other in order to exchange experiences.

To participate in the creation of a positive image by transmitting their expertise to persons and authorities who are needing it.

To increase their visibility in society and to promote their interests, especially defending their human rights and fight their discrimination.

How does the group work concretely?

On a regular basis group meetings are organized. The female participants can always propose themes. Questions from other associations are also dealt with. An important part of our time goes to policy manipulation. A report is made of each meeting.

These meetings are only open to women with a disability or a chronic and disabling disease or disorder. Do you recognize yourself in this profile, but you can't come to these meetings, don't worry, you can nevertheless become a member and receive the reports. From a distance you can also do your very best and make your wishes known!

Apart from these meetings we organize theme days for a larger public in different regions. Hereafter you will find a selection of our offers:

- discussion afternoon(s) privacy and help
- discussion afternoon(s) assertiveness and the ability to live independently

- discussion afternoon(s) motherhood
- discussion afternoon(s) sexuality
- discussion afternoon(s) domestic violence
- discussion afternoon(s) development of a relationship or the right to be disabled
- assertiveness training
- self-defence training for women with a sensory disability
- self-defence training for women with a physical disability
- relaxation training
- training to cope with bereavement or the art to regain strength
- colour and style advice

Members also provide separate information about one or the other subject. This information can be both substantive or practical. Everybody can use this service. Both men and women, disabled and not-disabled people. As years went by, a network of mothers with a disability has been set up thanks to this service.

Through the European Committee for women with a disability, we are in contact with sister groups in other European countries (This committee was founded in September 1994 within DPI - Disabled People's International. This is a world union with associations formed by people with a disability. DPI had founded a women's committee already earlier in a number of other continents.).

On request we also come to you for giving a lecture.

Interested people can always ask for our annual reports and/or our planning.

Would you like to join us?

You are a woman with a disability or a chronic and disabling disease or disorder. You know the art of not sitting down in despair. You want to share your experience with others. It appeals to you to become a member of our group, then transfer the annual membership fee of 15 EUR to account no. 001-3513074-04 in the name of 'Persephone vzw'.

You don't recognize yourself in the description above, but you want to support our union with your membership. Or your association wants to become a member of ours in order to stay up-to-date with our activities. That's also possible! Just contact us. Our contact details are mentioned in appendix A.

Our name

Most likely "Persephone" does not sound familiar to you. In search of a mythological figure that suited our purpose and character well, we discovered Persephone, one of the three vulnerable Greek goddesses. She is open to change, takes account of the subconscious, gives space to others and last but not least, she offers the most opportunities to growth.

Who knows mythology, sees something else. One fine (?) day, Persephone, daughter of Demeter and Zeus, is kidnapped by Hades. Zeus is furious at Hades and as a punishment he degrades him to the king of the underworld. Demeter wants to save her daughter and makes a complaint to Zeus. Together they reach a compromise: six months a year Persephone may stay with her family; during the other months she has to stay with her husband. The months that Persephone is in the underworld it is autumn and winter; during the other months it is spring and summer. As women with a handicap, we recognize ourselves in this mythological story. Just like Persephone we do not remain in the dark periods of our life, but we are always searching for the light at the end of the tunnel.

Other publications of our association

The publications on violence are mentioned in appendix B

Persephone npo May 2005 "Blij dat Ik leef!" (book, 114 pages, also available on Daisy-CD)

Life stories of happy women with a disability. In order to familiarize people, who do not know how it is to live with a disability, we also publish a book with life stories, poems, anecdotes, Negative emotions are not suppressed, but the balance spontaneously changes towards the positive side. About the way life is ... for us. The book holds a mirror up to your face.
10 + 2 EUR postage costs

Goed Gevoel, January 2008

“Kunst als therapie” (art as therapy) 2 women and 1 man report how healing their hobbies are

Nieuwsbrief Ziekenzorg, December 2007

“Om te lezen : Blij dat Ik leef!” book review

La Chispa, November 2007

“De chispa van Ann Van den Buys” about Persephone and Latin-America

Vlaams tijdschrift voor ortopedagogie, 3rd trim 2007

“Blij dat Ik leef!” book review

Vrouw en raad, fourth trimester 2006

“Vrouw met een handicap, een hele uitdaging” about the double fight that disabled women have to lead

Libelle, 8th June 2006

“Leven met een handicap, maar niet beperkt in de liefde”

Flair, 30th May 2006

“Gehandicapt en genieten van seks?”

Handiscoop July 2005 book review of the book “Blij dat Ik leef”

Dialogo July 2005 book review of the book “Blij dat Ik leef”

Tevefamilie June 2005 “Zij leven met een handicap, zij zijn blij dat zij leven”

Het Laatste Nieuws 23rd March 2005, “De perfecte mens verdient een schop onder zijn kont” about image building

Weliswaar, periodical for the well-being sector, March 2004

article on sexuality and relation(ship)s of disabled persons

De Morgen 8th January 2004, Leven met een handicap, moeilijk gaat ook.

In the series about the hardening of our society an interview with Ann Van den Buys

Vrouw en raad, summer 2003

special issue on disabled women

Kiosk (spoken periodical with topical matters) dated 24-01-03:

interview about our functioning

Het Nieuwsblad, 27-03-00: "Vrouw met handicap dubbel gediscrimineerd"

report on our study day dated 25-03-00

announcement of our study day dated 01-04-00

De Standaard, 20-03-00: "Mama zit in een rolstoel"

a mother's testimony

announcement of our study days in March and April 2000

De Morgen, 18-03-00: "Vrouwen en een handicap"

a mother's testimony

announcement of our study days in March and April 2000

Own publication, "Moederschap en handicap"
report of our study days of March and April 2000

Wij Vrouwen, spring 2000:
special issue on disabled women: living, being a mother, traveling, competition sports, ...

Libelle, January 2000 (no. 4): "Moeders met een handicap vertellen hun verhaal"
disabled mothers about their environment, their children and themselves

Opzij, December 1999: "Het kleine wonder"
Being a disabled mother: a well-considered choice? (summary)

Handiscoop, September 1999: "Kan je het ze aandoen?"
children of disabled mothers

Handiscoop, May 1999: "100% vrouw"
about sexual perception of disabled women

Schoppenvrouw, June 1998: "Een dubbele handicap"
disabled women stand up for their rights

Handiscoop, October 1997: "Zeg niet te gauw 't is weer een vrouw"
the creation and the activities of our association