

Research into the Situation of Women with Disabilities

Sociological Research Report

Implementing the project Įvairovė.lt (No. JUST/2012/PROG/AG/AD/3719) funded by PROGRESS — the Community Programme for employment and social solidarity, the Office of Equal Opportunities Ombudsperson initiated the Research into the Situation of Women with Disabilities, the results of which will provide additional information on problematic areas faced by women with disabilities.

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Table of Contents

Methodology	1
Legal and institutional environment for the protection of rights of the disabled and fight against discrimination	2
Legal environment	3
Institutional environment.....	4
National programmes	5
Evaluations given by women with disabilities on the quality of life in different areas	6
Health.....	6
Familial relationships.....	10
Assistance from the social environment, attitude of the public.....	13
Participation	16
Education.....	20
Participation in the labour market	23
Earnings and social guarantees	28
Safety	33
Accessibility and mobility	34
Summary of the results.....	38
Recommendations	40
References and resources.....	42

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Methodology

The *object* of the qualitative social research — working age women with sensory, physical or psychosocial disabilities, intellectual disorders or complex disabilities.

The research aim — with a special focus on the interplay between two grounds of discrimination — gender and disability — to analyse the quality of life of women with disabilities.

Research objectives:

1. To carry out the analysis of the legal and institutional environment for the protection of rights of the disabled and fight against discrimination with a special focus on women with disabilities.
2. To assess how women with disabilities view their quality of life in different areas: 2.1 *Accessibility and mobility*; 2.2 *Safety and privacy*; 2.3 *Familial relationships*; 2.4 *Education*; 2.5 *Participation in the labour market*; 2.6 *Health*; 2.7 *Earnings and social guarantees*; 2.8 *Participation*.
3. To disclose problems of self-identification particular to women with disabilities, their perception of femininity and identification with the disabled, and the joint impact of both attributes on the quality of their life.

Research design

Qualitative methodology has been planned in pursuit of the research aim. Key methods of the research are as follow:

- analysis of documents,
- semi-structured interview,
- unstructured interview,
- visual ethnographic research.

The general population of the research — women with disabilities residing in Lithuania, with the determined degree of disability or working capacity of 55 per cent and less or a level of special needs (according to Article 2 of the Law on Social Integration of the Disabled). The target (judgement) sampling method was used to select respondents and form the sample.

Research participants were selected considering the following key criteria: type of disability and working capacity, territorial distribution and age. Additional criteria — family status, education, participation in the labour market, level of income, place of residence (a home or an institution). The research sample consisted of 20 women with disabilities.

Interviews took place during the period 20 December 2013 – 1 February 2014.

Recorded on digital media, results of the research were analysed and summarised in relation to evaluations given by an informant on the environment, which were documented during an unstructured interview. The visual ethnographic research ensured a lasting informativeness of data on the environment of women with disabilities (which is unattainable by means of description).



Legal and institutional environment for the protection of rights of the disabled and fight against discrimination

The Preamble of the UN Convention on the Rights of Persons with Disabilities (2006) recognises that *women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation; and emphasises the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities.* **European Parliament resolution of 26 April 2007 on the situation of women with disabilities in the European Union (2006/2277(INI))** names key circumstances determining an increased vulnerability of women with disabilities in the society. The resolution underlines that *nearly 80 per cent of women with disabilities are victims of psychological and physical violence and whereas the risk of sexual violence is greater for them than for other women; whereas violence is not only a common feature of the lives of women with disabilities but is also sometimes the cause of their disability. Women with disabilities are more likely to be victims of violence compared to men with disabilities,* says the **Report of the Human Rights Council on its 20th session released in Geneva in July of the current year.** *The report provides recommendations on the development of programmes to prevent violence against women with disabilities.* **European Parliament resolution of 11 December 2013 on women with disabilities (2013/2065(INI))** indicates that *women with disabilities are far more likely to be victims of violence, and particularly of domestic and sexual exploitation. Women with disabilities encounter greater difficulties in entering the labour market, making it harder for them to lead ordered and independent lives; whereas employment is not only a source of income, but also has become a way of integrating into society by forging links with the wider world and creating a network of interpersonal relationships; whereas women with disabilities often face underpayment; whereas barriers to mobility as well as higher dependence on family members and carers need to be overcome in order to encourage their active participation in education, the labour market and the social and economic life of the community.* The resolution urges Member States to ensure that disability policies are gender mainstreamed and underlines the importance of mainstreaming gender disability in gender policies, programmes and measures to strengthen the recognition of the intersectionality of gender and disability in the EU and in the Member States' legislation and policy. The most recent international trends focus on distinguishing women with disabilities in the legislative framework as a unique problematic social group that would be provided with specific guarantees. Such



recognition is especially rational in legislative acts regulating one of two aspects — disability or gender. Consequently, it is important to define guarantees provided to women with disabilities in documents on the rights of women, and name specific protective measures for women in legislative acts on rights of persons with disabilities. **In 2008, the United Nations Committee on the Elimination of Discrimination against Women**, with regard to consideration of the 3rd and 4th periodic reports on implementation of the United Nations Convention on the Elimination of All Forms of Discrimination against Women, issued recommendations to the Government of the Republic of Lithuania expressing the concern regarding insufficient attention for information on women with disabilities, (...) situation in areas of education, employment, healthcare, housing and other, as well as the lack of data on multiple discrimination experienced by women (Inter-Institutional Action Plan for Promotion of Non-Discrimination 2012–2014, 2011).

Legal environment

Indicating disability and gender as grounds of discrimination, the **Law on Equal Treatment (2003)** ensures protection of women with disabilities from potential discrimination on a combination of both grounds. The **Law on Equal Opportunities of Women and Men (1998)** regulates the equality between women and men. Provisions of the law can be invoked in situations when women with disabilities are possibly discriminated on grounds of gender. The **Law on Social Integration of the Disabled (2005)** aims to ensure equal rights and opportunities of the disabled in the society; establish principles of social integration of the disabled; define the system of social integration, its prerequisites and conditions; name institutions responsible for implementation of social integration of the disabled; set out determination of the degree of disability and working capacity, provision of vocational rehabilitation services, and principles for determination and satisfaction of special needs. The **Law on Support of Employment (2006)** regulates the system for the support of employment aimed at full employment of the population, reduction of their social exclusion and strengthening of social cohesion. The **Law on Education (1991)** does not focus on women with disabilities; however, the legislative act is significant in terms of requirements to ensure equal opportunities and the right to access education. The **Law on Social Services (1996)** is gender neutral and mentions “a person with a disability” without anticipating any specific guarantees or services for women with disabilities. The **Law on Financial Social Assistance for Deprived Residents (2003)** does not focus on women with disabilities and anticipates no specific guarantees limiting to principles of equal rights and opportunities applicable to all socially vulnerable



groups. Health status is a significant factor that impacts on the quality of life of women with disabilities; and although the **Law on the Health System (1994)** anticipates measures for improvement of health indicators particular to distinct groups of the population, women with disabilities are not named as a separate priority.

The **Law on Public Health (2002)** defines public health care, the structure and state regulation of this care system, establish grounds for public health improvement, disease and injury prevention, public health safety and control, grounds for the acquisition of the right by natural persons to engage in public health practice and their professional development, as well as legal relationships between legal and natural persons in the field of public health. Part 2 of Article 2.25 of the **Civil Code of the Republic of Lithuania (2000)** discusses measures for the protection of persons including women with disabilities from forced medical interventions. Its provisions are significant for women with disabilities in relation to assurance of their reproductive rights. On 26 May 2011, the Seimas passed the **Law on Protection against Domestic Violence (2011)**. The Law is significant in terms of protection for women with disabilities, which is equal to that of all other persons that are potentially at risk of domestic violence; however, it lacks the emphasis on measures taken or planned in pursuit of solutions for violence-related problems particular to women with disabilities as a group that is especially vulnerable to violence.

