

CDPF On-line Disability Equality Capacity Building Course Book

Module 7 Respect for Law-focusing on Eliminating Stigma and Discrimination

Contents

[**i. Introduction to Module 7** 2](#_Toc67673431)

[**ii. The language the CDPF uses** 3](#_Toc67673432)

[**iii. What is Stigma?** 3](#_Toc67673433)

[**iv. Drivers of Stigma** 5](#_Toc67673434)

[**A) Misconceptions about the causes of Disability: Cultural and Religious Beliefs** 5](#_Toc67673435)

[**B) Misconceptions about the nature of Disability/Impairment** 6](#_Toc67673436)

[**C) Media and Disability** 8](#_Toc67673437)

[**D) Discriminatory Policies and Legislations** 10](#_Toc67673438)

**[v. Eradicating Stigma](#_Toc67673439)** [11](#_Toc67673439)

**[Way Forward](#_Toc67673440)** [29](#_Toc67673440)

**[Commonwealth Disabled People’s Forum Images TV and Film](#_Toc67673441)** [30](#_Toc67673441)

# **i. Introduction to Module 7**

Disabled people often remain invisible in mainstream laws and policies. A contributing factor to this invisibility is stigma and discrimination which pushes them to corners both at home and society. Relatively little empirical material exists on research on the effects of discrimination and stigma that is endemic worldwide in the lives of disabled people. Secondly, there is a general lack of data disaggregated from disability perspective. In addition, research concerning the issues faced by disabled people is still in its early stages, leaving the group as invisible citizens in mainstream policy.

Stigmatization leads disabled people to face explicit, implicit, deep and systemic or institutional discrimination. This leads to exclusion from developmental programs that have the intention of bettering quality of life and future. “Inequalities not only lead to their exclusion and discrimination but combined with the general absence of social protection measures, almost unavoidably lead disabled people (and their families) to situations of poverty and extreme poverty, which can even result in risk to their lives”. This results in vicious perpetuation of exclusion and lack of access to fundamental developmental services, causing greater risk of exclusion and reinforcing the cycle of poverty.

The media is a powerful tool used to communicate, create and raise awareness to a reach a wide audience at a given time. Disability issues and rights can therefore be very well communicated using the media to promote accurate images and voices of disabled people. In the past, media has presented disabled people negatively as objects of pity, yet they can just be portrayed as people with different needs. The media can be used to bring to the limelight how policies, plans and programmes should have an inclusive approach to disabled people as part of development. This will ensure that rights of disabled people are protected and implemented.

Currently, there are approximately 1.3 billion disabled people in the world. In developing countries, evidence shows that disabled people are disproportionately represented among the world’s poor and tend to be poorer than their non-disabled counterparts. They are excluded economically and socially which is against their human rights and presents a major development challenge. The rich diversity of our societies inclusive of all its members, disabled people can help fundamental human rights and contribute to development for all.

Discrimination is rarely obvious, either because it forms part of the fabric of our institutions or because it is rooted in misconception and fear. This is amply demonstrated in the fact that despite the central, transformative promise of “Leave No One Behind” of the UN's 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), the inclusion of disabled people as a priority group for all humanitarian interventions and development policies and programs remains, largely, a work in progress. Six years into the SDGs, little has been achieved in terms of the inclusion of disabled people as they still face particularly high rates of poverty (SDG1) and hunger (SDG2). In addition and related, they experience high levels of unemployment or work in precarious, part time jobs making it almost impossible to earn a decent income (SDG8). The Covid19 pandemic glaringly brought to the fore the complete neglect of disabled people during the humanitarian responses being planned for the entire world.

# **ii. The language the CDPF uses**

**Disabled people:** Why we still choose to call ourselves ‘disabled people’. In the Commonwealth Disabled People’s Forum (CDPF) we call ourselves ‘**disabled people’** because of the development of the **‘social model of disability’.** In the C19th and C20th, a disabled person’s medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the **‘medical or individual model’** of disability. We use the **‘social model of disability’,** where the barriers of environment, attitude and organisation are what disable people with impairments and lead to prejudice and discrimination.So to call ourselves ‘persons with disabilities’ is to accept that we are objects and powerless.We also view ourselves as united by a common oppression so are proud to identify as ‘**disabled people’** rather than **‘people with disabilities. When we are talking about the UN Convention on the Rights of Persons with Disabilities** we will use **‘people or persons with disabilities’.**

# **iii. What is Stigma?**

The meaning and connotation of the word stigma has varied considerably over the centuries. Today, the term refers to a personal attribute which marks a person as different from “normal people,” that is “abnormal” with all its negative connotations, namely, exclusion from “normal” society. Some studies have supported the idea that illnesses are stigmatized because of the limitations they entail and the negative social attitudes they generate.

Stigma is basically a word for discrimination. Stigma has been described as a sign of disgrace that is perceived to set a person or group of people apart from others. Stigma can affect many groups, including people with mental health problems and the elderly. Perhaps unsurprisingly, people with intellectual disabilities experience plenty of this kind of discrimination. This includes **hate crimes**, fewer **employment opportunities** compared to people without intellectual disabilities, fewer opportunities to participate in **community-based activities** and a decreased ability to access **appropriate healthcare**.

**Why does Stigma persist and what can be done about it[[1]](#footnote-1)**

Tackling the stigma and discrimination experienced by disabled people is a crucial development and human rights issue. Discrimination, on the basis of disability refers to any form of treatment that restricts disabled people’s access to our rights. The discrimination disabled people experience is often compounded by discrimination based on other identities such as gender, age, ethnicity, religion, sexuality or migrant status. Disabled people also experience stigmatising attitudes. These can be widespread in society and can result in and underpin exclusion, exploitation, abuse and violence. People who are stigmatised are made to feel ashamed and stigma is often one of the driving factors behind discrimination against disabled people. The families and carers of disabled people can be stigmatised or discriminated against by association. Tackling disability discrimination and the stigma that often accompanies it, will mean challenging laws and established practices to ensure the equal rights of disabled people in society are upheld and our full participation in political and public life is promoted. It will also mean working at all levels, from ministry to village, to transform the stigmatising attitudes of people that can lead to exclusion and the denial of rights.

**Causes of Stigma** Attitudes to disability are not consistent within countries or across regions, and beliefs about disability can vary within communities and even families. They can differ depending on, for example, when and how an impairment was acquired and can interact with other attitudes and beliefs. However, there are common factors that shape both stigma and discrimination, including a lack of understanding of disability and its causes. This contributes to a wide range of negative assumptions and discriminatory beliefs. Stigma and discrimination exist at all levels of society. Within families, in some cases, parents may view disabled children as less valuable and so may not support their development or abandon them. Communities can shun disabled people, leading them to become ‘invisible’ in society. Discrimination can also affect the way some disabled people perceive themselves, resulting in low self-esteem and self-worth, and exacerbating the exclusion, violence, exploitation and abuse we experience.

**Discrimination** **can affect all areas of life** Discriminatory legislation and policies exacerbate the exclusion of disabled people from decision-making processes and other areas of life. Discrimination and stigma affect individuals in diverse ways depending on their impairment, gender, socio-economic and cultural background, and other characteristic and contexts. Due to discriminatory factors such as malnutrition and child marriage – as well as a higher life expectancy – the prevalence of disability among women is nearly 50% higher than that among men. Disabled girls are less likely to access education. The employment rate of disabled women is more than 30% lower than that for disabled men. Disabled women face a risk of intimate partner violence between two and four times greater than that for non-disabled women. Inaccessible public health information and discrimination from health workers affects the access to essential services for disabled women and girls. The discriminatory context in which disabled women and girls find themselves can result in families being over-protective and so further restricting their rights. Older disabled people often experience discrimination based upon both their impairment and age as in the Covid-19 pandemic.. Older women may be denied access to property and land, owing to the triple discriminatory burden of gender, age and disability.

**Poverty, environmental degradation and violence** experienced by indigenous peoples result in higher rates of disability in these communities, as well as the denial of access to services and justice. People with Albinism are often targeted, as a result of deep-rooted discriminatory beliefs, such as that their body parts can bring good fortune. This is particularly common around certain events, such as elections. People with psycho-social disabilities experience high levels of discrimination and particularly high rates of violence. This is one reason why only 15-25% of people with psycho-social impairments seek support in low and middle-income countries. Societal stigma can result in people with psycho-social disabilities being segregated, tied up in their homes and institutionalised with no right to appeal and at high risk of experiencing violence. People with intellectual disabilities also face specific discrimination around informed consent and involuntary treatment, as the discriminatory context extends to their being denied autonomy and legal capacity.

