1. Describe any experience you have with integrating women and girls with disabilities into your broader women’s rights work.

Answer:

- As an activist I worked with women of the Trinidad and Tobago Disabled Women’s Network on numerous occasions. That organisation no longer exists but recently a new organisation the Trinidad and Tobago Women with Disabilities Network was formed.
- As an academic I have supervised graduate theses on Women and Disabilities. One of my graduate students went on to gain a Ph.D. with a thesis on Students with Disabilities at the University of the West Indies. She now heads the unit with responsibility for students with disabilities on the campus and is an ardent champion. Until recently that department was under my purview.
- As Deputy Principal of The University of the West Indies, St. Augustine Campus I had responsibility for students with disabilities. During this period, I strengthened the unit expanding its remit; introduced training in braille for university administrative staff and students in various programmes e.g. dentistry; supported the revision of the campus Disability Policy, and established systems of peer tutoring for students with disabilities.
- I also coordinated a research project on gender and Child Sexual Abuse and addressed the issue of sexual abuse of disabled girls as part of the study. In the work of the campaign which followed this project (Break the Silence, End Child Sexual Abuse) the collaboration of the deaf community has been an innovative aspect, this has led to the inclusion of sign language in video campaign material aimed at sensitizing children to prevent sexual abuse.

2. What human rights abuses do you think most often uniquely or disproportionately affect women and girls with disabilities, as distinct from other women and girls?

Answer:

There are numerous:

- Lack of independence and as a result their progress and mobility is often dependent on external support systems especially family members. This affects access to education, health, services, employment, social life and recreation and all other aspects of life;
- Unemployment and poverty – disabled women for a number of reasons having to do with physical accessibility, education, or plain discrimination, are more likely to be
unemployed or when employed to be in low-income occupations etc. This makes their lives extremely difficult, especially if living alone as their expenses are often enhanced because of their special needs. State support systems for disabled women and parents of disabled children, may also be limited or absent and consistent monitoring is necessary to ensure private sector compliance with legislation where this exists.

- Disabled girls and women often suffer from severe depression and other mental illness as they seek to address the multiple challenges that they face;
- Other health challenges – disabilities often predispose women and girls to other associated health challenges e.g. the difficulties of exercise and other health sustaining behaviours; the high cost of medical care and often the inability to access health insurance and adequate health care. In addition, access to health services is also problematic, Disabled persons often need specialized transportation, care and other support which may not be available especially for persons in rural communities and low-income households.
- Sexual abuse is another challenge as disabled girls and women are often perceived as vulnerable and so taken advantage of through rape or sexual abuse;
- At the same time disabled women are assumed to be asexual and not to have the right to a healthy sex life. Through a lack of privacy and sexuality education, they may also not have the right circumstances to develop intimate relationships.
- Difficulty in forming loving partnerships and intimate relationships. My student’s research found that disabled heterosexual women are far less likely to find partners and spouses than disabled men. This is because of the sexual division of labour where men expect women to care for them and not vice versa. Women therefore are much more willing to care for disabled men then men to care for disabled women.

3. **Sexual and reproductive autonomy is a central issue for all women and girls, but particularly for women and girls with disabilities. What obligations do you think States have under CEDAW and other human rights treaties to ensure sexual and reproductive autonomy, including for women and girls with disabilities? Do you think States should be allowed to place any limitations on that autonomy?**

**Answer:**

Sexual and Reproductive health and rights should be available to all women. One of the major challenges in my society is the resistance to providing comprehensive sexuality education to all children that recognizes sexual and gender diversity. This we note is a major challenge and our campaign has been demanding this. This is especially important for students and young persons with disabilities as they navigate this difficult and confusing aspects of their lives.

In order to ensure equal rights as stated in many articles of CEDAW, states and local admirations must put in place special accommodations to ensure that women and girls with disabilities enjoy equal rights and access. Because of their dependence and lack of physical mobility as I mentioned earlier, opportunities for developing healthy social, sexual and loving relationships may be limited. Also because of their dependence and lack of privacy, parents and loved ones may fail to recognize disabled women as adult sexual beings. National gender policies and
parenting policies must pay special attention to these issues and parents need to be empowered to address such issues which are difficult even with able-bodied women and girls.