In the legislative framework of the Republic of Lithuania, assurance of the quality of life of women with disabilities is anticipated *inter alia*, i.e. no emphasis is given to this social group as in need of specific protection and most frequently, it can validate rights to certain guarantees or protection drawing on equal treatment or gender and disability as grounds of discrimination (these provisions are established in almost all legislative acts mentioned above).

Institutional environment

As indicated in the website of the Ministry of Social Security and Labour of the Republic of Lithuania, the system for social integration of the disabled is comprised of the provision of medical, vocational and social rehabilitation services, fulfilment of special needs with the help of special aids, promotion of employment of the disabled, provision of social assistance, award and payment of benefits and pensions from the State Social Insurance Fund, award and payment of benefits from the Compulsory Health Insurance Fund, provision of education services, assurance of equal opportunities to participate in culture, sports and other areas of life of the society. The **Department of Disability Affairs of the Ministry of Social Security and Labour** is the key institution responsible for addressing issues of the disabled with the mission to plan, organise and coordinate the implementation of policy measures for



social integration of the disabled aimed at equal rights and opportunities for the disabled to participate in public life. The strategic aim of the institution is to ensure implementation of policy measures for social integration of the disabled aimed at social integration of the disabled. The **Office of Equal Opportunities Ombudsperson** investigates individual complaints regarding discrimination or harassment on grounds of age, sexual orientation, disability, racial or ethnic origin, religion or beliefs faced at work, education institution or upon provision of service¹. In terms of protection and assurance of rights of women with disabilities, this is the most significant institution to be addressed by representatives of this social group in relation to experienced discrimination and the institution that is fully authorised to investigate respective complaints.

Entrenchment of the conception of multiple discrimination in the non-governmental and public sector, media and the public of Lithuanian; and the focus of international donors on various socially vulnerable groups and their provision with consolidated assistance resulted in an increased collaboration between NGOs operating in different areas, in pursuit of change on the basis of coalition or delivering joint projects. For example, among others, the **National Equality and Diversity Forum** involves organisations of the disabled and women's rights; and the Human Rights Coalition brings together the mental health organisation Mental Health Perspectives and the Centre for Quality Advancement operating in the area of women's rights.

National programmes

The **National Programme for Social Integration of the Disabled for 2013–2019** (2012) aims to create conditions for a successful development of processes for social integration of the disabled and ensure implementation of national legislative acts defining social integration and equal treatment, and provision of the Convention on the Rights of Persons with Disabilities. The strategic aim of the Programme is to create a favourable environment and conditions for a dignified and full life of the disabled in Lithuania, ensure equal treatment and the quality of life of the disabled. It should be noted that the programme is gender-neutral; thus, no discrete group for women with disabilities is identified and none of their specific problems or their solutions are discussed.

The **National Programme on Equal Opportunities for Women and Men 2010–2014** (2010) aims to ensure consistent, complex and systematic implementation of provisions of the Law on Equal Opportunities of Women and Men of the Republic of Lithuania; and fulfilment of the European Union and international obligations in the area of equality between women and men. Only one connection

¹ www.lygybe.lt



between gender and disability has been noticed, stating the need for a more exhaustive statistical analytical information on the gender pay gap; situation of some women in areas of education, labour market and health; experienced forms of violence; and outcomes of marriage dissolution on both former spouses.

Inter-Institutional Action Plan for Promotion of Non-Discrimination 2012-2014 (2011) details manifestations of the gender discrimination including disability aspects: “gender discrimination in areas of employment, education, culture, health and others may be faced by the disabled as well as the youth or the elderly, despite of their race, nationality, religion, faith, belief or social status.” The Plan also states that: “Manifestations of gender discrimination faced by vulnerable groups of the population have been insufficiently explored. There is a lack of information on specific issues particular to certain social groups of women and men, experienced due to discrimination of grounds of gender, race, nationality, religion or belief, health status or other.” However, no specific methods for reduction of discrimination faced by women with disabilities are anticipated; the measures are limited to promotion of non-discrimination and equal opportunities in general.

On the international scale, there is an increased understanding of the necessity to separately investigate the needs of women with disabilities and the ability to provide them with an adequate institutional response in pursuit of improved quality of life for representatives of this social group. So far in Lithuania, these trends have been hardly palpable not only on the level of implementation but also problem identification and formulation of solutions. NGOs that frequently find themselves on the frontline while implementing analogous initiative, take just as little interest and action in analysis and improvement of the quality of life of women with disabilities.

Evaluations given by women with disabilities on the quality of life in different areas

Health

Most frequently, women with disabilities view their condition as a specificity of their normal physiological state of being. Therefore normally, they can thoroughly describe their disability, know the possibilities for its development, progression or minimal maintenance of the health state and treatment prognoses. Well-informed about their main diagnosis and treatment prospects, women can rather



accurately describe it to another person (with the exception of women with intellectual disabilities). While interacting with people without disabilities, women try to introduce them to aspects of their disability that are less visible or could be misunderstood and hamper interaction.

Rather often, various disabilities make women accustomed to constant pain, which becomes part of their normal state. They do not mention it as a separate topic, i.e. they are not accustomed to seeking solace or accentuating this detail as usually it emerges among other things, while talking about medications, progress of medicine or emotional state. Women facing this phenomenon constantly, do not regard it as a health disorder but rather an inconvenience that has to be endured. Depending on the type of their disability, women have to visit healthcare institutions more or less frequently. Most frequent visits to healthcare institutions in connection to the main diagnosis are among women with psychosocial and auditory disabilities. Women with visual or mobility disabilities visit healthcare institutions in connection to the main diagnosis rather infrequently; mostly, women have other reasons for visiting healthcare specialists, e.g. regular healthcare procedures, such as a consultation with a stomatologist or gynaecologist in relation to other disorders unrelated to the disability, or issues related to reproductive health. All these areas sometimes have specific elements that are important in case of one or another disability. Regular visits to treating doctors in connection to the main disability do not usually impose any inconvenience. Women with psychological disabilities name such visits as necessary means to maintain a comparatively good state. Women with mobility disabilities have to regularly address healthcare institutions to receive a prescription for state-reimbursed nursing supplies, i.e. diapers or catheters. It should be noted that certain difficulties are faced by women with progressing disabilities as they have to orderly follow the development of their disease and take care of documents regarding the reduction of their working capacity.

Women with disabilities frequently mention disapproval of health care institutions and their avoidance; thus, this attitude needs to be considered. Rather frequently, women with disabilities underlined their unwillingness to visit outpatient clinics, hospitals or sanatoriums. There are varied reasons for avoidance of healthcare institutions; however, one of the more important ones would be the unwillingness of women to be identified with patients or people broken by a disease. Many statements revealed the emotional disapproval of medical institutions: the unwillingness of women to be associated with the functional environment intended for elimination of health disorders. We also recorded some cases of women with incurable and non-progressive disabilities who resented the need to get their status confirmed.



Women with disabilities face specific disability-related difficulties in various areas of healthcare. Concerning the accessibility of dental services, long queues to free-of-charge services are frequently mentioned as well as steep prices in private clinics. Accessibility of dental services partly depends on a disability as women with an intellectual disability only have a choice of private dental services, which consider the specificity of their disability. Whereas accessibility of dental or other healthcare services for women with mobility disabilities depends on their general ability to physically access a healthcare institution. Consequently, these women have to search for accessible dental services on the basis of a number of criteria — a possibility to physically access a specialist, price and quality; therefore, the search can become especially complicated.