# **iv. Drivers of Stigma**

* Misconceptions about the causes of Disability: Cultural and Religious Beliefs
* Misconceptions about the nature of Disability/Impairment
* Media
* Discriminatory Legislations

Across the world disabled people face attitudinal barriers including prejudice, stereotypes, and low expectations.[[2]](#footnote-2) These negative attitudes and inaccurate beliefs about disability can result in stigma (an attribute possessed by a person or group that is regarded as undesirable or discrediting)[[3]](#footnote-3). Stigma arises when elements of labelling, stereotyping (negative evaluation of a label), and prejudice (endorsement of the negative stereotypes) combine to lead to status loss and discrimination for the stigmatised individual or group, and occur in situations where they are disempowered. Stigma elicits negative responses such as pity, anxiety, avoidance, hostility, and even hatred and disgust.

## **A) Misconceptions about the causes of Disability: Cultural and Religious Beliefs**

A literature review looking at journal articles examining cultural beliefs and attitudes about disability in East Africa found that traditional beliefs about the causes of disability/impairment continued to be prevalent. Traditional animism included beliefs that impairments are punishments for ‘bad deeds’ or the result of witchcraft exercised by other people. Christian fatalism beliefs revolved around notions that disability results as an act of God’s will[[4]](#footnote-4). Other beliefs include:

*a) Actions of parents (mainly mothers)*: Research indicates that beliefs about the causes of disability in Cameroon, Ethiopia, Senegal, Uganda and Zambia include that it is due to the sin or promiscuity of the mother[[5]](#footnote-5) .

*b) Ancestors*: Research in Cameroon, Ethiopia, Senegal, Uganda and Zambia indicates that beliefs about the causes of disability include that it is an ancestral curse[[6]](#footnote-6) [[7]](#footnote-7) [[8]](#footnote-8).

c) *Supernatural – demons/spirits*: Research indicates that beliefs about the causes of disability in Cameroon, Ethiopia, Senegal, Uganda and Zambia include that it is due to demonic possession and that disabled people are not really human[[9]](#footnote-9).

*d) Witchcraft*: Many Kenyans believe that an impairment results from witchcraft spells placed either upon the family or the disabled person[[10]](#footnote-10).

*e) God – punishment/fate*: In Nigeria false beliefs about the causes of disability include that it is a curse from God (DSPD, 2016, p. 5). In Nepal, some parents believe that the disability of their child is due to fate and God’s will [[11]](#footnote-11).

## **B) Misconceptions about the nature of Disability/Impairment**

* + *Disabled people are unable to contribute* - Stigma of disabled people can also occur because of the expectation that disabled people are less able to contribute to the good of the family and the community, and the assumption that they are a burden . In West Africa for example, disabled children were not believed to be capable of living independent lives and were expected to require constant help from non-disabled people [[12]](#footnote-12). As a result, they are not only seen as a - ‘financial and resource liability internally, but also by the larger community, resulting in the shaming of the family with a disabled member’.
  + *Disabled people cannot have normal relationships/are sexually inactive* **-** A study in Bangladesh, India, and Nepal, found that families arranged marriages for daughters with disabilities with whoever accepted them because of the low expectations they had for them [[13]](#footnote-13). A study in Tanzania of people with Albinism found that that their partners, if they had one, had problems and even divorced them because of it [[14]](#footnote-14)(p. 5).
  + *Disabled People are contagious or bring bad luck -*Communities may shun disabled people and their families because they believe they will spread their ‘ill fortune’ to others either intentionally or unintentionally disabled people are sometime avoided by pregnant women out of fear that their unborn child will be contaminated.
  + *Disabled People are unable to contribute -* Stigma occurs because of the expectation that disabled people are less able to contribute to the good of the family and the community, and the assumption that they are a burden. In West Africa for example, disabled children are not only seen as a - ‘financial and resource liability internally, but also by the larger community, resulting in the shaming of the family with a disabled member’.
  + *Disabled people cannot have normal relationships/are sexually inactive* **-** A study in Bangladesh, India, and Nepal, found that families arranged marriages for disabled daughters with whoever accepted them because of the low expectations they had for them [[15]](#footnote-15). A study in Tanzania of people with Albinism found that that their partners, if they had one, had problems and even divorced them because of it. Disabled women can also struggle to access sexual and reproductive health services due to cultural beliefs that they are not sexually active, despite being more likely to be a victim of sexual abuse than their non-disabled peers[[16]](#footnote-16). In countries where there is a common folk belief that sex with a virgin can cure HIV, the incorrect assumption that disabled people are sexually inactive, puts them at risk of such rapes.
  + *Misconception: disabled people will not be able to report sexual abuse -* Girls with disabilities, especially those with intellectual, communication, or visual impairments, are especially vulnerable as a result of assumptions that they will not be able to tell others about what happened to them and denounce the perpetrators.
  + *Misconception: disabled people are witches -*Disabled People, especially children with autism and people with mental illness are particular targets of witchcraft accusations, due to their low social status but also because of others’ interest in acquiring their property, money or land.

## **C) Media and Disability**

The media is a powerful tool used to communicate, create and raise awareness to reach a wide audience at a given time. Disability issues and rights can therefore be very well communicated using the media to promote accurate images and voices of disabled people. In the past and currently media has presented disabled people negatively as objects of pity, yet they can just be portrayed as people with different needs. The media can be used to bring to the limelight how policies, plans and programmes should have an inclusive approach to disabled people as part of development. This will ensure that rights of disabled people are protected and implemented. DPOs have to organise with media companies, media professionals-presenters, actors, directors editors, script writers, producers, advertisers and government departments to not only challenge negative portrayals and explain why these are both offensive and disempowering to disabled people and their families, but also challenge the absence of disabled people from being there in front of and behind the camera/microphone.

**1) The Role of Media** The media can deeply influence public opinion and establish societal norms. Disabled people are covered in the media, film and TV entertainment. The back cover of this document gives some examples of characters who are disabled and characters played by disabled actors in most instances negatively stereotyped and not appropriately represented. Most of the time disabled people are still depicted as objects of pity, charity or lone outsiders.

The media can therefore be a vital instrument in raising awareness, countering stigma and misinformation. It is a channel that can change societal misconceptions and present disabled people as individuals, part of human diversity, thus contribute to an effective and successful inclusion of disabled people in all spheres of life. UNCRPD requires states to raise awareness and combat stereotypes related to disabled people, by encouraging all media to portray disabled people in a manner consistent with respect for human rights. UNCRPD works as a tool to enhance the work of the media in promoting the rights of disabled people, as well as promoting their access to education, employment, health and other areas of development on an equal basis with others.

**2) Stereotypes** For thousands of years, in every culture and society, physical and mental differences have been ascribed special meaning. This was usually negative and often persists in social stigma, negative attitudes and stereotypes. Stereotypes are negative and untrue perceptions, generally associated with disabled people. These negative and untrue perceptions often precondition how people treat, associate and respond to us. Such deep-rooted beliefs, ignorance, fear, negative and untrue perceptions, influence the low expectations of disabled people and their families about their abilities, limiting their skills, independence and achievements.

Limitations imposed on disabled people are violations of their basic human rights. However, these rights are often violated due to lack of information. There are many cultural and literary manifestations of stereotypes which are being reinforced in myths, legend or literature. Even modern films, comics and television programmes draw upon and reinforce these negative stereotypes. It is disheartening to think that these stereotypes, beliefs, mentality, attitudes and perception continue to be perpetuated, in spite of the fact that the UN Convention on the Rights of Persons with Disabilities (UNCRPD), has now been in effect for almost twelve years and over one hundred and eighty countries have ratified it thus far (182/194). The Convention’s lack of implementation is a factor and urgent action is needed. The Commonwealth Disabled Peoples’ Forum (CDPF) is seeking to erase and eliminate such stereotypes and has come up with a Policy Paper which we hope the Heads of Government of the Commonwealth will become a partner to bring about the desired change. To illustrate the gravity of the situation, we reference some of these dehumanizing terms and provide what the disability community wishes the preferred terminology and description to be.

