

Statement
by Kicki Nordström Sweden,
representing the Swedish Association of Visually Impaired (SRF)
and other organisations of persons with disabilities in Sweden

In the newly adopted Convention on the Rights of Persons with Disabilities, CRPD, it states in article 6 on women with disabilities that:

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.

Many women and girls with disabilities in Sweden experience discrimination on several grounds. This occur also to other so called marginalised groups, such as immigrant women and girls, women and girls from different ethnic or religious backgrounds or age etc.

It is stated in the Swedish national gender policy, that the gender perspective should be mainstreamed in all areas and in every governmental ministry. The reality is different, as many women and girls from so called marginalised groups are in all reports and statistics, facing severe intersectional discrimination!

The issue is that legislation is not implemented as it should, and Sweden lack sanctions and action plans, on most levels, for making women of marginalised groups, part of the society.

The incidence of violence and abuse against women with disabilities are a relatively new "discovered" issue in Sweden. A recently carried out study shows that 33 per cent of women with disabilities are, or have been exposed to violence and assaults.

Women with physical, sensory or psychosocial disabilities have no chance to turn to sheltered homes due to the fact that the homes are not accessible.

Interviews with women with disabilities have revealed that the health care system, the social service, the police or prosecutors claim that find injuries are a result of the disability, not cause by violence, which other women can face.

The Government has recently set aside funding for different investigations on men's violence against women. Then it comes to violence against women with disabilities, we have been deprived our sex and referred to as "persons". This tells us that women with disabilities are not seen as women at first, who can face the same kind of violence as other women! It further indicate that violence towards persons with disabilities are of the exact same kind and is related to the disability, not to the sex!

There is no general program for how to handle violence against women in general, neither among police, prosecutors, medical health care or social services. A woman who has been exposed to physical or mental violence is treated differently depending where in Sweden she lives in or which authority she turns to.

It is crucial that the Government's plan of action for the elimination of men's violence against women is finalised and become a national tool for all authorities dealing with

women who have been exposed for physical and mental violence! The national plan must also include women from different ethnic and religious backgrounds, immigrant women, elderly women and women with disabilities.

There are three groups where the mental wellbeing is worse to a much higher extent than others, and these are migrant women, single mothers and women with disabilities.

People's health condition is a result of their life situation. Women from marginalised groups often live in a financially difficult situation. Almost a fifth of all women with disabilities cannot afford all necessary treatments. Approximately 60 percent of all visually impaired women in working age are involuntarily unemployed.

Women from marginalised groups suffer more from poor health than other women.

It was reported by the Special Rapporteur on violence against women, Ms. Yakin Ertürk, to the HRC session in March 2006, that there is a big difference between indigenous women in Sweden and other women, concerning the health conditions. Saami women's groups reported that women who were exposed to violence, often hesitated to seek help from mainstream Swedish institutions and authorities, which they consider alien to their culture and language. This is also relevant for women originating from countries outside Europe.

Among all companies, private life insurance are discriminatory to women as there is a higher rate for women than for men! It is said this is due to the fact that women live longer than men in Sweden! Such discriminatory fact has never been addressed by the Government.

The latest statistics presented by the Social Insurance on occupational injuries, show that it is twice as difficult for women than for men to get their injuries or diseases classified as occupational injuries. Women's health problems are not seen as occupational injuries, which has serious negative financial consequences for women.

Studies have revealed that the medicines have very different effects on women compared to men, with very serious consequences for women's lives. The medical care system, have not target women's and men's different health status, conditions and situations. Technologies are still prescribed to middle aged men first.

Adding a gender perspective for all medical care service, may create a paradigm shift in the health care system and give answers to many unknown factors. Medical studies must now focus on both the biological and the social gender effects, in the health care system in Sweden.