In the event of other diseases, especially the ones associated with frightening diagnoses, surgery and postoperative nursing, women face complications depending on their disability. Possibly, hospitalisation experiences of women with disabilities depend on the good-will and understanding of institutional staff members.

Women with disabilities face numerous inconveniences and sometimes even humiliation related to gynaecological check-ups. Most frequently, women with mobility disabilities refer to a gynaecological check-up as one of the most inaccessible medical services. As a persisting problem untargeted by medical institutions, this issue was named by all women unable to move the lower part of their body due to a severe mobility disability. In relation to reproductive health, one especially important source of anxiety for women with disabilities is the question whether their child would inherit the disability. Women seek for help of medical specialists in this area as well. However, it is not always accessible in Lithuania and to get the most accurate result, samples have to be tested abroad. Some women have encountered unpleasant, degrading experiences during a gynaecological consultation and felt treated as inferior. The majority of problems become visible delving deeper into the relationship between a gynaecologist and a pregnant woman with a disability, especially the ones with a mobility disability. Many of them have been urged or even psychologically pressured to terminate their pregnancy. Under such conditions, all women did what they really wanted and gave birth and are currently raising children.

Women themselves rate the quality of medical services differently. We recorded rather many positive statements about doctors and medical services. Such evaluations are also related to convenience of medical institutions; however, they are influenced by the sensitive relationship of a doctor with disabled patients. A woman with a disability requires more attention even during consultations unrelated to her



main disability. Besides, women with disabilities find it especially important to have a constant doctor who understands them well. In the absence of such possibility, women name it as one of the key inconveniences.

In terms of healthcare shortfalls, some of the most painful experiences for women with disabilities involve insensitive doctors, lack of faith in disabled patients and suspicion of simulation. Women named a number of such cases from various locations of Lithuania and involving various disabilities. In general, indifference of doctors in relation to women with disabilities is an especially painful healthcare-related experience. A woman with a psychological disability shared about the indifference of a doctor demonstrated in relation to problems she named and inability to reduce anxiety related to her disability. Women with mobility disabilities indicate especially frequently faced reproaches for the need to help them with undressing, climbing onto a table, etc.

Yet another problem named by women is sometimes encountered insufficient competence of doctors to provide help or care in case of a disability. A woman with an especially rare disability shared a story how an erroneous diagnosis resulted in an unnecessary surgical procedure (removal of an organ) (R.S.). However, women regard such situations as inevitable and do not blame doctors.

Women with severe mobility disabilities underline yet another serious inconvenience: avoidance to hospitalise them in case of a serious condition and inaccessibility of hospitals for people with disabilities. Women with mobility disabilities named numerous shortcomings related to accessibility of medical institutions and services. All women with mobility disabilities complained about inaccessibility of elevators, doors or stairs for wheelchairs. Frequently, not only the building of an outpatient clinic is insufficiently accessible but also the medical tests: x-ray, ultrasound, etc. These women are completely deprived of the possibility to measure their height and weight. Slightly different yet just as important problems are named by women with auditory disabilities. They encounter great difficulty communicating with doctors while assistance of a significant other means the loss of privacy during a medical check-up.

Women with different disabilities believe that sanatorium services are needed and beneficial. However, these services are also related to numerous accessibility problems. Especially numerous difficulties as well as humiliation are faced by women with mobility disabilities. Although in most cases, sanatorium treatment expenses are covered by the state, women spent large amounts of their own money for additional assistance required to receive each procedure, e.g. to climb into a bath or on a massage table, etc.



Rehabilitation services are especially important for women with disabilities resulting from severe spinal traumas. Usually, women are reluctant to talk about this rehabilitative and post-rehabilitative period as this is the most painful period of their lives. It is apparent that women undergoing such a dramatic turn of their lives encounter severe lack of support. Some women with disabilities not only take care of their health but also stay in shape by actively engaging in sports. Women with mobility disabilities especially underline the benefit of a sports club for health as well as social comfort: this is where they meet and share information.

Familial relationships

Family and motherhood are especially important topics for women with disabilities, yet very sensitive. A glimpse from the inside at a problematic gender dimension and unique motherhood experiences shared by women with disabilities may contribute to the improvement of the situation of women with disabilities in the society and help it make steps in changing the negative attitude toward the disabled.

Respondents had varied family life experiences: women with disabilities have rather varied experiences of a family life: 8 respondents have children (aged 2 to adult and with families of their own); half of them have adult children; 4 — young children; 3 respondents are widows; 3 — divorced; 2 — live in a marriage. It is important to note that both women are *married to disabled husbands* and are raising children; spouse of one woman is healthy, they have no children; 3 respondents live with their mothers.

During the research, more than half of all respondents lived alone. Some of them have already brought up their children, 2 already with grandchildren, some widowed or divorced. In general, there is no sense of misery because of the current situation: ... *there is that tired phrase “alone, but not lonely”. Right? You should see how many people I get here... After all, a human being is a planet, around which everything revolves ... (A.R.).*

Women with disabilities are reluctant to talk about **giving birth and raising children**. As important issues, women stress the wellbeing and health of their children; experiences gained allow researchers to evaluate the complexity of the situation in Lithuania, especially for people with disabilities: *I might have had some more babies but as they said “don’t take a risk... you will need looking after and a child will need looking after”. And I don’t want hardship for my child, there are enough of those... (Z.B.)*



Relationships with children. While raising children, mothers with disabilities encounter all joys and troubles that are important to all women. None of respondents' children have gotten ill yet, none of them have shown signs of a possibly inherited disease. In relation to children, respondents have only positive feelings: *Joy, child is growing... The apartment gets full of him as soon as he comes back from school. Now he is my big helper. (...) brings bread, takes out the rubbish. (A.J.); He even cooks food, and cleans more... we both do the same but he is three times faster than me. (S.Z.).* Three children of one respondent with severe mobility disability stayed close to her throughout the interview: the young one (3 years of age) was always around, helping his mother with everything she asked (get something, pick something up, and give it to her) without any excuses, understanding each of her requests (S.Z., observation notes). During their interview, few mothers acknowledged being strict and wished they were kinder mothers: *I am strict; they say father is kinder. What do I know? (A.J.); I am, let's say, demanding, let's say irritable... he as a child, I can imagine, finds it extremely hard. Of course, I could be a kinder mother... (S.Ž).* Sharing her experiences, one respondent told her marriage and motherhood story very sensitively: *...I was always depressed by loneliness. I used to see some child and get teary wishing I had one like that... But here comes a paradox. When we were getting married, I said we would live without children as I was afraid of my disease to be inherited. And God gave me three. Big thanks to Him. (S.Z.)*

Talking about their children and their life with a disabled mother (or both parents), women worried about the environment, which is intolerant towards the disabled. This is directly communicated by children who said they have been bullied because of a sick mother (parents): *children, you know, started talking that look, your mom is in a wheelchair or your father is pigeon-toed and all that, with one arm... So he came home all upset. He was crying that "Mom, dad, they said this and that about you". Then you start talking, telling the child that this is the way life goes. What can you do? Things will happen, you need to get used to that, child. (A.J.) We have been talking recently and he said: I am embarrassed because you are disabled. He said it just like that. So, I said: "you should be proud of your mom instead"... Tell other children that "my mom has no good health but she gave birth to me. She gave me my life". He listened quietly... and his face was like he had just discovered something special. (S.Ž.)* A mother without a clearly visible disability had a different experience explaining her condition to her daughter: *At first, I told her nothing. Once she grew up and was 16–17, I tried explaining what was wrong with me, that I was sick, but then she wasn't really into it (D.L.).* A woman with an intellectual



disability reveals her femininity while telling her everyday story: *Oh, that baby of mine is... (smiling). I left him sleeping and the next day, I will tell my baby "we'll have visitors tomorrow". (J.M.).*