**Myth/ Fact**

**Myth**: Disabled People are incapable and helpless, passive and dependent. **Fact**: Disabled People can and want to contribute actively and participate in their community and society. We are capable and independent individuals who can contribute towards changes in all spheres of life when barriers are modified and reasonable accommodations and supports are provided.

**Myth**: Disability is contagious. **Fact:** Disability/impairment cannot be transferred from one person to another but is a long-term loss of physical or mental function or impairment. Our disability is the attitudinal, environmental and organisational barriers we face. The barriers can be changed. Our impairments are much harder or impossible to change.

**Myth**: All disabled people are sick people.  **Fact**: Someone can acquire an impairment, as a result of a medical condition but not all disability is associated with illness. While some impairments are progressive in their impact on the person, for most it is just a loss of function that can be accommodated e.g. Braille, Sign Language, Universal Design, Easy Read or Pictograms.

**Myth**: Disabled People brought bad luck because we had been cursed or had a spell placed upon us. **Fact**: Disability is not a result of someone’s parents or themselves having done something wrong. It arises from a long-term loss of physical or mental function.

**Myth:** Disabled People can only succeed in the field of Music and Craft-Making. **Fact**: Disabled People can be successful in all fields of endeavour, with the right support and accommodations.

**Myth:** Disabled People cannot make or take decisions and someone must always act on our behalf. **Fact:** Disabled People can be actively involved in decision-making processes, including those directly concerning us. We must have agency with the right assistance and communication systems.

**Myth:** Disabled People cannot be educated in the general education system and should only be educated in institutions built specifically for us. **Fact:** Disabled People should not be segregated and should access an inclusive, quality primary, secondary and tertiary education on an equal basis with others.

## **D) Discriminatory Policies and Legislations**

In his study of disability discrimination in Britain, Colin Barnes[[17]](#footnote-17) looked at the nature of institutional discrimination. He stated that the phenomenon is evident when the policies and activities of all types of modern organisation result in inequality between disabled people and non-disabled people. It is, he stated, “embedded in the excessive paternalism of contemporary welfare systems and is apparent when they are systematically ignoring or meeting inadequately the needs of disabled people”. It is also evident when these agencies regularly interfere in the lives of disabled people as a means of social control, in ways and/or to an extent not experienced by non-disabled people. Institutional discrimination incorporates the extreme forms of prejudice and intolerance usually associated with individual or direct discrimination, as well as those more covert and unconscious attitudes that contribute to and maintain indirect and/or passive discriminatory practices.

Barnes and Oliver[[18]](#footnote-18) stated that discrimination will only end with the existence of both a strong anti-discrimination policy based on the social model of disability, and a well-funded disabled people’s movement to enforce it. They also argue for a meaningful freedom of information act to ensure that medical records and other information cannot be used to legitimate prejudice and ignorance. They state that what is needed is a comprehensive legislative programme, which will establish a suitable framework for the enforcement of policies that will ensure the integration of disabled people into the mainstream economic and social life of the community, and also provide public confirmation that discrimination against disabled people, for whatever reason, is no longer acceptable. In other words, we need legislation that emphasises civil rights rather than individual needs, and focuses on the shortcomings of the disabling society in which we live, and not on individual impairment. Barnes and Oliver propose that civil rights cannot be achieved by legislation alone, but rather require decisive political action, which itself is dependent on the presence of an adequately funded national network of organisations controlled and run by disabled people. It is these organisations that can place the issue of institutional discrimination onto the political agenda, and that are best suited to ensure the eventual eradication of disability discrimination.

**Example -In India** despite the Disabilities Act 2016 Act, supposedly to bring India in line with the UNCRPD, over 2000 laws discriminate against disabled people. A few examples of laws are

* *Opening a bank account* **-** A person with mental and physical disabilities – including "autism, cerebral palsy, mental retardation" – cannot open a bank account unless they have a guardian appointed by the authorities. Only after a guardianship certificate is issued can a disabled person open an account, according to a 2014 Reserve Bank of India circular.
* *Representation of People’s Act* - No person of “unsound mind” – declared so by a court – can vote in an election, as per the Act.
* *Marriage Laws* - Under some marriage laws, including the Special Marriage Act a person of unsound mind is either deemed “incapable of giving valid consent” or “unfit for marriage and procreation of children". Even epileptic fits are considered grounds for not registering a marriage.
* *Adoption Law* - A prospective adoptive parent should be physically, mentally and emotionally stable to adopt a child, under the Central Adoption Resource Authority guidelines.
* *Choosing or terminating pregnancy* - The Medical Termination of Pregnancy Act allows for termination of pregnancy for a mentally ill person only with the consent of her guardian in writing. In the Act, a mentally ill person is on the same standing as a woman who is less than 18 years old. Since the guardian has all the powers, a person with psycho-social impairments may not be allowed to even choose a pregnancy.

## **v. Eradicating Stigma**

Eradicating discrimination and stigma requires a range of actions. The following areas will require consideration:

**a) The enabling environment** Despite the existence of global frameworks for non-discrimination, inequality often remains ‘enshrined in law’. Existing anti-discrimination laws and policies can be strengthened to ensure they address intersecting discrimination and lay the foundations for change. Where no suitable laws exist, new laws and policies must be adopted. Integrating reasonable accommodation for disabled people into all appropriate legislation – including electoral, education, employment and early warning systems – furthers non-discrimination.

**b) Implementation** Where appropriate policies do exist, there are often significant gaps in implementation. New and strengthened laws and policies should be accompanied by implementation measures, including minimum standards and guidelines for non-discrimination, adequate budgets and appropriate safeguards. National Human Rights and disability bodies play a crucial role in monitoring implementation and reporting discrimination. Ensure they are independent of Government, resourced to provide technical guidance and are empowered to facilitate access to justice and highlight discrimination.

**c) Participation and leadership** Effective representation of a diverse range of disabled people, at all levels of society and in decision-making, can challenge stereotypes and ultimately address discrimination. Groups and networks of disabled people and their families, can be a crucial way to build confidence, overcome stigma and support disabled people to claim our rights. Due to high levels of discrimination, Disabled People’s Organisations (DPOs) may lack resources, capacity and influence. Yet the participation and leadership of disabled people in public and political life can lead to transformative change. By working with disabled people and their representative organisations, development workers can ensure all development and emergency responses are inclusive and address intersectional discrimination.

**d) Awareness raising** of the rights of disabled people can help to tackle misconceptions and remind development agencies of their obligations. Directly raising stigma as a discussion topic can encourage people to reflect and challenge their own prejudices. Disability equality training delivered by disabled equality trainers for public officials can help change attitudes and lead to more inclusive practices. Working with parents of disabled children, raising awareness among classmates, and forming networks between schools, parent associations and DPOs all help to address stigma. Mass media can be used alongside other interventions to increase connections between disabled people and the wider public. Sport is one example that can change the way communities view disabled people, as well as how disabled people think about themselves. Using role models and community leaders to publicise achieved change can help further transform people’s attitudes towards disability. Article 8 of UNCRPD requires Governments to “undertake to adopt immediate, effective and appropriate measures:

a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

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;

c) To promote awareness of the capabilities and contributions of persons with disabilities”.

**e) Education and employment** Ensuring the participation of disabled people in appropriate education and skill training can provide pathways to economic empowerment and can help to change perceptions, including of how disabled people view themselves. Employers can address discrimination by developing clear policies for addressing stigma, **bullying** and harassment, and providing reasonable accommodation to individuals and caregivers.

**f) Technology** Innovative and accessible technologies, including appropriate assistive technologies (AT), can help to address discriminatory barriers to participation. Such AT includes voice recognition, magnification and text-to-speech functionality; message, relay and caption services; hands-free navigation and gesture-controlled interfaces. The challenge is to ensure equitable access.

**g) Data** More accurate disability data can be the first step to identifying discriminatory barriers and better resource allocation. Methodologies for collecting disability disaggregated data, including the Washington Group Question Sets, have been developed to provide standardised data in non-discriminatory ways. Quantitative data should be complemented with qualitative data to give insights into the lived experiences of disabled people.

h) **Measures Governments are required to undertake** to raise awareness under Article 8 of UNCRD . “Measures to this end include:

a) Initiating and maintaining effective public awareness campaigns designed:

i. To nurture receptiveness to the rights of persons with disabilities.

ii. To promote positive perceptions and greater social awareness towards persons with disabilities.

iii. To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market.

b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities.

c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention.

d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.”

