

**CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN**

**WRITTEN SUBMISSION TO THE COMMITTEE**

**CONTAINING SPECIFIC REFERENCES TO WOMEN AND GIRLS WITH DISABILITIES AND PROPOSED LIST OF ISSUES PRIOR TO REPORTING**

**FOR THE 80th (Virtual PSWG)**

**PRE-SESSIONAL WORKING GROUP**

**(01.03.2021 – 05.03.2021)**

**BY the ITALIAN DISABILITY FORUM**

**JANUARY 2021**

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# Background Information about FID

The **Italian Disability Forum (Forum Italiano sulla Disabilità - FID)** is an Italian not-for-profit **organization of persons with disabilities (DPO),** a full member of the European Disability Forum (EDF), representing persons with disabilities in Italy. It is composed exclusively of national organizations of persons with disabilities and their families. It aims to fight for the recognition, promotion, and protection of the human rights of persons with disabilities, as well as for non-discrimination and equal opportunities. Since its establishment, the Italian Disability Forum has participated in all initiatives and activities carried out by EDF.

# Introduction

This written contribution is the second one that FID has sent to the Committee to take into consideration the serious violation of human rights that girls and women with disabilities suffer in Italy. The first one was sent back in April 2017 for the 67th Session concerning the seventh periodic review of Italy which produced precise observations and recommendations to the State party Italy. Regrettably, none of the recommendations has been honored by our Country, unlike our movement, which has taken them into account and used them as guidelines in protecting and promoting the human rights of women with disabilities. This second contribution is concomitant with the effects that the COVID-19 pandemic has had on persons with disabilities and that on women it has had devastating effects. The FID has, in this regard, sent a detailed report to the UN CAT Committee[[1]](#footnote-1) describing what happened and comparing the suffering of persons with disabilities, in particular women with disabilities, as suffering by torture, inhuman and degrading treatment.

**The invisibility of girls and women with disabilities is the negative constant that characterizes them.** The invisibility that prevents them from being recognized as citizens and rights holders and since the beginning of the COVID 19 emergency, the situation of exclusion and abandonment faced daily by person with disabilities, in particular girls and women with disabilities, was further exacerbated, showing all its rawness and tragedy.

**The invisibility is both cause and effect of discrimination**. In data collection, in gender policies, and disability policies, in the national machinery for the advancement of women, in the participation in political and public life, in the phenomenon of violence and domestic violence, in education, in employment, in health, in sport and leisure. And what about their invisibility in the actions dedicated to refugee and asylum-seeking women, in the actions to combat trafficking and exploitation of prostitution, in the actions to protect women, migrant workers.

Lastly, the right under Article 16 (marriage and family relation) where stereotypes and myths deny them this right and where mothers, partners, daughters, sisters taking care of their children, parents, partners, etc. are discriminate by association.

Through this written submission, we would like to bring to the attention of the Committee on the Elimination of Discrimination against Women several questions that are of primary concern for women with disabilities in Italy for the Committee to consider them when it drafts its List of Issues. **A more systematic report will be submitted before the next session**.

# Art. 1-4 Discrimination

Notwithstanding the recognition of the intersecting discrimination based on both gender and disability affecting women with disabilities by the CEDAW Committee in its General Recommendation No. 18 and COs on Italy and the recommendations of the CRPD Committee in its Concluding observations on the initial report of Italy in 2016,[[2]](#footnote-2) **no legislation on gender equality include references to women with disabilities**, namely the Legislative Decree 198/2006[[3]](#footnote-3), while the **gender perspective is not explicitly adopted in the legislation concerning disability**, namely in the disability anti-discrimination Law 67/06[[4]](#footnote-4). No sanction or remedies targeting intersecting discrimination are foreseen. The anti-discrimination bodies UNAR and OSCAD[[5]](#footnote-5) do not have a specific mandate to address intersecting discrimination

Italy is one the few States[[6]](#footnote-6) in Europe **lacking an independent National Human Rights Institution** in line with the Paris Principles.

**The lack of data and statistics on intersecting discriminations affecting women and girls with disabilities makes it impossible to analyze the level of discrimination** they faced in their participation in social life and the equal opportunities in all areas of life. Some data on Italy are available on EIGE and relating health problems.[[7]](#footnote-7)

**Suggested question(s)**

* What actions does the State plan to take for **raising awareness of women with disabilities about their discrimination** in accessible formats of communication? And which measures to effectively prevent and tackle intersecting discrimination they suffer, including **discrimination by association** of mothers, daughter, wives as main providers of care to persons with disabilities?
* When is the State planning to establish a National Human Rights Institution in line with the Paris Principles?
* Which actions will the State undertake to **systematically collect and publish data and statistics** and to adopt indicators on gender-based inequalities and intersecting discrimination of women and girls with disabilities?
* How does the State plan to **mainstream in all gender-related policies the rights of women with disabilities**, and to promote their effective participation in all decision-making processes?