Family members as a source of help. The majority of respondents, those living with their families and those living alone, have to constantly ask for help from those around them. Often, this help comes from friends and family. As data received during interviews suggest, the closest people are sisters, brothers, parents and adult children. Sisters are mentioned as especially close and important helpers of women with disabilities: as many as 7 respondents mentioned them in various contexts but always with gratitude: *Most frequently, my sister and I are best friends for each other (M.Ž.); If I go to work, my sister has to come and help me, and meet me in the evening. (S.Ž.); I simply left work. My sister said: "You know, it will be easier for you. Because it will be two of us with that disease..." (Z.B).* Children are also mentioned as helpers. The son of one respondent, who was a student in the higher education institution, which employed his mother; had been taking care of her trip to work during the entire period of his studies: *while my son was studying, he used to carry me upstairs. After his lectures, he would take me again. Then again, drag me upstairs, carry me again. Once he graduated, I finally understood... (A.R.).* The closest people (parents) even help with adaptation of technical means, e.g. wheelchairs, specialised glasses. In lives of some respondents, mothers are undoubtedly among the most important sources of emotional and physical help: *If it wasn't for her [mother], I would have been long gone... (A.J.); If I lost my mom, I don't know what I'd do... (L.T.)* In life of one respondent, her husband is the constant helper: if he leaves for a short while, a woman is hired to come and help as the disabled is not to be left alone, she cannot move and can do nothing herself if she needs to.

Loss of custody due to a disease. One respondent with a psychosocial disability told a story how she got sick and her daughter was taken away to a foster home; and later, her daughter was given to a foster parent. Interestingly, the relationship between the mother and the daughter continued; currently, the daughter is an adult (22 years of age) and is living together with her biological mother. The woman had been raising her daughter alone. Experience of the respondent with hospitalisation due to aggravation of illness, draws the attention to the fact that despite of the severe mental health condition, women-mothers remain focused on the wellbeing of their children. *The first time I ended up in a hospital, nobody told me where my child was for two weeks. I (...) didn't know where my child was and it was horrible, I don't know why the doctor didn't tell me, even though she knew where my daughter was... (Ž.A.)* As already mentioned, currently the woman is living with her daughter. Now, she only tries to imagine her daughter's feelings and moods during the aggravation of illness: *I got sick when my daughter was 12...*



She never spoke to me about it, of course, she had this huge stress as there was no father, no grandmother, no grandfather and there was only mom who was sick in a mental hospital. Well, my child walked all the way from the very beginning of my disease to now. She walked the way together with me... (Ž.A.)

Assistance from the social environment, attitude of the public

Based on the study, Lithuanian women with disabilities not only passively observe the slowly changing attitude of the public, but also engage in initiatives for change. It seems that the majority of respondents have overcome fear or self-consciousness related to asking for help from the closest environment or strangers. This is undoubtedly related to the shift in their self-perception as a person with a disability: women with disabilities perceive their value as women and members of the society; thus, they try to preserve and show their dignity in all situations. Cases when something failed due to insensitivity or rudeness of those around them are remembered for a long time as examples of ignorance of the society, which are considered and discussed with friends and family.

It is neither easy, nor pleasant to ask for someone's help; however, women with disabilities cannot escape it. Some women say, they can manage themselves and rarely need help; yet later, while talking about their closest circle of people, they mention family members, neighbours, co-workers and colleagues from associations for people with disabilities, i.e. people who are their constant helpers and support. After they've been asked whom they address in case of urgent help, women usually mention their friends. Talking about help received by women from friends, it should be said that such help is first of all psychological rather than technical; it usually provides safety and encourages women to feel dignified. None of the women said they did not hesitate to ask for help from friends; they usually tried doing so only if necessary. It seems that friends are "reserved" for spiritual and social comfort needs. Women often underlined that friends manage to socialise without accentuating their disability but rather as spiritually close people.

Help provided by people with disabilities to each other is especially important. Societies, associations, working groups and sports clubs for people with disabilities or a certain type of disability bring their members together for a joint action, but also provide a medium for starting close relationships. Help that comes from another person with a disability is a frequent phenomenon; it was extensively mentioned by women with visual, mobility and psychosocial disabilities.



Many respondents said they had friendly relationships with their neighbours. Out of 20 women with disabilities, only few said they had no relationship with their neighbours or avoided having such connections. Mostly, neighbours were mentioned as people inside the circle of the closest people who can be summoned at any time as well as helpers in installing ramps, lifts and rails. Such close neighbourhood is less frequent in large cities: a woman from Kaunas who receives no help from her neighbours explains the phenomenon by saying that *here they keep changing, here it takes getting used to new people* (M.Ž.). Some respondents also interact with people in their religious community; however, the currently available data allows us to make a conclusion that in everyday lives, women with disabilities receive little tangible help from their religious communities and mostly they are viewed as spiritual support.

Drawing a conclusion from shared experiences, it is rather difficult for women to ask for help in public if people around them don't offer help. Usually, women positively rate sensitivity and empathy of people around them as almost all of them told about memorable cases with strangers unexpectedly offering help in various situations.

Blind women spoke about especially complicated experiences in shops while choosing a purchase and paying money. The fact that nobody offers help to read labels and a woman is afraid to ask for help, shows a rather cold relationship between the society and the disabled when it comes to an accidentally met person with a disability rather than a neighbour, co-worker or another acquaintance. A woman with a mobility disability shared about a large problem related to reaching goods; however, she also rarely asks for help and buys the products that are placed on lower shelves and can be easily reached; consequently, there are some necessities she doesn't buy for weeks or even months (M.Ž.).

All women with disabilities have been more or less psychologically abused in childhood. Even now, such situations are painful to remember and it is obvious that such traumatic memories have a great effect on the relationship of the women with the society. Painful childhood experiences determine their withdrawal “into themselves” (L.T.) and hesitation to ask for help. Talking about childhood and teenage years, women with disabilities reacted more towards the public noticing their physical or bodily defects rather than memories about inability to fit-in with social norms and practices. Body-related mockery has been received not only from peers; the most painful memories are related with people who were supposed to help and support, i.e. teachers and doctors. Forced music and physical training lessons have been used to persuade a girl with a disability that she has no place among the healthy and to constantly remind her that it is her own fault — laziness — due to which she is unable to perform one or another



action. Certainly, such concealed guilt for laziness makes its way into adulthood; thus, most women constantly try and prove their industriousness, desire to work and earn their living.

Probably the most painful humiliation cases are the ones that target the disabled as women, aiming to persuade them of their inferior femininity or trying to remind them they could not look as women (for example, they could not look smart, wear make-up or even laugh, etc.). Other especially painful cases are related to constant reminders of their disability and their so-perceived different status in the society. In such situations, the most painful cases are related to reminding of the status of a disabled and state-supported person in front of other people, those with whom they have to interact on a daily basis and among whom they find it especially important to remain dignified. Such numerous examples shared by respondents demonstrate that reminding about a physical disability or bodily imperfections is not as painful (mostly outlived in childhood) as forcing the status of the socially supported and related public reprimand.