***Follow Up Activity 7.1***

***7.1) Outline the main elements of a campaign to challenge disability stigma in your country.***

**vi) Interventions to Prevent Discrimination**

* Laws and Policies
* Awareness and Media
* Reporting and documenting of abuses
* Advocacy

**A) Laws and Policies**

A human rights-based approach to disability needs to be taken by Governments of the Commonwealth and the media needs to help shape a better understanding about disabled people. This means viewing disability from a human rights perspective which involves an evolution in thinking and acting by States and all sectors of society towards disabled people. We become subjects with rights and agency, no longer considered to be recipients of charity or objects of others’ decisions. We are holders of rights. A rights-based approach seeks ways to respect, support and celebrate human diversity by creating the conditions that allow meaningful participation by a wide range of people, including disabled people. Protecting and promoting our rights is not only about providing disability-related services. It is about adopting measures to change attitudes and behaviours that stigmatize and marginalise .

The UN CRPD is an international human rights instrument intended to protect the rights and dignity of persons with disabilities. States Parties to the Convention are required to promote, protect and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law.

**“Article 1 Purpose** To promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity”.

**Article 6 Women** with disabilities being treated equally. Countries agree that women and girls with disabilities are treated unfairly in lots of different ways. Countries will work to make sure that women and girls with disabilities have full, free and equal lives.

**Article 8 Awareness-raising** Requires Countries to combat stereotypes and prejudices and promote awareness of the capabilities of persons with disabilities.

**Article 12 Being treated equally by the law** People with disabilities are to be respected by the law like everyone else. People with disabilities have the same right to make their own decisions about important things as everyone else

**Article 19 Independent living and being a part of the Community** Countries should make sure people with disabilities have the same choices as everyone else about how they live and being part of their communities.

**Article 24 Inclusive Education** An Inclusive quality education system for all. People with disabilities have a right to education. Countries will make sure people with disabilities have the opportunity to go to mainstream schools and can carry on learning throughout their lives.

**Article 27 Work and employment** Countries recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to people with disabilities.

**Article 28 Adequate standard of living and social protection** Recognizes the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement ofliving conditions.”

**Remember** When Countries agree the Convention (in Article 4) they must agree to:

* + Making rules and laws to give disabled people their rights and changing any laws that aren’t fair.
  + Making sure the rights of disabled people to be treated equally are included in all policies.
  + Not doing things that are against this agreement.
  + Making sure governments and authorities do the things in this agreement.
  + Doing as much as they can to make sure no one discriminates against disabled people.
  + Making sure things are designed for everyone to use or that can be easily changed.
  + Using new technology to help disabled people.
  + Giving accessible information to disabled people about the things that will help them.
  + Training people about this agreement.
  + All countries promise to do as much as they can afford to make sure disabled people have equal access to things like housing, education and health care.
  + All countries should involve disabled people in making new laws and policies.

**Examples**

**a) Ukraine** The Ukrainian Constitution, Labour Code and Protection of Disabled Persons Law ensure that disabled individuals have equal rights at all times. Discrimination based on disability is strictly prohibited. Disability cannot be used as a ground for hiring or dismissal. unless the state of the individuals’ health (to be proven by medical and expert evidence) prevents them from carrying out their work duties or poses a threat to the safety of others.

**b) United Kingdom** The Equality Act 2010 prohibits disability discrimination in the workplace. It covers all types of workers (employees, self-employed, agency staff, partners and those undergoing vocational training) and applies to all stages of work from recruitment to post-employment victimisation. However, the gap between employed non-disabled and disabled people still remains large. This was 29.8% in 2019 and narrowed to 28.3 % in 2020 but is likely to increase again after the impact of Covid lockdown is taken into account. The issue is effective monitoring. [2019 Non-disabled people of working age in employment 51.8% compared to 81.6% for non-disabled people in 2019 and 53.7% and 82% in 2020].

**c) India** The Rights of Persons with Disabilities Act, 2016 (the “Disabilities Act, 2016”) along with the Rights of Persons with Disabilities Rules, 2017 (together, the “Disability Law”) has been enacted by the Indian government. The new Disability Law gives effect to the principles of the *United Nations Convention on the Rights of Persons with Disabilities*[*2*](https://www.nishithdesai.com/information/news-storage/news-details.html#c2). The Disability Law *inter alia* seeks to protect disabled persons from various forms of discrimination, increases measures for effective participation and inclusion in the society, and ensures equality of opportunity and adequate accessibility.

**d) South Africa** With the birth of the ‘Rainbow Nation’ and strong constitutional commitments in the post-apartheid era to equality and inclusion for all, much legislation was passed. A Report in 2005 written by disabled people under the Knowledge and Research programme concludes:

“The positive policy environment in South Africa presents unique opportunities for disabled people to address issues such as:

• poverty

• high levels of unemployment

• education of disabled children and young people

• access to social security and assistive devices

• access to housing, public health services and transport.

The current legislation, in the form of the Employment Equity Act, Social Assistance Act, Skills Development Act and Skills Development Levy Act and others, has helped create a new sense of awareness of the needs of disabled people. However, with the exception of a few policies such as the Social Assistance Act, the implementation of these policies has had marginal impact on the lives of a majority of disabled people in South Africa. Problems associated with the lack of budgetary allocations, the ignorance of civil servants charged with the responsibility of implementing these policies, and procedural bottlenecks, among other things, have been identified as some of the main causes of ‘policy evaporation’ within the South African context[[19]](#footnote-19). More recent reporting suggests the problems of Implementation continue and were not helped by moving responsibility for disability from the President’s Office to the Department of Social Security in 2014. This is again the point with inclusive education, where currently 600,000 disabled children are out of school despite laws such as the 1996 Education Act which guaranteed education for all disabled children.

***Follow up Activities 7.2, 7.3, 7.4 , 7.5***

***7.2) Find out what legislation has been passed in your country that is compliant with the Disability Rights contained in the UNCRPD.***

***7.3) When was it passed? How much is implemented? Where are the gaps?***

***7.4) What are the legal routes for redress and Justice? How easy are these to use and what do they cost? Make suggestions for improvements.***

***7.5) Who would you recruit for a campaign to improve disability legislation? How would you build the campaign? Draft a leaflet and petition addressing the legislative issue you wish to address.***

**B) Awareness and Media**

**1. Tips on Promoting the Positive Portrayal of Disabled People**[[20]](#footnote-20)

* It is very important that both journalists and communications professionals connect disability issues with human dignity and rights. Here are some tips for promoting the positive portrayal of disabled people:
* **Support the human rights-based approach.** As noted previously, there has been a dramatic shift toward a human rights approach to disabled people. This approach is linked to the social model in that it recognizes that a transformation within society is needed to ensure equality and justice for all. Human rights are the fundamental principles through which every individual can gain justice and equality. Ultimately, the human rights-based approach aims to empower disabled people and to ensure their active participation in social, economic, political and cultural life. Changes are needed in society to ensure this, starting by changing perceptions.
* **Focus on the person, not the impairment.** In describing a disabled person, focus on the individual and not on their particular functional or physical limitations. For example, say ‘disabled people’ instead of ‘the disabled’; ‘person of short stature’ instead of ‘dwarf’. Given editorial pressure to save space or accommodate design layouts, it is not always possible to put people first. However, always strive to keep your portrayal positive and accurate: for example, disabled person, wheelchair user, deaf girl, blind person. (See also ‘Terminology’ for use of respectful language when referring to disabled people.)
* **Focus on what people can do, not what we can’t do**

Avoid emotional words such as “unfortunate”, “pitiful”. Avoid sad music or melodramatic introductions when reporting on disability. Never refer to disabled individuals as ‘the disabled’.

* **Show disabled people as active in society.** Portraying disabled people as active members of society and not as passive and dependent helps to break down barriers and opens up opportunities.
* **Allow disabled people to speak for ourselves.** Experience shows that when a disabled person speaks with confidence and authority about a particular situation, non-disabled audiences are more likely to believe that disabled people are knowledgeable (ILO and Rehabilitation International 1994).
* **Don’t overemphasize disabled ‘heroes’.** Even though the public may admire ‘superheroes’, portraying disabled people as superstars raises unrealistic expectations that all disabled people should achieve this level.