# Art. 5: Gender-based Violence

According to ISTAT[[8]](#footnote-8), about **36% of women with disabilities have suffered physical or sexual** violence compared to 30% of women without functional limitations. In particular, the **risk of suffering rape or attempted rape is more than double for women with “*severe limitations*”[[9]](#footnote-9)**: 10.0% against 4.7% for women without limitations. **Psychological violence by the partner also has higher values among *women with functional limitations***: 31.4% of women with disabilities suffer psychological violence from partners against 25.0% of women who have no limitations.

Despite the enhanced risk of sexual, physical, psychological, and economic violence**,** there is **no reference to women with disabilities in Law n°66 /1996 "Rules against sexual violence"**[[10]](#footnote-10), but a general aggravating circumstance and a tightening of the sentence. Even in the National Action Plan on Male Violence against Women 2017-2020[[11]](#footnote-11), there is no provision explicitly targeting women with disabilities, while almost half of the Italian regions have not adopted a Regional plan on Gender-Based Violence.

**The isolation and confinement measures taken during the quarantine had a disproportionate impact on women with disabilities, both in institutional settings and at home, enhancing the risk of violence,** and therefore heightening the need for protection against this. During the quarantine, requests for help to the toll-free number 1522 increased by 71,7% compared to the previous year, while complaints about family abuse decreased by 43.6%.[[12]](#footnote-12) Although **no specific information is available** on requests for help or complaints about domestic abuse **from women with disabilities**, we can assume that the quarantine had a disproportionate impact on women with disabilities in terms of domestic violence suffered and of difficulties in accessing justice to report abuses, especially those perpetrated by guardians or support administrators. A sad example**, a rape that occurred to a girl with severe intellectual disability in a residential facility in September 2020, during the quarantine, when the facility was locked to visitors.** The rape was discovered by chance as the girl got pregnant.[[13]](#footnote-13)

In Italy, legal **guardianship is still in force** and often automatically applied to women with disabilities, especially with intellectual disabilities**.** **Women under legal guardianship are denied access to complaints** and they are believed to be unreliable in their statements. Besides, the uncertainty of legal expense defrayal further hinders access to justice for women with disabilities, because of their higher rate of poverty.[[14]](#footnote-14)

Moreover, the **Italian government fails to provide the necessary training on intersecting discrimination and gender-based violence** towards women and girls with disabilities to the staff of the judicial system, as well as **to provide accessible information allowing women with disabilities to bring legal proceedings against offenders** in line with the CEDAW, as well as the CRPD, the EU Directive on Victims’ Rights[[15]](#footnote-15), the EU Strategy on Victims’ Rights (2020-2025) and the Council of Europe Convention on preventing and combating violence against women and domestic violence(Istanbul Convention)[[16]](#footnote-16).

**Suggested question(s)**

* **Which prevention, protection and support measures in** favor of women with disabilities are being developed in relevant national strategic documents, **integrating the National strategic Plan on male violence against women 2017–2020?**
* Which actions are the State planning to undertake to protect women with disabilities from the enhanced risk of abuse, inhuman, or degrading treatment at home or in institutions and other closed-settings, including detention centers, during the quarantine, and to facilitate their access to support services and complaint mechanisms?
* Is the State planning to undertake awareness-raising campaigns and capacity-building programs for State officials, including the Judicial system, to enable them to recognize violence associated with the disability of women and girls with disabilities?
* What provisions is the State planning to adopt to ensure to women with disabilities the defrayal of expenses of legal actions or complaints against abuses?

# Art. 10: Education

**Clear inequalities emerge in terms of education levels achieved by women with disabilities compared to men in the same condition and other women**. 17.1% of women with disabilities under 44 do not qualify, as compared to men with disabilities (9.8%), and other women (2%). 45.4%, of women with disabilities, achieve a high school diploma or higher academic qualification as compared to 52.3% of men with disabilities and 65.8% of other women.[[17]](#footnote-17) 8,7% only of women with disabilities graduate from tertiary education, compared to 9,8% of men with disabilities, and 17,5% of other women.[[18]](#footnote-18)

**Suggested question(s)**

* Is the State developing awareness-raising campaigns or programs to **combat stereotypes, stigma, and negative attitudes about the learning capacity of girls with disabilities at school, in families, and in the general population**, to prevent low school attendance and early school leaving?
* Which actions have been undertaken **to ensure girls and women with disabilities equal access to higher education and life-long learning**?