Women shared a number of painful experiences about being humiliated on the street just for their inability to perform a simple physical action. Usually, such cases occur due to a complete failure to adapt the environment to people with disabilities, which forces the disabled into situations where they find themselves contrasted to the healthy and reminded of their disability. Especially, the disabled women notice the lack of sensitivity among older people, which could be explained by Soviet habits entrenched by formerly used discriminatory politics towards the disabled, due to which they were rarely encountered in public. On the other hand, women have been noticing that the attitude changes with generations and state social politics: people are less afraid to encounter a disabled person, less afraid to say something to one or meet face-to-face in a public space. An especially beautiful example of how a woman with a disability can model an attitude herself was shared by another woman: *I come in an electric wheelchair. And so, I am getting in and there come some three or four year olds running towards me: "invalid, invalid". This is when you feel like you wish for the earth to swallow you, like falling into a pit so nobody could see you. And then I realise that there will be no second chance. Then you swallow it all. And so I keep going. And they ask me: lady, what is this? And this? Can I press it, could I have a go? You have a step there, could I stand on it and ride with you? So we start like that, they keep changing, I keep giving rides for a few minutes, they all have a turn. And when I come on the next day, they come shouting: "The lady in the wheelchair arrived!" This means, you are educating the public. By your own behaviour, by the way you are smiling.* (A.R.)



It takes time for the public to get used to co-existence with the disabled and the longest process is ahead of people with least common disabilities. A woman with a rare complex disability that affects her appearance, limits her ability to interact and other most important processes has noticed that the society starts to notice and respect people with more common disabilities, especially people in wheelchairs. However, the society seems to be completely indifferent or even impatient towards symptoms it cannot recognise or identify quickly: slow movements, aggravated speech, etc.

The changes noticed by women with disabilities are painfully slow. Still, all of them feel happy with even the smallest steps forward in this area, demonstrated by younger generations: *they no longer say “invalid” or use other inappropriate terms. They know what and how. This is very good.* (A.P.)

Participation

Almost half of all respondents are more or less active members of public organisations. Activities in organisations vary from a rather formal role on a council to responsible duties in a number of organisations, planning and implementing projects. A respondent with a psychosocial disability takes part in activities combating discrimination under the *Live Library* project. Involvement in public work is a significant part of life of people with disabilities, which brings fulfilment into their daily lives and helps them feel needed: *All of it is involving and interesting because we do it around ourselves, well, around our needs, around people we understand, whom we can help and want to help and so on* (A.P.).

Participation of people with disabilities and their associations in the political life of the country, their ability to represent themselves and protect their rights and interests is among the most significant topics of the international discourse on disability. The research revealed a rather narrow understanding among the respondents of their political and civil rights and methods for their assurance, usually, through personal initiative rather than coordinated action. Besides, a fight for one's rights usually starts only once patience runs dry and it is impossible to continue living with unfairness or disdainful and negative attitude: *Well, I am a human being! Even if I am in a wheelchair, I am a human being! (...)* (A.J.). Due to failure to adapt the physical or informational environment, people with disabilities can be prevented from exercising their right to vote in the way required by democratic procedures. A woman with a visual disability shared her experience about efforts to vote in elections: *There is staff for the disabled, volunteers who bring your bulletin home, safely seal it and put a cross. But you have to write a request to the municipality. But I have family, so they can vote. This is how it is. I come to the cabin myself and put my bulleting into the box* (L.T.).



Another respondent is well acquainted with guarantees provided in legislative acts and is active in fighting for her own rights and rights of other disabled people. Her consistency and persistence resulted in partial compensation of diapers and wheelchair maintenance cost: *I was fighting on my own. I've achieved much in life, not only for myself but also for others* (I.L.). Respondents mentioned they use publicity in the fight for their rights: they take and publicises photographs of the unfit environment and write to media channels about experienced unfairness. However, as A.J. noticed, people with disabilities are perceived as abusers of the system and a burden to taxpayers. She encountered this attitude while interacting with a violator who was attempting to fence his territory illegally, once she red comments under her article in the news portal *Lietuvos Rytas*: *For the first time in my life, I was crying sitting by a computer, after I've red comments saying that such [people with disabilities] have to be swept off the face of the earth, because they are nothing but a burden to the state, we, the healthy, have to support them and now they want loans* (A.J.)

Talks about the personal relationship of respondents with religion, which became apparent from the research, could be put into three groups: some respondents claimed they had faith and did not go into great detail. Other respondents mentioned a passive, habitual relationship with their faith, which they usually brought from their own families: *that faith, to which we are used to from times when we were little* (R.R.), *my grandmother and the lady who was our neighbour took me to church* (V.L.). Usually, respondents limit themselves to regular church visits, sacraments (Holy Matrimony, First Communion, Confirmation and Confession) and masses for the dead relatives. The remaining respondents said they felt the inner need for the clarity, peace and spiritual uplifting brought by religion: *I feel a calling from within me. Then, I feel some kind of relief* (S.Z.); *I simply go to a church, which makes me feel good being there, which gives me what my heart desires* (V.Š.).

Women with disabilities are active users of cultural services. Making use of discounts for the disabled, they attend cultural objects that have adapted physical environment with pleasure and sometimes they collect enough courage and come to events that take place in locations that are not physically adapted for people with disabilities, which does not allow them to fully enjoy art: *Theatres are not adapted for me; but I still go because I am interested. Lithuanian films are interesting but not adapted, they have voice-over in Lithuanian but no subtitles* (V.L.). Respondents spoke about their possibilities, desires and experiences with cultural life and travelling in great detail, revealing different experiences: some of them mentioned events they visited and new countries, others focused on barriers they cannot overcome, which make them stay at home. The research revealed two different ways used by women with



disabilities to visit cultural events, travel and engage in self-expression. Participation in activities of NGOs provides opportunities to receive invitations to theatres, films, plays: *when there are tickets to theatre, concert or film, I go with pleasure* (D.L.). Unexpectedly, a memberships in an organisation can become useful for visiting new spaces and testing their suitability for people with disabilities: *first, two girls probed the applied art museum and made sure everything was possible, or more or less possible and then took the entire gang along* (V.Š.). Personal qualities, such as perseverance, self-reliance and support of those around is no less important: *Once I stormed into a gallery through the back door, it was some staff entrance* (A.P.). Only two respondents demonstrated passiveness in terms of cultural events. Although both of them reside in the province, the distance to a larger city was not named as the major obstacle. One of them has a psychosocial disability and struggled naming the reasons for non-participation in cultural life: *I went to a concert, oh, a long time ago; and a theatre — probably, three years ago; and a concert — a long time ago. But not here; there are some in the village, but going there — phooey, not that kind of audience* (G.R.). The second respondent mentioned that her disability made her feel unsafe in an unfamiliar environment, thus, she avoided outings to cultural events: *I feel unsafe because I don't know that place. I say, I have no idea, I don't even know when I've been there* (S.Ž.)

Women with disabilities enjoy some prudent risk while travelling. One respondent mentioned she seeks for information from the Internet about the place she plans to visit and its fitness for people with disabilities: *London, Paris and Barcelona have been adapted. Cities that have old traditions, they have been taken care of. Plus, the Internet has information about locations that would be adapted or not, so you can manage very well* (A.P.). Another trusts the fact that in Western Europe, people with disabilities are provided proper conditions for travelling; she had very positive travelling experience getting professional assistance from service staff: *You know, there is nothing difficult with travelling, because you go abroad and feel like a king* (A.R.). The third said she was brave enough to travel accompanied by someone, even if that person had a similar disability: *...with one friend, may he rest in peace, we tried; he was also in a wheelchair, but then, he had a thrombus and died... So, we tried together [to travel] but he knew English very well. So we flew to Milan, we flew to Paris* (M.Ž.). NGOs that bring together people with disabilities provide their members with possibilities to travel abroad. Yet another respondent — I.L. — also had a chance to visit some European states: *Lithuanian Association of People with Spinal Injuries (...) used to organise many trips, events* (I.L.).