**Terminology[[21]](#footnote-21)** Both words and images used to describe a person or situation can have a positive or negative effect. Avoid categorizing a person based on their impairment. Refer to the person and not the impairment.

The following guidelines are suggested:

|  |  |
| --- | --- |
| **AVOID PHRASES LIKE** | **USE PHRASES LIKE** |
| Afflicted by multiple sclerosis, cerebral palsy, etc | Person who has multiple sclerosis, person with cerebral palsy |
| Spastic, Spazzie, Spaz | Disabled Person. Person with Cerebral Palsy |
| Attack, spells, fits | Seizure |
| Birth defects, deformity | Person born with an impairment. Person with a disability from birth |
| The blind, the visually impaired | Person who is blind or Blind People. Person with a visual impairment |
| Confined to a wheelchair,  Wheelchair-bound | Person who uses a wheelchair  A wheelchair user |
| Crazy, insane, mad, demented, psychotic, lunatic, schizophrenic, deviant | Person with a mental health condition /disability. Person who has schizophrenia, etc |
| Cripple/crippled | Person with a physical disability. Person with a mobility impairment, Person who walks with crutches. |
| Deaf-mute, deaf and dumb | Deaf People. Person who is deaf person. Person who is hearing impaired or deafened |
| Differently-abled/ Physically Challenged | Disabled Person |
| (The) Disabled | Disabled Person |
| Dwarf, midget | Person of short stature |
| Handicapped | Disabled Person/People |
| Handicapped seating, parking, washrooms | Accessible seating, parking, washrooms |
| Invalid | Disabled Person |
| Mentally retarded, idiot, imbecile, slow, feeble minded, moron | Person with an intellectual disability Persons with learning disabilities or learning difficulty |
| Mongoloid, mongolism | Person with Down’s Syndrome |
| Normal | Person without a disability. Non-disabled person |
| Spastic | Person who has muscle spasms |
| Suffers from, stricken with, afflicted | Disabled Person |

**Why we still choose to call ourselves disabled people.** In the UK and CDPF we call ourselves ‘**disabled people’** because of the development of the **‘social model of disability’.** In the C19th and C20th, a disabled person’s medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the **‘medical or individual model’** of disability.

Social exclusion led to inadequate policies and legislation, inappropriate attitudes, stereotyped media image, inaccessible buildings and information. In the mid-1970s, a new way of thinking emerged from the disabled people’s civil rights movement, the ‘**social model of disability’** or ‘barriers approach’ (Union of Physically Impaired Against Segregation, 1976).This stated that disabled people are those with impairments who experience barriers within society. It redefined disability as pertaining to the disabling effect of society, rather than the functioning of our minds, bodies and senses, by using the following definitions: a) Impairment is a physical, mental or sensory functional limitation within the individual b) Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers. Therefore the term ‘disabled people’ was redefined by the movement to mean **‘people with impairments who are disabled by socially constructed barriers.’** This ‘social model’ definition was adopted in 1981 by Disabled People International and its meaning was incorporated into the UNCRPD. In the UK, **disabled people** are those with many different impairments-autism, deafness, blindness, bipolar, spinally injured, mental health issues, cerebral palsy, Down’s syndrome etc. Challenging the barriers in society unites us. Claiming the label **Disabled Person** is an act of solidarity, being part of an oppressed minority, just as calling oneself a ‘Black Woman’, ‘Jewish Man’ or ‘Lesbian Woman’ are political and empowering labels. However, in other parts of the world, people first language had developed so ‘**persons with disabilities’** is still used throughout the UNCRPD.

**‘People with disabilities’** - For those who choose to call themselves this, disability is not separated from their impairment. They want to be seen as **people first**, as disability is seen as a within person problem. They do not wish to be defined/confined by their impairment. Although the oppressive and unequal treatment we are subjected to is viewed as a breach of our human rights, the clear transition to viewing disability as something rooted in society and other than our impairment has never occurred. Without an understanding of **‘social model thinking’**, it is reasonable to see disability as negative and wish to distance oneself from it by, using **‘people first’**. Some impairment groups, like those with autism, cannot separate themselves from the identity with their condition and so reject the ‘people first’ epithet, preferring Autistic People. **Deaf people** (with a capital D) view themselves as a cultural minority group and community, users of Sign Language and also reject people first language. However, people with **learning difficulties** or **learning disabilities**, as far back as the 1970s in Canada, rejected an imposed label such as **‘mental handicapped’** and wanted to be known as **People First.** Language can diminish or empower and what is acceptable to various disabled people changes over time. When in doubt, ask the disabled people how they wish to be known.[[22]](#footnote-22)

**What can Media do to change negative disabled people perspectives?**

* Engage government and non-governmental organizations to educate the public on policy implementation that are inclusive of disabled people’s rights.
* Engage disabled people’s organizations on live programmes to raise awareness on disability rights issues.
* Topical issues debates and live interviews in the media to include disabled people alongside non-disabled people. When voices of disabled people are heard, families and community members begin to see disability not as a disease but a condition that anybody can have.
* Mass media to air programmes that portray disabled people in a positive manner.
* Programmes on policy implementation on disabled people be aired to educate and raise awareness on our rights as disabled people.
* Publish articles on successful disabled people and the ventures that have propelled their success.
* Employ disabled people who are capable for airing shows on TV and radio so that they can motivate others.
* Media owners can take a major step by recruiting disabled people so that they can create their own images and tell their stories.
* Media can address issues of accessibility in information, housing and transport.
* Poverty, in relation to disabled people should also be covered through the media.
* Discussions on mainstreaming disability issues into policies and programs, to include all the stakeholders.
* Health care and education with regards to disabled people should be discussed by all stakeholders.
* Discussions on cultural practices and stereotypes should be done openly by all stakeholders paying particular attention to disabled women and children.

**Social Media**

* Social media like Facebook, Instagram, Twitter, website, blog pages should be used to communicate and raise awareness on rights of disabled people. Government, non-governmental organizations, Disabled People’s Organizations (DPOs) should engage these platforms, air their concerns, get answers to our questions and advocate for our rights to be addressed.
* **Positive Practice**
* **Story Ideas for Journalists from Reporting on Disability ILO [[23]](#footnote-23)**
* **Public Perceptions and Deep-Rooted Beliefs Stop and Consider:** How often are stigma and discrimination against disabled people addressed in mainstream reporting? Do you include disabled people in your stories? Showing disabled people living in society, participating in every facet of life – at home, at work, shopping, relaxing with friends at a coffee bar, or simply being part of the population can help break down barriers and promote inclusion. How often do you showcase successful disabled individuals at work, as providers of services or as sources of information on various topics of concern to society?

**Disabled Women Stop and Consider**: Are there examples of disabled women in your community who serve as role models for other women and girls? Consider stories that show disabled women claiming their identities and standing up for their rights to work, to basic services (health, education) and fair treatment. Look for opportunities to showcase these women at work or in their community and allow them to talk about a range of topics - “double discrimination” based on sex and disability; what work means to them and their families; how they use the income generated from work, among other issues.

**Australian Broadcasting Corporation Reporting and Portraying Disability Content [[24]](#footnote-24) Arranging Interviews**