# Art.11: Employment

**Only 35.1% of women with disabilities of working age are employed**, compared to 52.5% of men with disabilities and 45.8% of other women. The occupational disadvantage of women with disabilities compared to men in the same conditions is 17.4%.[[19]](#footnote-19) When looking at full-time employment, the situation is even worst: only **14,1% of women with disabilities are in full-time employment**, comparing to 28% of men with disabilities and 41,2% of other women.

For family members reconciliation of work with care activities is problematic, to the detriment of paid work especially for **women as the main providers of care, facing intersecting discrimination by association**.

Available, accessible, and affordable care services and infrastructure are crucial if people with caring responsibilities are to maintain a healthy balance between their care duties and work life. This is especially relevant for **women, who are often more engaged than men in the care of the elderly and/or persons with disabilities.** Most informal carers for the elderly and/or persons with disabilities in Italy are women (66 %), of whom around 29 % are employed, compared to 64 % of men, with a gender gap of 35 p.p.[[20]](#footnote-20)

A survey by Censis[[21]](#footnote-21) showed a negative impact of disability on the working life of the majority (65.9%) of parents of persons with disabilities. Mothers experienced a higher rate of discrimination (62.6%) compared to fathers (25.5%) and to the female general population (44**%**)[[22]](#footnote-22). In particular, 25.9% of mothers, left or lost their job, while 23.4% of mothers reduced their working time, compared to 11.3% of fathers.[[23]](#footnote-23)

**For women with disabilities employed and with care responsibilities**, data on “Ability to take one hour or two off during working hours to take care of personal or family matters” show that only 34,2% of women with disabilities were able to do so (comparing to 45,1% of men with disabilities).[[24]](#footnote-24)

The pandemic seems to have been sharpening the pre-existing gaps in participation in the labor market. The effects of the employment crisis due to the health emergency mainly affected women among the most vulnerable components of the labor market, that even before the emergency showed the more difficult employment conditions, causing a more pronounced decline in employment between February and August among women (-2.1% versus -1.1% among men), while in August the increase in employment was more intense among men (+ 0.5%) than women (+ 0.1%)[[25]](#footnote-25).

**Suggested question(s)**

* How the anti-discrimination legislation (Law 67/2006) deals with the **intersecting discrimination of women with disabilities in the labor market**?
* Which policy measures have been taken to fill the gender gap and better integrate women with disabilities into the labor market and foster their return to the labor market after the unemployment crisis during the quarantine?
* Which legislation, provisions, and services is the State planning to develop to promote the reconciliation between working and family life?

# Art. 12: Health

Women with disabilities face **several barriers hindering their equal access to health care and disease prevention programs**. 5,8% of women with disabilities considered having unmet needs for medical examination comparing to 4,7% of men with disabilities and 1,9% of other women[[26]](#footnote-26). **The refocusing of health services on the treatment of** **COVID-19 further penalized the access of women with disabilities to services of sexual and reproductive health and childbirth.**

During the quarantine following the pandemic **women with disabilities experienced a condition of total abandonment and violation of their right to health**. No data and statistics are available on the impact of the pandemic on their health. However, by 30 April 2020, women account for 53,3% out of the deaths for COVID in residential facilities for elderly or persons with disabilities, where women are about 74% of the guests, while in the over-90s age group the number of women dying for COVID was almost double compared to men.[[27]](#footnote-27)

**Caregiving can be considered as a social determinant of gender inequalities**, being women the most exposed[[28]](#footnote-28). **The disproportionate burden on families of the care of persons with disabilities left at home without any help or alternative support** from public services during the quarantine is **affecting the physical and mental health of family caregivers, in the majority women**[[29]](#footnote-29).

A recent study showed that **levels of anxiety, depression, and symptoms related to stress increased** **during the quarantine,** **especially in women**.[[30]](#footnote-30)

**Suggested question(s)**

* Is the State planning to adopt protocols and guidelines **ensuring equal access to general health-care services** for persons with disabilities, notably to the female reproductive health and childbirth services, in particular during the health emergence following the pandemic?
* Is the State planning to promote "gender medicine" and extensive training on the needs, peculiar manifestations, and consequences of illnesses in women with disabilities across medical staff?
* Is the State **planning to launch campaigns and diffuse information in accessible formats** about disease prevention and care for women with disabilities, in particular on mammography and pap-test?
* Which actions are the State planning to undertake to ensure to persons with disabilities continuity of support including to prevent the disproportionate impact on the physical and mental health of women as the main care providers, and to reinforce mental health services?