In terms of religion, the relationship of respondents hardly differs from members of the public without disabilities. The greatest difference is their attention on adaptation of the physical and informational environment, which is not yet the usual practice in religious cult objects.

Although people with disabilities are offered discounts on tickets to cultural objects and events, active visitation is usually impossible due to failure to sufficiently adapt the physical and informational environment. However, strong passion for cultural events does not stop female visitors in wheelchairs or women with sensory disabilities from enjoying a play or a concert.

Civic activeness of women with disabilities and especially their efforts in striving for changes or fairness succeed only due to especial persistence and maximal efforts, which are rarely met with understanding and support from the general public and sometimes may even result in stigmatising hostility.



Education

Sharing about their experience regarding the use of services of the education system, research respondents provided extremely diverse observations that depended on their *age, level and type of a disability* as well as *their story about becoming a disabled*.

Secondary education. Women living with a disability since their birth or teenage years said they've attended mainstream secondary and special schools for people with disabilities (specialised education institutions for the blind, deaf, people with restricted mobility or mentally disabled). Some respondents with mobility difficulties were schooled at home for their secondary education as mainstream schools were inaccessible due to unadjusted environment. Experience gained at special schools was rather painful, and respondents did not want to talk much about it: *I attended a deaf school for 15 years... I don't want to remember... (N.K.)*. During an interview, one respondent with a visual disability recalled trying to get sick so that parents would take her home. A respondent with an intellectual disorder clearly named the most important things while attending a special school: *My teacher was so kind that she would stay after school to teach me some more. She was good because she LOVED (especially stresses the word) us (J.M.)*. Homeschooled respondents mentioned that this solved problems with inaccessible environment of education institutions; however, such a solution resulted in a greater isolation and exclusion. Such women underlined having no friends from times they've been attending a school.

Gaining a vocation. Women with a disability are active observers of the changing labour market situation; participation in the labour market depends on their health status. Women with a psychosocial disability use retraining possibilities more actively: they finish sewing, computer literacy, confectionery courses; one woman became a social worker's assistant. Women with a mobility disability also try to gain practical specialities; they often choose language courses but they are less accessible due to the physical environment restrictions. Still, retraining in case of a disease or post-trauma is a rather complicated issue due to the health status as well as the lack of self-confidence, which is especially particular in older age as mentioned by some elder respondents during their interviews.

Higher education and women with a disability. Half or all 20 research respondents have a higher education degree or are currently studying at Lithuanian higher education institutions. The majority chose the humanities or social sciences. The research revealed that in the system of higher education and studies, the disabled still remain a challenge both in the sense of organisation and empathy. While sharing their experience, respondents talk a lot about adapting the physical environment: *So, I*



transferred to another faculty (after a trauma) as my previous one was the faculty of architecture and construction... But not even a lift (M.Ž.); I, let's say, wanted to study languages but couldn't because the environment was not adapted... there was no lift (D.M.). The respondents mentioned that understanding, empathy and support of those around them was even more important than suitable physical environment. This helped them to overcome even the greatest physical obstacles. Fellow students and colleagues were a resource that helped women (especially those with a mobility disability) in a variety of situations. They greatly appreciate it: *...There was an English exam and the lift was broken, on the seventh or some other floor. No problem — my fellow students made a seat out of their hands and carried me upstairs. The best adaptation indeed is the human factor (S.Ž.).*

Choice of respondents to study in higher education institutions is sometimes driven by completely unexpected motives: volunteers, heard radio broadcasts or friends. Women mentioned receiving an immense support, encouragement and financial aid from their family members: *So, I remember my husband used to carry me up the stairs (S.Ž.); Mother... She was always (saying) "you can do this" (S.Ž.).*

Respondents talk a lot about preparedness of teachers to work with disabled students. Women with a mobility disability shared their experience on how adaptations were made in response of their needs: *I find it hard to write, so the department even bought me a recorder... one French lady... taught me in half a year what others have to finish in a year, so it was easier for me (S.Z.). ...there is no literature recorded or in Brail. You have to scan everything; and if those books are somewhere faded, once scanned, you cannot read anything (V.B.).* During interviews, non-adapted study programmes were mentioned: according to the opinion of the disabled, there should be more "sensitivity" towards certain disability types: *I had lectures in conducting, but a blind conductor... Whatever, but I am not making a clown out of myself... I've always told them to adapt that programme, conducting is nonsense, well, you need to be smart, well, why (V.B.).* Experience of women with auditory disabilities in higher education institutions also demonstrate the lack of empathy towards the deaf among teachers: *In the university, you always have to beg, ask for notes from hearing students. Teachers don't provide. I used to borrow notes from hearing students and then give them a chocolate for their help (V.L.).*

Choosing a speciality. While choosing future studies or a profession, respondents considered their disability; however, those around them frequently offered advice on what to study and how to behave. Often, advice of those around them was practical, yet did not correspond to desires and dreams of the women: *...They said — don't go, it will be hard for you. If a librarian, then we will sign (the medical*



certificate allowing to study), but there (in a medical school) you will fail (R.S.) Interestingly, the respondent graduated from the nursing school and later, as long as her health allowed, she spent 10 years working in an institution for children with mental disabilities. Another respondent wanted to study masters in psychology (after she graduated from bachelor's in psychology); currently, she has no job and thinks she should not have given in to pressure to study masters in social work: *they told me to go where it was easier to enter... Now, looking back, I can say it was an enormous mistake. I should have remained consistent.... (V.Š.).* Those who have been single-mindedly striving for their goal are now examples of successful integration into the society: *I graduated from the bachelor's and master's (applied physical activity), then, entered the doctoral studies... And now, I am accepted as a teacher and I teach in the same programme... (A.P.).* Another responsibility with an auditory disability continues to study and works at the same time: *At the moment, I am studying at the college again — I want to become a teacher of sign language. I like helping everyone, I really enjoy helping people, I work for the association of the deaf... I always want to improve (V.L.).* Both successfully graduated (and continuing their education either in doctoral studies or the college) respondents related their work to own disabilities, which opened up job opportunities and allowed them to feel needed in a specific area: in one case — the respondent with a mobility disability — training physical rehabilitation specialists to work with the disabled; in the other case — working with the deaf and teaching sign language to healthy students. One respondent who is a full-time student at the moment, seemed worried about the wrong choices she believes she might have made; however, she sees no other option — she receives a scholarship as long as she is a student. This helps her family financially: *I simply entered because I needed money. I am no teacher, I see that I am no teacher, but I have no other choice (L.T.).*

All respondents who graduated from higher education institutions earlier, remember their studies with joy as this allowed them to be socially active, involved in the cultural life and making friends among the healthy. More information about involvement in social and cultural life is provided in other parts of the research paper. Currently, there is one disabled student engaged in voluntary work — a blind young lady who gives free of charge lessons “Get to know a blind person”, visiting kindergartens and explaining it to children what it means to “read with fingers” and what is a blind person. It is also uplifting to know that elder respondents also see some opportunities and have a desire to engage in life-long learning.