* “Most people living with a disability are not only affected by their impairment, but by additional barriers to equal participation arising from the attitudes and behaviours of others.  ABC staff should seek to minimise those barriers through thoughtful and respectful interactions. Know that you’re probably going to get it wrong sometimes, because we’re all human, but the most important thing is to approach your conversation with respect and a willingness to learn. If you are asking someone to talk to you, you should:
* Discuss prior to recording or broadcasting if they are comfortable speaking about their disability and their history.
* Ask the individual or their organisation/representative how they prefer to describe the disability or medical issue.
* Ask whether the interviewee would like to have someone with them and be prepared to wait while this is arranged. This may include an AUSLAN or other form of interpreter.
* Don’t just assume a person with a disability needs your physical or other assistance. Always ask first. ‘Let me know if you need anything’, or ‘How can I best provide support to you?’ are good ways to do this. Ask what is required for people to contribute to the content and work with that.
* If you are asking someone to come into an ABC building, take the time to consider if there are any accessibility issues and how these might be overcome.
* **Conducting Interviews**
* Unfortunately, many people with disabilities have had bad experiences with the media, and/or with community ignorance, assumption or prejudice. These experiences can compound negative feelings of difference and isolation. The ‘rules’ for a good interview are an unsurprising combination of sensitivity and common sense.
* Understand that all people with disabilities are individuals; in the same way that all people with brown hair are different to each other.
* Take care not to make gratuitous references to disabilities; an individual’s disability doesn’t have to be included if it is not directly relevant to the story.
* It is important to avoid using platitudes or statements which may judge an individual’s disability, or approach to it.  It is also important not to feign compassion or to insist that you ‘know how they feel’.
* Don’t apologise or feel the need to show pity. ‘I’m sorry you are blind or deaf’ isn’t helpful and can be seen as patronising.
* Think carefully before calling someone ‘inspirational’. The late Stella Young explains in this [article](https://www.abc.net.au/news/2012-07-03/young-inspiration-porn/4107006) why many people with disabilities don’t want to be a source of inspiration for others.
* If you are interviewing someone who uses an interpreter (including for audio stories), speak to that person and not their interpreter. Understand there may be a very short delay while your questions or statements are being communicated.
* Don’t direct your questions to a carer or companion present with the person with a disability unless the individual’s disability means they can’t physically understand or respond to you.
* Use whatever is a person’s primary mode of communication for an interview (it may not be speaking). Find a way for them to tell their story.
* Give time to consider before answering. Repeat questions or check answers to get clarification and understanding.
* None of this means that you can’t ask a challenging question. You just have to make sure it’s well informed and based around facts rather than assumptions.”

**C) Reporting and documenting of abuses**

Disability Rights International (DRI - formerly "Mental Disability Rights International") has played a frontline role in documenting evidence of rights violation.

**1. Mexico** DRI helped establish a Women's Committee formed by women with a psycho-social disability that belong to the Colectivo Chuhcan, Mexico's first advocacy organization run by persons with psycho-social disabilities. DRI helped empower these activists to become spokespersons for women with psycho-social disabilities at the local and national level.

**2. Kenya Infanticide and Abuse: Killing and confinement of children with disabilities in Kenya** is the product of a two-year investigation by Disability Rights International (DRI) into institutions and orphanages across the country. DRI visited twenty one children’s institutions – both public and private – in Kenya’s capital of Nairobi and rural and coastal communities. There were approximately 3,400 children in the facilities investigated by DRI. Some orphanages in Kenya are registered and licensed by the government, but many facilities are unregistered and hold children without any oversight. There are an estimated 1,500 orphanages in Kenya but no reliable estimates of the number of children in those orphanages. Basic living conditions in many of the orphanages we visited were poor, but conditions in the facilities designated for children with disabilities were far worse – dangerously so. There is almost no support for parents who wish to keep their children with disabilities at home. As this report documents, parents are placed under enormous pressure to kill their children with disabilities. DRI interviewed a woman whose close friend was pressured by her family to kill her two-and-a-half year old child with cerebral palsy. After killing her child, the woman became severely depressed. Her family has rejected her because of her deteriorating mental health, not because she killed her child. Throughout Kenya, families reported to DRI that there is a common belief that children born with a disability are “cursed, bewitched, and possessed.” Many believe it is a punishment for the sins of the mother, including being “unfaithful” to her husband. Another common belief is that if the firstborn has a disability, the baby should be killed if the parents want to have more children.[[25]](#footnote-25)

**3. Guatemala** After documenting sexual abuse and trafficking of women and girls with disabilities in a Guatemalan psychiatric hospital, DRI filed a petition with before the Inter-American Commission on Human Rights (IACHR). The IACHR ordered Guatemala to take urgent measures to protect the women detained in this facility. DRI is currently working with the Guatemalan government to ensure that an end is brought to the sexual abuse and trafficking against women and girls.

**4. Ukraine** The local office focuses on the rights of women and children who are institutionalized or at-risk of institutionalization. DRI has documented numerous abuses against women in Ukraine's institutions, including: non-consensual medical abortions; forced birth control and gynaecological exams; and forced separation of mothers from their children.

**5. Turkey -Ending institutionalization of children** Children as young as 9 years old were being given electro-shock treatments without anaesthesia until DRI exposed the barbaric treatment.

**6. Romania** DRI found teenagers with both mental and physical disabilities hidden away in an adult psychiatric institution – near death from intentional starvation. Some of the teens weighed less than 30 pounds.

**D) Advocacy and Protests**

**1. Trinidad and Tobago 2003** Port-Of-Spain, Trinidad--A 116-day protest in front of a government facility ended last Friday with activists declaring victory.The protest started soon after the state-owned National Flour Mills refused to hire Devon Garraway and Anthony Diaz in the first week of May. It ended when Prime Minister Patrick Manning promised employment at the facility for the two men -- who are members of Trinidad and Tobago's branch of Disabled Persons International -- along with other significant concessions. During the fifteen week demonstration, protesters gathered under a tent outside National Flour Mills, educating reporters, government officials and the public about their issues. According to George Daniel, president of the local DPI chapter, Mr. Manning agreed to several conditions in addition to hiring Garraway and Diaz. Daniel said that Manning promised that a Disabilities Act, similar to the 1990 Americans with Disabilities Act, would be put in place to protect the rights of people with disabilities. A good start is Manning's commitment that all schools -- including old buildings -- would be made accessible to persons with disabilities.

The protesters are cautiously optimistic that their action will have a lasting impression on the island nation's attitudes. "We are satisfied for now with the Prime Minister’s pronouncement. But the disabled community will remain visible . . . we will not go invisible again," Daniel told the Trinidad Guardian. "We have paid a great price and we hope that the last 15 weeks will not go in vain." Wednesday's Trinidad Guardian ran an editorial supporting the activists' work.[[26]](#footnote-26)

**2 AIDS Coalition to Unleash Power (ACT UP)** The HIV/AIDS movement provides a model for understanding the value of protest as a stigma change strategy and underscores the importance of evaluating both intended and unintended consequences. For example, the AIDS Coalition to Unleash Power (ACT UP) began in 1987 and continued over the course of more than 2 decades. Activities in the early years of the campaign included ACT UP members chaining themselves to the offices of pharmaceutical companies involved in the development of experimental drug treatment. This tactic was widely credited with changing the way HIV/AIDS drugs were developed and delivered[[27]](#footnote-27).

**3. Italy** As part of the psychiatric reform that followed Law 180 in 1978, a growing number of worker cooperatives in Verona, among other places, have become consumer-run enterprises. These cooperatives compete successfully with local businesses in the open market and provide work for persons with the most disabling and discriminated mental disorders. One of these cooperatives has become associated with a psychiatric self-help group and the Department of Mental Health in implementing a joint programme against stigma. Help is given to psychiatric service consumers to free themselves from the care system by promoting their initiatives and supporting their efforts to meet requirements for housing, work, social activities and entertainment. The results after five years are very encouraging [[28]](#footnote-28).

**4. India**  After six years of disability activists lobbying, advocating and waiting patiently during days of disruptions and adjournments in the heated Winter Session of the Parliament in 2016, we finally witnessed the compassion of our Parliamentarians with the unanimous passage of the much awaited Rights of Persons with Disabilities (RPWD) Bill on 14th December, 2016 in the Rajya Sabha and subsequently in the Lok Sabha on 16th December, 2016. The Bill was further approved and signed by the Honarable President before the year end and 'notified' by the Government in its official Gazette on 28th December, 2016. Thus, RPWD Bill 2016 was 'enacted' and became a ‘LAW’, the [**Rights of Persons with Disabilities (RPWD) Act, 2016!** [PDF file](https://www.ncpedp.org/sites/all/themes/marinelli/documents/Rights%20of%20Persons%20with%20Disabilities%20(RPWD)%20Act%202016.pdf) [Opens in a new window](https://www.ncpedp.org/sites/all/themes/marinelli/documents/Rights%20of%20Persons%20with%20Disabilities%20(RPWD)%20Act%202016.pdf)](https://www.ncpedp.org/sites/all/themes/marinelli/documents/Rights%20of%20Persons%20with%20Disabilities%20(RPWD)%20Act%202016.pdf) Indeed, a historic moment and a path breaking achievement! This Law will be a game changer for the estimated 70-100 million disabled citizens of India and will help move the discourse away from charity to one that is rights based with provisions to enforce implementation.Apart from covering 21 categories of disabilities from the previous 7 categories under the 1995 Act, this new Act lays complete emphasis on one’s rights – right to equality and opportunity, right to inherit and own property, right to home and family and reproductive rights among others. Unlike the 1995 Act, the new Act talks about accessibility - setting a two-year deadline for the government to ensure that persons with disabilities get barrier-free access to physical infrastructure and transport systems. Additionally, it will also hold the private sector accountable. This also includes educational institutions ‘recognized’ by the government such as privately owned universities and colleges. A path-breaking feature of the new Act is the increase in reservation in government jobs from 3% to 4%. With the new law, the Indian disability movement has been catapulted onto the next level. This has ushered us into the next stage of disability rights.[[29]](#footnote-29)

**5. Uganda-Masaka Association of Disabled Persons Living with HIV&AIDS (MADIPHA**)is the first and only organization founded and led by disabled people living with HIV/AIDS in Uganda. It started as a small, district-based community organization and is now able to reach communities in six districts. MADIPHA’s main activities involve providing information about HIV and AIDS through advocacy, training, community dialogues, education, livelihood support, and the formation of support peer-to-peer groups[[30]](#footnote-30).