# Art. 13: Economic and Social Benefits

The occupational disadvantage of women with disabilities together with the disability-related expenses for health care, specialized assistance, the purchase of medical aids, the elimination of barriers in the home affect the economic condition of women with disabilities, exposing them to a higher risk of poverty and dependence on others.

The **Mean monthly earnings of women with disabilities (1840 EUR) is lower comparing to men with disabilities (2590 EUR) and to other women (1869 EUR). Mean equivalized net income of women with disabilities is 17875 EUR comparing to 18703 EUR for men with disabilities and 19481 EUR for other women**[[31]](#footnote-31).

In Italy, the informal aid networks play a significant role since the welfare model in our country continues to be based mainly on the family. Around 35 % of women and men **report unmet needs for professional home care services**[[32]](#footnote-32).

**The shortage of support services for persons with disabilities impacts dramatically on families, who are often left alone to care for their relatives with disabilities**. This implies a disproportionate impact on both economic and health conditions of women as main caregivers of relatives with disabilities, whose life expectancy, according to the Nobel Prize Elisabeth Blackburn, is 9 -17 years shorter compared to the general population[[33]](#footnote-33). Nevertheless, the role of care-givers is not recognized nor protected by law.

**The presence of a person with a disability can reduce the family's financial resources, economic conditions, and standard of living, both by significantly increasing disability-related costs[[34]](#footnote-34) and by making it more difficult to find or retain a job and obtain satisfactory salaries, mainly for women.**

The economic crisis due to **the quarantine measures further worsened the socio-economic conditions of both women with disabilities and women providing care to persons with disabilities**. The closure of schools and day services for persons with disabilities disproportionally affected women as main providers of care, increasing the burden of care, challenging their participation in the labor market and economic independence, thus increasing the domestic gap between partners and the risk of domestic violence.

**Suggested question(s)**

* Is the State planning to adopt **social protection and poverty reduction programs** for improving the economic condition of both women with disabilities and women caring for people with disabilities at home, a legislation recognizing the role of caregivers, and **to provide financial support to enable women with disabilities to live independently throughout the country**?

1. <https://tbinternet.ohchr.org/Treaties/CAT/Shared%20Documents/ITA/INT_CAT_ICS_ITA_42954_E.pdf> [↑](#footnote-ref-1)
2. See paragraph 14 of the Concluding observations: <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsqlyxUZe3YrEMiILNTLYL1szEbjMGHZtiIcNqR%2bZvUOXLqCL5gnN37gF0j0QJweJrBgHF%2fkntAPP%2bW%2b5gDf0AY6ospjIjVGSZcA5S7fwVOOo>. [↑](#footnote-ref-2)
3. Legislative Decree 11 April 2006, n. 198 "Codice delle pari opportunità tra uomo e donna, a norma dell'articolo 6 della legge 28 novembre 2005, n. 246" [↑](#footnote-ref-3)
4. Law 67/2006, “Misure per la tutela giudiziaria delle persone con disabilità vittime di discriminazioni" [↑](#footnote-ref-4)
5. Observatory for the protection against discriminatory actions [↑](#footnote-ref-5)
6. <http://nhri.ohchr.org/EN/Contact/NHRIs/Pages/Europe.aspx> [↑](#footnote-ref-6)
7. Disabled people by sex, age and life area where a barrier is reported <https://eige.europa.eu/gender-statistics/dgs/indicator/ta_hlthmort_hlth_dis_bar__hlth_dsi090> [↑](#footnote-ref-7)
8. ISTAT: La violenza sulle donne (2020)

