

# Discarding the Shroud of Silence

## *An International Perspective on Violence, Women and Disability*

*By Diane Driedger and April D'Aubin*

***While disabled women in developed and developing countries confront abuse daily, this problem has received scant attention from policy makers and service providers despite the pressure that has been brought to bear on the issue by disabled feminists in developed countries. Mainstream women's organizations in all countries must assist women with disabilities in breaking through the conspiracy of silence which shrouds this issue.***

Violence is a disability issue just as it is a women's issue. When faced with abuse, women with disabilities have few resources — neither social, nor economic, nor political — to counteract the violence perpetrated against them.

There are few statistics and official pronouncements on the abuse of women with disabilities in developing countries. "Finding statistical data concerning disabled people in Central America is almost impossible, even more so in the case of disabled women. It can be said that the most disabled men and women constitute a faceless group which is set aside for several reasons, such as taboos, beliefs, plain ignorance, lack of information regarding services, [and] poverty which prevents disabled people from attending specialized centres."<sup>1</sup>

Nowhere is disabled women's rolelessness more marked than in traditional marriage practices. In developing countries, the roles of wife and mother are the most important to women in general — giving women status in their societies. If you are not able to participate in this role, you are seen as a nonperson. As Dr.

Fatima Shah, a blind activist from Pakistan underlines, the disabled woman "is gradually brain-washed into accepting herself as a nonperson with no rights or privileges to claim, no duties or functions to perform, no aim in life to achieve, no aptitudes to consult or fulfill."<sup>2</sup> While participation in traditional roles will not alleviate the oppressed position of women with disabilities, being denied these roles furthers the stigmatization experienced by women with disabilities.

In the Caribbean and some African countries, such as Ghana, men often take advantage of disabled women who have little knowledge of birth control and who are flattered by the unaccustomed attention of men. However, these men often have sexual relations with them on the side and do not wish to marry them or appear in public with them. In some cases, women with disabilities are left with the children resulting from these relationships — the men have deserted them. In Ghana, the disabled persons' self-help organization has begun to initiate legal proceedings against men who abandon their child support responsibilities.

Many individuals at a Disabled Peoples' International Caribbean regional seminar in Trinidad in July 1990 which began to deal with violence, mentioned that abuse was occurring and that often whole communities were aware of the abuse. Some disabled men laughed and heckled a panel of women with disabilities discussing rape and violence against women at this same seminar. Clearly, this was a topic that both threatened and embarrassed the men. It was only later in the workshops that they became more serious and admitted that it was happening to disabled women, but also to disabled men they knew. The disabled women were mostly quiet in the workshops as the men

stated what they knew about abuse against women. When the women did have an opportunity to speak, they acknowledged that there was abuse against other disabled women that they knew. As a result of the session on violence, a resolution was passed that self-help groups of disabled people should offer support and legal information to disabled women known to be abused.

When women with disabilities have the courage to appear in public, they are harassed in many developing countries. Harassment can vary from name-calling to violence in the street. One woman who was a wheelchair user from the Caribbean island of St. Kitts was literally almost run down by a taxi driver who thought she should not be wheeling on the roadside. The driver swerved just in time to miss her, yelling obscenities at her. In cities where there are few sidewalks, the only option is to wheel on the road. The woman, traumatized by this experience, will no longer go out in public.

Many women with disabilities the world over have been treated as specimens for examination at teaching hospitals. As a woman from Australia has remarked, "I have been commented publicly on as an exhibit, a 'case' for medical students. I have been physically undressed and examined by just about any body who felt like it. . . . I wasn't sexually harassed, I was violated in my deepest place and by the bland, blank, unspoken denial of my sexuality, my developing womanhood, that was present in every look, prod and examination."<sup>3</sup>

In times of modern conflict, as in the recent Gulf War, women and children are the most vulnerable. While the men are off fighting, the women are often subject to the bombing of civilian populations, raping and pillaging by invading soldiers

and the continuing struggle to feed and survive with their children. In times of war and armed conflict, women with disabilities are even more vulnerable. Often, when fleeing a war zone, families are slowed down by a disabled member and there is the temptation to leave them behind. In addition, once refugee camps are reached, it is difficult to find countries that accept the family for resettlement because of the presence of the disabled person. And since women are viewed as less valuable anyway, the family may be further tempted to abandon a disabled woman in order to better its chances of immigration. Countries such as Canada are very strict about not wanting refugees with disabilities. Disabled people also suffer disproportionately because they stand less chance of getting scarce food in times of war. Recently Kurdish refugees have been fighting for food at drop off points. It is the largest, strongest men who win.

Genital mutilation, or female circumcision as it is sometimes termed, affects some 75 million women. There are three main practices: sunna, which involves the removal of the prepuce and/or tip of the clitoris; clitorrectomy, which involves removal of the prepuce, flaps, and parts of the labia minora; and infibulation, in which the clitoris, the labia minora and the labia majora are removed, and the vulva is sutured across the vagina.

While the highest incidence of genital mutilation occurs in Africa and the Middle East, cases have been reported in Australia, Brazil, Pakistan, England and the Soviet Union. These practices are sanctioned by a variety of religions (such as Coptic Christians, an Ethiopian Jewish sect, Fellasha, some Islamic sects and various tribal religions). Practitioners marshal a multiplicity of justifications for the mutilation: cleanliness, prevention of promiscuity, insurance of female virginity at marriage.