Participation in the labour market

In life of each and every individual, employment is significant not only because of earnings and the sense of security but also as a form of self-expression, which brings sense to life and helps to develop social relationships. Research participants talked about the special significance employment has in their lives; however, their stories show that importance is attached to the work as a process rather than money earned: *It is hard for a physically disabled person to know that you don't work and, thus, bring no value to yourself and the society... well, I, for example, feel this way* (V.Š.). A respondent with visual and mobility disabilities, who told about her work experience as a medical nurse at a boarding school, summarised: *So, that was the only place that needed me* (M.Ž.).

An interesting job, good relationships with employers and colleagues and good work results allows respondents have the sense of wholeness: *Maybe at first they used to look at me somehow like that, but, let's say, now, I don't feel those glances, I mean like they look at a disabled. There is none of this (...)* (S.Ž.). However, the story of this respondent allows us to make assumptions regarding her employers abusing their specialist who dearly loves her job. Although at present, she has a possibility to work from her home and efforts are made to adapt the environment, she was hired with little trust: *you feel horrible to be simply dropped into the situation. And then they observe you as if through a magnifying glass. Will you manage or not* (S.Ž.) and she was paid less than a minimum wage: *I only worked part-time. And received only three hundred* (S.Ž.). She mostly values work for the possibility to socialise and feel needed (S.Ž.). Discrimination of people with a disability on the labour market usually starts with employment difficulties. While searching for a job, a respondent with a mobility disability and working capacity of 20 % did not get any support or assistance but rather faced the lack of understanding from labour market specialists in relation to her persistence to get employed. Finally, after she received the order from the director of the Lithuanian Labour Exchange, which was issued especially for her, she became a registered unemployed: *And they openly said: you know, you are the first one* (S.Ž.).

The respondent also talked about other obstacles existing in the Lithuanian legislative framework, which hamper the employment of people with a disability. Upon employment, provided they receive a wage greater than the minimum, people with a disability lose their right to other guarantees, for example, the right to social housing. Low working capacity is not the only obstacle as there is also the diagnosis of a psychosocial disability: *I was then clearly told that you will be unable to work as a nurse with your*



diagnosis (Ž.A.). According to the opinion of respondents, exceptional motivation is required from the disabled who plan to get employed: *I had to prove that I am able and prove even more* (S.Ž.).

Only one respondent mentioned having a smooth path to the labour market. Having an auditory disability, she got employed and continued her career working with people who have similar disabilities: *I found my first job easily, I wanted to work in a vocational school for the deaf, then in a kindergarten, then in a school for the deaf. The vocational school was the most interesting, I could help kids, and I was their supervising teacher. A lot of help was required. I wanted to organise events, communicate, consult and guide them* (V.L.). Other two respondents who faced some obstacles behaved differently. Ž.A., who has a psychosocial disability, started working non-formally: *so, I started working privately. I am a nurse for old people, what else do I do?* (Ž.A.). First, V.B., who has a visual disability, agreed to work for a much smaller salary but then started questioning socially unfair circumstances: *That salary was motivating for the first three months as I was going to work because I was interested. And now, as my studies are approaching the end, my needs started growing. I simply understand that I still have to earn a living somehow.*

Respondents mentioned difficulties related to their return to the labour market and their gender identity. Comparison of situations of women and men on the labour market shows that women have a less favourable position. The research revealed that people with a disability find it more difficult to acquire a speciality, find a job and keep it, and return to the job after a lengthy leave (parental leave). A.J., who has a mobility disability and obtained the qualification of a tailor from Valakupiai Rehabilitation Centre, moved to live to Lazdijai: *That job in Vilnius was over, well, and I was already expecting a child, then the child was born. And then, later, like that, it got forgotten. And now, I should, of course, remember everything, because it's been 10 years. But actually, I would like to sew and I already like it now* (A.J.). However, long interruption of employment results in lost skills, reduces motivation to seek for a job; also, there is a lack of support from family members and the respondent did not demonstrate any specific intentions to return to the labour market: *My child has grown. So, my husband said, he [the child] will finish education and then I will go and learn* (A.J.).

S.Z., who is a librarian and has experience working at a school, left her job after her child was born. She fondly remembers her years of work; however now, she remains very abstract about her ability to return to the labour market and mostly focuses on obstacles rather than possibilities: *I thought, I would go back to school after my health improved, but alas, now you have to pay for it on top of everything (...). And now, there are plenty of librarians and religion teachers. There will be no jobs. Besides, nobody will let*



me work in a school because of epilepsy. I have [education], but not higher. All of them want someone with a higher education. (S.Z.).

Work-related activity can be significant for individual self-expression and good results achieved at work as well as respect and acknowledgement of managers and colleagues are crucial for one's self-esteem. Respondents paid a lot of attention to the discussion about their work. A respondent with a mobility disability and a degree in law said she was appreciated for her integrity. M.Ž., who worked as a medical nurse at a special boarding school underlined her professionalism (*I have this in-born gift to foresee such diseases from an anamnesis. (...) and never even once have I missed a case of appendicitis*) and her authority among "difficult" kids: *no kid has even raised a hand against me there, I don't know how I managed like that (M.Ž.).*

Respondents working for organisations that bring together people with a disability, end up among people with the same disability and say they manage to get along with colleagues well: *All members of our staff are disabled, so there are no questions. Well, we are all the same (M.Ž.).* Good and friendly relationships are developed in mixed teams, which have a small portion of people with a disability. Such employees receive assistance and understanding in minor daily situations: *You can park a car very close, practically three steps away, so I used to park there and come in at once. Everybody knew it was my place and nobody would park there; however, they did not have to feel embarrassed for excess sympathy or desire to help. A lawyer with a mobility disability sometimes asks for help from her colleagues as a woman would from "stronger" gender representatives rather than a disabled would from a healthy person: men, I say, would you be so kind, I say, and wash that car for me, you know, I cannot do that myself (S.Ž.).* It can be presumed that the majority of staff working at a construction sector company is male, thus the respondent receives attention not only because of her disability but also because she is a woman.

Relationships between women with a disability and their employers are determined by the type of an organisation, nature of business, personal qualities and attitudes of employers as well as efforts of women to achieve good results. Those respondents who positively spoke about their workplace and work experience also mentioned certain difficulties encountered at the very beginning and while gaining the acknowledgement of the employer; they especially underlined their efforts: *But I had to put myself into that place (R.S.) and I proved that I could... (S.Ž.).* Respondents working for organisations that bring together people with a disability usually have a manager with the same disability and the manager demonstrates support for the staff. There are some employers in the business sector who prioritise the



disabled: during the economic downturn, one employer had to dismiss one out of two employees and chose to dismiss a woman without a disability. Another respondent with a mobility disability shared about her employer's efforts to adapt the premises to her needs: *Afterwards, we moved to new premises, there. I remember, it was all over again. That director for logistics: men, measure the water-closet. The same way, so it would not be close to the wall but a litter farther away. And some railing or something, once XXXX [research respondent] arrives, we will see.* However, the same employer, uses the motivation of the disabled woman to work and giving her the right to work from home, pays her a comparatively smaller salary. Among people with a psychosocial disability, there is a rather frequent phenomenon — avoidance to disclose the fact about their disability; however, the research received very little information. Only one respondent mentioned that she concealed the progressing nature of her disability: *Aren't there plenty of people with group three? Three means you work... (Z.B.).*

Two respondents were especially pleased with adaptation of their work place for people with mobility disabilities. One of them mentioned EU funds that were used to adapt the premises of the university: *so we made numerous adaptations in the university: lifts were installed as well as ramps and slopes (A.P.).* Although another respondent works from home and is the only employee with a disability at her company, she proudly told about her employer's efforts to provide her with comfortable conditions: *let's say there was a step, which I could not climb, they made a ramp especially for one person. (...) Then, there, let's say in the toilet something was wrong, so when they did some minor repairs they were asking me whether to put the water-closet higher or lower. Come and try it, pretty much (S.Ž.).*

Implementing the provisions of the Law on Support for Employment of the Republic of Lithuania, the State offers people with disabilities non-repayable aid for starting their own business. There were some research respondent who already have their business and some having more or less serious intentions to start a business.