   <https://www.istat.it/it/violenza-sulle-donne/il-fenomeno/violenza-dentro-e-fuori-la-famiglia/numero-delle-vittime-e-forme-di-violenza> [↑](#footnote-ref-8)
9. ISTAT wording “severe limitations” = CRPD wording «women with disabilities requiring high levels of support” [↑](#footnote-ref-9)
10. <http://www.asdadonna.org/wordpress/wp-content/uploads/2013/04/scheda_legge_66_1996.pdf> Beneficiaries of the law are men and women, adult or minor, obliged to perform and suffer sexual acts. Special protection is given to children. [↑](#footnote-ref-10)
11. <https://viva.cnr.it/wp-content/uploads/2019/08/piano-strategico-nazionale-sulla-violenza-maschile-contro-donne-2017-2020.pdf> [↑](#footnote-ref-11)
12. ISTAT e Dipartimento per le Pari Opportunità della Presidenza del Consiglio dei Ministri: LA VIOLENZA SULLE DONNE, <https://www.istat.it/en/archivio/250811> [↑](#footnote-ref-12)
13. <https://www.lasicilia.it/news/cronaca/365594/troina-la-violenza-shock-su-una-disabile-scoperta-perche-la-ragazza-e-rimasta-incinta.html> [↑](#footnote-ref-13)
14. 20,4% of women with disabilities are at risk of poverty comparing to 20,3% of other women and 19,5% of men with disabilities. See data on Italy from the European Institute on Gender Equality (EIGE), Gender Equality Index: <https://eige.europa.eu/gender-equality-index/2020/domain/money/IT/disability>. [↑](#footnote-ref-14)
15. Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support, and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA [↑](#footnote-ref-15)
16. <https://ec.europa.eu/info/policies/justice-and-fundamental-rights/criminal-justice/protecting-victims-rights/eu-strategy-victims-rights-2020-2025_en> [↑](#footnote-ref-16)
17. ISTAT: Conoscere il mondo della disabilità: persone, relazioni e istituzioni, 2019, <https://www.istat.it/it/archivio/236301> [↑](#footnote-ref-17)
18. European Institute on Gender Equality (EIGE), Gender Equality Index: <https://eige.europa.eu/gender-equality-index/2020/domain/knowledge/IT/disability> [↑](#footnote-ref-18)
19. ISTAT: Inclusione sociale delle persone con limitazioni funzionali, invalidità o cronicità gravi, 2015 <https://www.istat.it/it/files/2015/07/Inclusione-sociale-persone-con-limitazioni-funzionali_def_240715.pdf?title=Limitazioni+funzioni%2C+invalidità%2Ccronicità+gravi+-+21%2Flug%2F2015+-+Testo+integrale.pdf> [↑](#footnote-ref-19)
20. European Institute on Gender Equality (EIGE), Gender Equality Index: https://eige.europa.eu/gender-equality-index/2020/domain/money/IT/disability [↑](#footnote-ref-20)
21. CENSIS - Fondazione Serono: "The hidden dimension of disability", 2011 <http://www.censis.it/5?shadow_evento=117959> [↑](#footnote-ref-21)
22. ISTAT: “Come cambia la vita delle donne”, 2011 [↑](#footnote-ref-22)
23. CENSIS - Fondazione Serono: “"The hidden dimension of disability", 2011 <http://www.censis.it/5?shadow_evento=117959> [↑](#footnote-ref-23)
24. See data on Italy from the European Institute on Gender Equality (EIGE), Gender Equality Index: https://eige.europa.eu/gender-equality-index/2020/domain/work/IT/disability [↑](#footnote-ref-24)
25. ISTAT: Nota di aggiornamento del Documento di economia e finanza 2020. <https://www.istat.it/it/archivio/248473> [↑](#footnote-ref-25)
26. EIGE<https://eige.europa.eu/gender-equality-index/2020/domain/health/IT/disability> [↑](#footnote-ref-26)
27. <https://www.epicentro.iss.it/en/coronavirus/sars-cov-2-analysis-of-deaths> [↑](#footnote-ref-27)
28. Istituto Superiore di Sanità: Health issues and informal caregiving in Europe and Italy 2019. ANN\_19\_01\_08.pdf [↑](#footnote-ref-28)
29. ISTAT: Nota sulla legge per il “Dopo ci noi”, 2017 <https://www.istat.it/it/files/2017/06/A-Dopo-di-noi.pdf> [↑](#footnote-ref-29)
30. The Impact of Quarantine and Physical Distancing Following COVID-19 on Mental Health: Study Protocol of a Multicentric Italian Population Trial. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7290062/> [↑](#footnote-ref-30)
31. European Institute on Gender Equality (EIGE), Gender Equality Index: <https://eige.europa.eu/gender-equality-index/2020/domain/money/IT/disability> [↑](#footnote-ref-31)
32. Ibidem [↑](#footnote-ref-32)
33. CENSIS: 46° Report on the social situation of the Country: “Caregivers, women on the front line”, 2012 [↑](#footnote-ref-33)
34. ISTAT, Nota sulla legge “Dopo di noi”, 2017 <https://www.istat.it/it/files/2017/06/A-Dopo-di-noi.pdf> [↑](#footnote-ref-34)