These difficulties translate into permanent disability. In some cases, women are rendered sterile and therefore unmarriageable because they cannot bear children. In other cases women develop fistulas as a result of inadequate healing. Often this can smell badly and women not only are cast out by their husbands, but by the whole

community. The trauma of the circumcision operation can also lead to mental disability.<sup>4</sup>

### Strategies for Change

In 1983 Nigerian women, many of whom were disabled by female circumcision, organized to end this and other practices which endanger women's lives. These women work through the Women's Centre in Eket, Nigeria.<sup>5</sup> Disabled Peoples' International (DPI) Disabled Women's Affairs Committee has been active since 1985 and in 1990 an international organization was founded, the World Coalition of Women with Disabilities. In many developing countries, disabled women are only beginning to come together to discuss their problems and to strategize for change.

Activities such as the 1991 El Salvador Functional Literacy Seminar, which brought women from all over Latin America together to learn the importance of communicating their personal experiences to other disabled women and society at large, will empower disabled women and assist them in developing the necessary political expertise to free themselves from dependency and isolation. As Helen Levine explains, "The point in sharing one woman's experience, any woman's experience, is to get at the commonalities in every woman's life, to link personal and political in the service of change."<sup>6</sup>



Dr. Fatima Shah, a blind women's activist from Pakistan, and Muriel Smith, former Deputy Premier of Manitoba

The Coalition of Provincial Organizations of the Handicapped (COPOH) co-sponsored the literacy event with the ACOGRIPI, a Salvadoran disabled persons' organization. ACOGRIPI is a co-op which employs a number of disabled persons, enabling them to be self-sufficient. COPOH, the national disabled persons' organization in Canada, works for improvements in the status of disabled persons both in Canada and globally. Self-help organizations, such as AGOCRIPI, conscientize disabled women and encourage them to take a stand against violence and abuse both as individuals in their personal lives, and as a group lobbying for justice for disabled women in society.

### The Disability Rights Movement

Just as treating men and women equally does not necessarily promote gender equality, the identical treatment of all women will not advance the equality of minority group women — elders, disabled women, lesbians. The unique life experiences of women with disabilities must be reflected as feminists promote changes in the judicial, medical and social services systems to address violence against women, if these are to truly meet the needs of all women. Services without access provisions, for example, are of little use to women with disabilities.

The disability rights movement has been urging the following changes to improve

services to disabled women who are survivors of violence: increased focus by policy makers in all jurisdictions on the abuse problem faced by women with disabilities; increased funding to crisis services to ensure access provisions and the inclusion of provisions such as line item budgets; education by disabled persons of workers in all violence-oriented programs on disability issues; better access in medical emergency facilities; improved information and referral services to programs which specialize in services for disabled women.

If international development organizations, particularly women's development organizations, are not actively reaching out to women with disabilities, they are maintaining the powerlessness, isolation and invisibility which contributes significantly to the problem of

violence faced by these women. It is time that western development organizations review their programs and services to ensure that access provisions are made and that disabled people, with a particular emphasis on disabled women as one of the most marginalized groups in society, are being targeted in planning.

The disability rights movement is working globally to develop partnerships with other sectors of society to eradicate the barriers which prevent the full participation of people with disabilities. Women's organizations and development organizations are encouraged to work with the disability rights movement on the issue of violence as it affects women with disabilities.

<sup>1</sup> Josefina De Arauz and Ana Gloria Carranza De Saprissa, "The Problem of Illiteracy in Disabled Women of Central America: Diagnostic Situation, Psychological Consideration," in "Disabled Women's Functional Literacy Seminar Report 1991," p.1.

<sup>2</sup> Dr. Fatima Shah, "The Blind Woman and Her Family, and Participation in the Community (Rural)," in Anne Gajerski-Cauley, ed., *Women, Development and Disability* (Winnipeg: Coalition of Provincial Organizations of the Handicapped, 1989), p. 20.

<sup>3</sup> Elizabeth Hastings, "Anger as a Liberating Issue," *Women and Disability: An Issue* (Melbourne: Women with Disabilities Feminist Collective, 1986), p. 9.

<sup>4</sup> Ntiense Ben Edemikpong, "We Shall Not Fold Our Arms and Wait: Female Genital Mutilation," in Diane Driedger and Susan Gray Dueck, eds. *Imprinting Our Image: An International Anthology by Women with Disabilities*. Forthcoming, gynergy books, 1992.

<sup>5</sup> MATCH International Centre, *Linking Women's Global Struggles to End Oppression* (Ottawa: MATCH International Centre, 1990), p. 25.

<sup>6</sup> Helen Levine, "Feminist Counselling: Approach or Technique?" in Joan Turner and Lois Emery, eds., *Perspectives on Women in the 1980's* (Winnipeg: U of Manitoba P, 1983), p. 74.

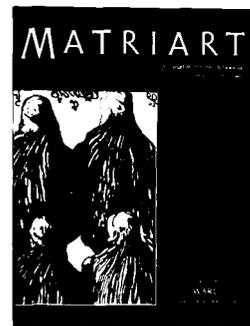
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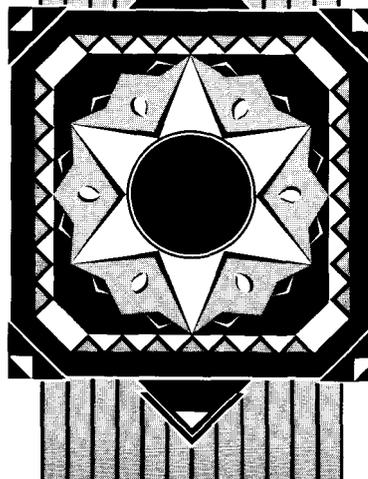
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