

Health

Health issues for women with disabilities

- Nearly one in five or 529,700 Victorian women and girls have a disability.
- As women with disabilities we experience high levels of disadvantage in all areas of our lives – social exclusion, economic insecurity and high levels of violence and discrimination.
- This disadvantage affects our mental and physical health and leads to greater unmet health needs than women without a disability.
- Women with disabilities have reduced access to health information, screening, prevention, and care services.
- We have minimal or no access to sexual and reproductive health programs, often because we are not seen in the community or health system as sexual beings.
- Despite our caring responsibilities, we often are not recognised as either carers or parents, nor provided with responsive antenatal and post-natal care.
- We are often excluded from decisions that affect our health care and treatment. Some health professions focus on our disability, rather than our health concerns.
- Lower levels of health knowledge among some women with disabilities may contribute to delayed treatment and lower participation in health promotion and prevention services.
- Access to services such as mammography and Pap screening can be really difficult.

“ I am a person and should be respected as such. I haven't always felt like I've been treated with dignity and respect...”

- Often health information is not provided in accessible formats.
- Women with disabilities are more at risk of physical, psychological and sexual violence, including in health, mental health and residential care settings.

How do we get good health care?

Equal access to health promotion and health care for women with disabilities is a high priority for Women with Disabilities Victoria.

We work to:

- Review the research evidence concerning the health of women with disabilities.
- Develop educational programs for health workers – ‘Healthy Services, Healthy Women’.
- Partner with health services to improve their knowledge of women with disabilities.
- Provide a voice for women with disabilities on health issues.
- Improve access of women with disabilities to social and economic opportunities.

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How can you provide good health care?

Plan accessible health services: all aspects of the service need to be considered from the perspective of a woman with a disability – from entry, signage, reception and clinical service. Staff must be trained to understand the service’s disability access policy in all regards.

Challenge negative stereotypes: community attitudes that see women with disabilities as dependent, passive, ignorant or in need of protection must be challenged.

Listen to women with disabilities: women’s own views of their health needs must be a central part of their health care.

Involve women with disabilities in service planning: health services need consumer involvement to create user-friendly care. Women with disabilities must be part of governance bodies in health services.

Provide health information in accessible formats: a range of formats is important to meet the needs of all women with disabilities.

How to work with us

Women with Disabilities Victoria is run by women with disabilities for women with disabilities. We focus on:

- access to women’s health
- women and the NDIS
- safety from violence.

For more information or to contribute to our work, contact our office:

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Case study

Teresa

Teresa, who uses a wheelchair, was advised at 50 to have a mammogram. The Breastscreen Victoria letter stated that she should let them know that she had a disability and that extra time would be required. This reassured Teresa as she had not been sure she would be able to access the service.

When she arrived at the service, there was no accessible parking space, so she had to wait for a spot that would allow her to get out of her car and into her wheelchair. The ramp near the car park had a sign saying “Employees entry only” but, not knowing if there was another, she used it anyway. She was reprimanded, quite aggressively, in front of others in the waiting room, when she arrived.

After changing into the gown, which opened down the front, she found she could not hold it closed and wheel her chair at the same time. As a result, she unwillingly exposed her breasts, and was told quite forcibly to “cover up”.

While the radiographer was very accommodating, it was clear that she had not previously x-rayed a woman in a chair, and took some time to work out how to effectively screen around the wheelchair. This added to the time needed and the stress. As Teresa was leaving, she was told not to forget to use the appropriate entrance next time.