**6. UK Direct Action Network and Disability Legislation .** Faced with 16 failed attempts to get Disability Anti-Discrimination Legislation through the UK Parliament starting from 1982. Disabled Activists took to the streets, chained themselves to inaccessible buses, threw red paint at 10, Downing Street and crawled into Parliament to highlight the injustice of their position. Although there were a majority of Members of Parliament in favour the Government talked out, amended and filibustered to stop the legislation. In particular because of the actions of disabled activists, Disabled People’s Direct Action Network, the Act was eventually passed as the Disability Discrimination Act of 1995. It was weak and left-out many things such as education. Later amendments in 2001 and 2005 strengthened it and most of these were incorporated into the 2010 Equality Act, thanks to the pressure from disabled people and their organisations.[[31]](#footnote-31)

**7. UK-Disability Inclusive Development (DID) Programme**, a six year (2018 –2024) programme implemented in Bangladesh, Kenya, Nigeria, Tanzania, Jordan and Nepal by 11 consortium partners aims at four thematic areas: education, health, livelihoods and negative stereotyping & discrimination. Now subject to up to 50% cuts from UK Government Foreign Development and Commonwealth Office.

**8. Kenya Disability Rights International (DRI)** Their report into institutions and orphanages across the country promotes the model that International Development funders should mirror the best of local practice and promote deinstitutionalization of disabled children. They quote one local organisation that has:- “The Action Foundation, a day-care centre for children with disabilities living in the slums of Kibera. The organization provides physical rehabilitation, training for daily independent living, school placement, and a feeding program to children with disabilities. For malnourished children, they provide them with proper care and diet to ensure they gain the required weight. If the children are old enough to go to school, the organization works with public schools to integrate them. The organization is currently working with 13 schools in the area and has had great successes in making them accessible to children with disabilities.” Or “Dream Children’s Home, the only institution that had a program to locate families, only managed to reintegrate 5 children. The rest of the families did not have the resources or the supports to care for their children. According to the director, ‘if the families got support to take care of the children, they would keep them.’ Deinstitutionalization programs must include support to the families to care for their children including

• General support in the form of cash transfers, food, and clothing

• Support for the children to attend school including school fees, school supplies, and uniforms

• Guidance, training, and counselling for the families

• Trauma-informed care for the child to address emotional trauma caused by being in an institution. Kenya is a low-income country; however, it is receiving large amounts of international aid and donations.

DRI has documented international donations going to institutions. Starting with these funds, the government of Kenya must regulate international funds so that they are reallocated to fund family supports. Stahili has closed institutions by locating families, talking to donors, and convincing them to transfer the support they were giving to the institutions to the families. This has allowed for the rescuing and reintegration of children in institutions back to their families. “[[32]](#footnote-32)

**9. USA** [**National Centre on Disability and Journalism**](https://ncdj.org/) **Walter** Cronkite School Journalism University of Arizona**[[33]](#footnote-33)**“[Resources for Journalists with Disabilities](https://ncdj.org/resources/resources-for-journalists-with-disabilities/) provide a range of resources that may be useful for disabled journalists.

***Follow Up Activities 7.6 & 7.7***

***7.6) Monitor your mainstream media for mentions of disability and disabled people for 1 week. Tabulate positive and negative outcomes.***

***7.7) Write a letter arguing to improve disability portrayal to a) a national broadcaster b) a journalists’ or film makers’ trade union c) a private TV production company.***

**vii. Conclusion**

Stigmatization for disabled people and their families is a very real and very debilitating issue and causes particular hurt and limitation for those living in Africa/Asia with disability. The main cause of stigmatization in LMIC is a lack of education about disability and the needs of disabled people and lack of exposure to the capabilities and belief in potential for disabled people and especially for disabled children. The unknown creates fear in society and exclusion for disabled people, prohibiting them from obtaining decent education and later from having access to jobs and financial support. Since the Convention for the Rights of Disabled Persons (CRPD) in 2006 societal education has been supplemented by implementation of development programs as a means of inclusion to mitigate the stigmas and provide fulfilment of all human rights and opportunities for persons with disabilities. Even though many countries have ratified the CRPD, there is still a long way to go. Those who are working for inclusion are primarily specialized organizations and NGOs. Issues faced by disabled people need to be mainstreamed for true change to occur. This has come in the form of the Sustainable Development Goals, which not only fully acknowledge the marginalization of persons with disabilities but focus on inclusive goals.

All in decision-making positions in private and public organisations need to receive disability equality training delivered by disabled equality trainers and then develop plans to remove barriers in their organisations and promote disability equality.

However, as we have seen the most effective way of bringing about change and to challenge stigma and discrimination against disabled people is the self-organisation and self-advocacy by disabled people and their organisations Disabled People’s Organisations (DPOs). These need to be run and controlled by disabled people and democratically reach consensus about what is to be done. DPOs welcome funding and support from NGOs and Governments provided they respect the principle of ‘Nothing About Us Without Us’.

Passing Anti-Discrimination Laws in line with the UNCRPD is only the first stage on the road to disability equality. These need codes and directives for their implementation across all areas of society. Awareness needs to be raised and disabled people and their families need to know their rights and how to enforce them. It should not be left to disabled people to do this. If laws are passed then the governments, civil service and Human Rights Institutes need to monitor what is going on and there needs to be sufficient funding to do this.

There must be a legal right to challenge disability discrimination and judgements must be thoroughly enforced by the state and judiciary. Only in this way can we hope to achieve the Sustainable Development Goals with Nobody Left Behind.

# **Way Forward**

**Implementation Strategies for Laws to Challenge Disability Discrimination and Stigma**

**i) What do you need to do in your country to ensure that the UNCRPD is backed by detailed national legislation?**

**ii) How will you get your Government to monitor implementation of UNCRD/SDGs with DPO involvement and regularly publicly report?**

**iii) What measures are needed in your country to be able to legally pursue hate crime and discrimination against disabled people, through the Judicial System?**

**iv)What are the key elements to run campaigns of public awareness in the mass media to change attitudes to disabled people? How will you set this up?**

**v) To run Disability Equality Training in your country so public servants, educators and employers understand the human rights/social model approach to disability and develop disability friendly policies and practices what needs to change? Develop a plan to develop the capacity to do this with your DPO.**

**vi) How can your DPO(s) involve themselves in the UNCRPD Monitoring Cycle and develop the capacity and produce Shadow Reports?**

**vii) How will you add into monitoring and targets the impact of Covid-19 and promote remedial measures to get delivery and implementation back on target.**

****

# **Commonwealth Disabled People’s Forum Images TV and Film**

This page is pictures of films and television and is in text-only on the next page

Black (2005 film) - Wikipedia
Story about Deaf Blind Indian Girl in India  partly based on life Helen Keller in 2005 situation

****

India Film retelling Helen Keller

**Nollywood ‘Evil Child’**

A picture containing person, person, girl, with cerebral palsy suckinglooped blue plastic straw Margarita with straw. Good portrayal played non-disabled actor 

Description automatically generated

**Indo -American Film ‘Margarita with a straw ‘**

**positive**

**Nollywood ‘Beyond Disability’ Negative**

**The films and television series shown are as follows:**

**Beyond Disability – Nollywood – Negative portrayal**

**The Evil Child – Nollywood – Negative portrayal**

**Margarita with a Straw - Indo-American film – Positive portrayal**

**Black – India film retelling the story of Helen Keller**

**Disabled characters played by non-disabled actors**

Homeland – Carrie has bi-polar

Doc Martin – he has OCD

The Bridge – Sonya Cross has Aspergher’s syndrome

My name is Khan portrays a man with autism

Glee – there is a character using a wheelchair but the actor is not disabled

Untouchable, Rust and Bone, The Sessions are all films that have non disabled actors playing disabled characters