I recall about two decades ago when we were campaigning for the Sexual Offences Act, the draft bill proposed making sexual relations with disabled women a criminal offence. This became an important campaign issue led by a few parents of disabled children supported by the women’s movement activists and this clause was removed.

At the same time bearing in mind the widespread prevalence of sexual abuse, unfortunately it is also necessary to empower disabled women and girls to protect themselves and to support their parents and loved ones to provide a protective but not oppressive environment. Sexual health professionals therefore need to be adequately trained and monitored in providing sexual and reproductive health and other support to women and girls with disabilities.

The reproductive rights of disabled women also need to be recognized at all levels. Including integration into the training systems of nurses, midwives, doctors and other and medical practitioners and empowering the women themselves to ensure safe pregnancies. Access to contraceptives and suitable and accessible reproductive health services are also critical.

4. How do you think the CEDAW Committee should be addressing multiple and intersecting discrimination faced by women and girls with disabilities?

Answer:

I have committed to a more intersectional approach to the issues addressed by the CEDAW Committee and the experiences of disabled women and girls as with all women and girls are diverse and intersect in different ways by other factors, most importantly – class/economics, race/ethnicity, nationality, religion, sexuality and gender identity. This must be a consistent theme in the work not only of CEDAW but of other UN agencies as well.

Women and girls from socially and economically disadvantaged groups would be most at risk as their families may lack the knowledge and access to services that they require. Much educational work is required for parents, health professionals, teachers etc. to ensure that girls and women with disabilities are able to develop to their fullest potential and to remove the prejudices which may exist. While some countries may have made important legislative changes, the monitoring provided by CEDAW could contribute to more robust implementation.

In my society there are a number of organisations of the disabled as well as for parents and guardians of the mentally and physically disabled doing great work. There is however, a need for much more gender sensitization on the special needs of women and girls including their sexual and reproductive health and rights, gender and sexuality, violence against women, sex/gender diversity and issues of equal opportunity at all levels.

Also important is women’s role as caregivers of the disabled – children of both sexes and adult women and men. This is an extremely important issue, the extended care work, often at great
personal sacrifice carried out by women on behalf of others. Many women give up jobs to care for disabled family members. At my university there was the case of the mother of a daughter with cerebral palsy. She lived in student residences for the full period of her daughter’s undergraduate degree and upon graduation her daughter decided to return for her masters’ degree. This mother took care of her daughter wheeling her to and from classes daily. The daughter has now completed her Masters degree.

I am proud to have had responsibility for students with disabilities during this period and to have seen her and other disabled students graduate with first and second degrees. Nevertheless, support to mothers and parents of girls and children with disabilities is also critically important to ensure that women do not sacrifice their lives because of the absence of suitable support systems including state supported care, accommodations and transportation systems.

5. Do you think there are any changes (for instance, to procedures, jurisprudence, meeting times and venues, or other practices) the CEDAW Committee needs to make to ensure that it welcomes the participation of women and girls with disabilities?

Answer:

I would suggest that this could take place at a number of levels: First by making the process friendlier for women with disabilities to be part of State parties representation as well as NGO representatives. This could include ensuring the availability and use of assistive technologies and other support mechanisms to facilitate full participation at the sessions and for use in making presentations.

Second, guidelines to States Parties should stress the integration of issues related to Women and Girls with disabilities in all sections of their reports and not only in the sections related to vulnerable groups. Each of these vulnerable groups would themselves include women and girls with disabilities, therefore in the guidelines it should be clear that an intersectional approach should be taken in preparing reports.

And third, greater encouragement could be made to organisations representing women and girls with disabilities to submit their own shadow reports to CEDAW, which of course should also be intersectional, addressing all the themes identified for the reports of States Parties and reflecting the multi-faceted and diverse lives and challenges of disabled women and girls.

Thank You