**Disabled characters played by disabled actors:**

Game of Thrones - Tyrion is played by Peter Drinklage, a person with short stature

EastEnders – actors David Proud and Lisa Hammond are wheelchair users

Afterlife – Roberta Brogan plays Paula Sage who has learning difficulties

Silent Witness – Liz Carr is a wheelchair user

Yi Tambien (Me too) – Pablo Pineda has Downs Syndrome

Emmerdale - Kitty McKeever is a blind actor and her character was blind

Breaking Bad – RJ Mitte has cerebral palsy

1. Global Disability Summit | Dignity and respect for all DFID 2018 <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726179/DFIDHandouts_Dignity_Respect_V6.pdf> [↑](#footnote-ref-1)
2. Division for Social Policy and Development (DSPD). (2016). (DSPD. p. 3). *Toolkit on Disability for Africa – Culture, Beliefs and Disability*. UN. http://www.un.org/esa/socdev/documents/disability/Toolkit/Cultures-Beliefs-Disability.pdf [↑](#footnote-ref-2)
3. ibid p. 6 [↑](#footnote-ref-3)
4. Stone-MacDonald, A., & Butera, G. (2014). Cultural Beliefs and Attitudes about Disability in East Africa. *Review of Disability Studies*, 8:1, 1-19. http://www.rdsjournal.org/index.php/journal/article/viewFile/110/367 p.5 [↑](#footnote-ref-4)
5. Ibid p.5. [↑](#footnote-ref-5)
6. Mostert, M.P. (2016). Stigma as a barrier to the implementation of the Convention on the Rights of Persons with Disabilities in Africa. *African Disability Rights Yearbook*, 2-24. p9. [http://www.adry.up.ac.za/images/adry/volume4\_2016/adry\_2016\_4\_chapter1.pdf](http://www.adry.up.ac.za/images/adry/volume4_2016/adry_2016_4_chapter1.pdf%20%20)  [↑](#footnote-ref-6)
7. Aley, R. (2016). *An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa*. Advantage Africa. p.15 <https://www.advantageafrica.org/file/advantage-africa-full-research-report-sexual-abuse-of-persons-with-disabilities-pdf> [↑](#footnote-ref-7)
8. Groce, N., & McGeown, J. (2013). *Witchcraft, Wealth and Disability: Reinterpretation of a folk belief in contemporary urban Africa* (Working Paper Series: No. 30). Leonard Cheshire Disability and Inclusive Development Centre, UCL. p.4 [https://www.ucl.ac.uk/iehc/research/epidemiology- public-health/research/leonard-cheshire-research/research/publications/documents/working- papers/wp-30.pdf](https://www.ucl.ac.uk/iehc/research/epidemiology-%20public-health/research/leonard-cheshire-research/research/publications/documents/working-%20papers/wp-30.pdf) [↑](#footnote-ref-8)
9. Ibid 4,5,6,7,8 [↑](#footnote-ref-9)
10. McConkey, R., Kahonde, C., & McKenzie, J. (2016). Tackling Stigma in Developing Countries: The Key Role of Families. In K. Scior & S. Werner (eds.)*. Intellectual Disability and Stigma: Stepping Out from the Margins*. Palgrave Macmillan. [↑](#footnote-ref-10)
11. Inguanzo, I. (2017). *The situation of indigenous children with disabilities*. Policy Department, Directorate-General for External Policies, European Union p.31.

    <https://www.europarl.europa.eu/RegData/etudes/STUD/2017/603837/EXPO_STU(2017)603837_EN.pdf> [↑](#footnote-ref-11)
12. Parnes, P., Hashemi, G., Njelesani, D., Njelesani, J., Richard, D., Cameron, C., & Keachie, H. (2013). *Outside the Circle - A research initiative by Plan International into the rights of children with disabilities to education and protection in West Africa*. p24 Plan International. <https://planinternational.org/publications/outside-circle#download-options> [↑](#footnote-ref-12)
13. Ando, M. (2017). *The right to sexual and reproductive health rights of girls with disabilities: Response by the Asian-Pacific Resource and Research Centre for Women (ARROW)*. ARROW. [http://www.ohchr.org/Documents/Issues/Disability/ReproductiveHealthRights/NGOS/Asian- PacificResourceandResearchCentreforWomen.docx](http://www.ohchr.org/Documents/Issues/Disability/ReproductiveHealthRights/NGOS/Asian-%20PacificResourceandResearchCentreforWomen.docx) [↑](#footnote-ref-13)
14. Franklin, A., Lund, P., Bradbury-Jones, C., & Taylor, J. (2018). Children with albinism in African regions: their rights to ‘being’ and ‘doing’. *BMC International Health and Human Rights*, 18:2, 1-8.p 5 <http://doi.org/10.1186/s12914-018-0144-8> [↑](#footnote-ref-14)
15. [↑](#footnote-ref-15)
16. Rugoho, T., & Maphosa, F. (2017). Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town.p1-2 *African Journal of Disability*, 6, a252. https://doi.org/10.4102/ajod.v6i0.252 [↑](#footnote-ref-16)
17. *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation* (London: C. Hurst & Co; Calgary, Alberta: University of Calgary Press in Association with the British Council of Organisations of Disabled People, 1991), as discussed in Colin Barnes, *Institutional Discrimination Against Disabled People and the Campaign for Anti-discrimination Legislation*, 12 Critical Soc. Pol’y. 34 (1992). <https://disability-studies.leeds.ac.uk/library/author/barnes.colin/> [↑](#footnote-ref-17)
18. Barnes*Institutional Discrimination Against Disabled People*, *id*. at 3. [↑](#footnote-ref-18)
19. The role and effectiveness of disability legislation in South Africa, AK Dube 2005 <https://assets.publishing.service.gov.uk/media/57a08c5ce5274a27b2001155/PolicyProject_legislation_sa.pdf> [↑](#footnote-ref-19)
20. Reporting on Disability Guidelines for the Media ILO Irish Aid 2015 <https://www.ilo.org/skills/pubs/WCMS_127002/lang--en/index.htm> [↑](#footnote-ref-20)
21. UK Disability History Month 2016 Broadsheet <https://ukdhm.org/2016-broadsheet/> [↑](#footnote-ref-21)
22. UK Disability History Month 2016 Broadsheet Language and Disability <https://ukdhm.org/2016-broadsheet/> [↑](#footnote-ref-22)
23. Guideline for the Media 2015 <https://www.ilo.org/skills/pubs/WCMS_127002/lang--en/index.htm> [↑](#footnote-ref-23)
24. 3rd July 2019 <https://edpols.abc.net.au/guidance/reporting-and-portraying-disability-in-abc-content/> [↑](#footnote-ref-24)
25. <https://www.driadvocacy.org/wp-content/uploads/Infanticide-and-Abuse.pdf> 2018 [↑](#footnote-ref-25)
26. <https://mn.gov/mnddc/news/inclusion-daily/2003/09/090403trinidadadvemp.htm> [↑](#footnote-ref-26)
27. <https://actupny.org/> [↑](#footnote-ref-27)
28. Burti L (2000) The role of self-help and user cooperatives in fighting stigma. Paris: VII Congress of the World Association for Psychosocial Rehabilitation. <https://www.who.int/mental_health/resources/en/Advocacy.pdf> [↑](#footnote-ref-28)
29. <https://www.ncpedp.org/RPWDact2016> [↑](#footnote-ref-29)
30. <https://www.idealist.org/en/nonprofit/9d53342eda184021aa410834346436c4-masaka-association-of-disabled-persons-living-with-hivaids-madipha-masaka> [↑](#footnote-ref-30)
31. <https://www.bbc.co.uk/news/disability-34732084> [↑](#footnote-ref-31)
32. <https://www.driadvocacy.org/wp-content/uploads/Infanticide-and-Abuse.pdf> Disability Rights International 2018 [↑](#footnote-ref-32)
33. [https://ncdj.org/resources/#](https://ncdj.org/resources/) [↑](#footnote-ref-33)