A respondent with a mobility disability from Mažeikiai mentioned she has a legal consultancy company (S.Ž.). Another one, subsequent to courses organised by a business centre and as she already has some self-employment experience, plans to establish her beauty salon. Residing in Kaunas, the respondent has been considering her abilities to start her own business; however at the moment, she has no specific thoughts or sufficient motivation: *You can hardly do it alone, I would need someone... (M.Ž.).* A respondent with a psychosocial disability and an education of a medical nurse is unable to work according to her profession due to low working capacity and the form of the disability; therefore, she uses her skills working in the non-formal sector. Nevertheless, she not only has to work, but also



actively search for customers. Feeling embarrassed about offering her services to new strange people, she limits herself to customers she already knows: *going to a stranger's home, I don't really like, I don't really want this. So, there is only the circle of acquaintances. If someone from my acquaintances asks me, then I go and work* (Ž.A.).

Yet another respondent with a mobility disability was also involved in some accidental non-formal work and she has never worked in an official job: *Oh, when I could still walk, if I got in a tight corner, I would go according to ads: to take care of a garden or make somebody food at their home, do laundry, buy medications, so I just went like that* (D.M.). This respondent stated she has never worked, just as another respondent with a visual disability, who said: *I've never worked and don't know. I am afraid to even think about work.* This respondent is self-critical about her careful nature and lack of initiative: *If I am not invited, so... I say, I am not inclined to do something but rather wait. It is my fault that I am waiting.* Having no work experience, she is very sceptical about her possibility to get employed and is certain that people with disabilities cannot get a job honestly: *I see people who get employed. But they get employed through cheekiness, through cheekiness, through deceit* (L.T.).

Even at work, women with disabilities foster their self-sufficiency and independence; and if they have to ask for help or receive it from those around them, they prefer disability-neutral assistance.

On the labour market, they face additional obstacles due to compounding effects of both grounds of discrimination. As respondents are women, they can only get employed in less prestigious work places, receiving a smaller salary compared to men performing the same work; and due to their disability, they face difficulties in receiving and maintaining a job. Therefore, women with disabilities have to either demonstrate exceptional assertiveness in the competition for their job; or get employed in a company, which operates in the field related to their disability; or, which frequently happens, postpone their career ambitions until their children grow up, i.e. for an indefinite period.

Those respondents who mentioned having put a lot of effort into job seeking and maintaining their position, usually said they did not perceive work as a source of financial wellbeing but rather a way for self-satisfaction and self-actualisation. However, striving to get a job and successfully perform, women with disabilities have to overcome numerous obstacles. A part of them are related to the form of a disability or a personal situation, but less important are obstacles existing in the environment. Although the system of social integration of people with disabilities should function as an empowering factor, the research revealed some of its conflicting fragments. Yet another obstacle is prejudice and scepticism among employers demonstrated towards employees with disabilities. This is an especially destructive



factor, which working hand in hand with the low self-esteem of an employee with a disability can prevent such people from gaining a stable position at work.

Earnings and social guarantees

Respondents were undisposed to talk about earnings; usually, they directed the conversation towards the ability to make a living from whatever was available or the ability to live rationally. Respondents living together with other family members spoke about earnings rather optimistically: *it is enough for the family to live on (A.J); I am joking, what we have is enough (S.Z)*. The respondents understand that living with family members makes it easier to keep a home, pay the bills; however, once benefits were reduced during the economic downturned, the disabled were hit very hard. Today, most respondents hope that the former disability pensions will be restored to the previous level and their economic situation will improve. It is obvious that women with disabilities who live together with other family members, have somewhat more possibilities to save money and buy different items or spend it on entertainment. It is important to note that any larger purchase is a substantial challenge to the family budget: *Well now, we bought a new wardrobe, so we have been saving for a year. For a wardrobe... (A.J)*. Women with disabilities who are raising teenagers find it more difficult to make ends meet: to satisfy the needs of their children, they have to sacrifice their own: *They compensate drugs, but not all of them. And this month, I have to buy drugs, well, there is no money. Of course, it was those holidays, everything. You could buy no presents, but how not when everyone is buying. Children are waiting, wanting. This is a little sad, but what can you do? (S.Z.); I don't have enough for extra-curricular activities and kindergartens cost money (V.L)*. A woman with grown-up children remembered a difficult period when it was hard to feed her 15 and 18 year-old children.

According to respondents, it would be good if personal care specialist services would be available free of charge, that family members who continuously nurse their disabled would be released sometimes by nursing specialists; mothers with a mobility disability who previously hired helpers, had to give up such services due to changed financial situation, increased taxes. Respondents who planned bigger purchases, changed their apartments into smaller ones to have some money left for a car and



adaptation of the apartment (A.P.); some asked for help from family members (S.Ž.); sold the inherited land (R.R.); etc.

Those women with disabilities who **live alone** said it was possible to survive if you knew how to economise. The situation can be summarised by the following phrase by G.R.: *“For medications, bills and food. That’s it, nothing is left...”* The respondent shared her “survival” secrets: *“You see, I am very prudent, you see, this house has no radiators... I have a fire-place, I am very prudent. It’s a hassle with fire wood... but... (M.Ž.).* Women said they have learnt to live according to their earnings and not to complain about it. Almost all respondents mentioned using various sales opportunities, discounts, final sales, etc.; some said they were happy to receive food packages, which help saving some money. Planning of expenses is important to all women with disabilities: *I simply plan and then spend the money in exact amounts (Ž.A.), Well now, in case of that “full” [disability is acknowledged] — I am already counting. Maybe it will be a little easier... Here, all of that roof, all of it [needs to get fixed because it is leaking]... (Z.B.).* The desire to take care of the future of children is also important for women with disabilities: *the only reason I want to have more money is the future of my daughter, who, you could say, is the main life stimulus for me (Ž.A.).* The lack of money for the needs of children causes sadness: *...a child (sick) asks to buy something and you cannot buy that little thing and make him happy, so he would not be so sad about being sick (S.Z.).*

Once asked about their financial possibilities to attend cultural events, the majority of the women said they could not afford it and had to wait for free of charge events or invitations from organisations of the disabled. Respondents also spoke about hard feelings about discounts for events that are given to others but usually do not apply to the disabled: *There are so many events and discounts are offered for “students and seniors” (R.S.)*

Housing. The research revealed that despite of the attitude prevailing in the society at the disabled as state supported and dependant people, women with disabilities have their housing issues resolved. The majority (15 out of 20) of research respondents reside in their own home — an apartment or a house (part of a house). Only the family of one respondent are social housing tenants. When asked about their success in acquiring their own real estate, women mention help they received from relatives; some had their home before they became disabled; others “privatised” their home twenty years ago; and some still reside together with their parents. Both women who are renting their housing have no mobility disability (one has visual disability, another — psychosocial). It is difficult to rent



accommodation for women with a mobility disability: old type multi-apartment houses have unsuitable entrances, narrow lifts, doors, turns; and newly constructed apartments are inaccessible due to high prices. Besides, once owners learn that their potential tenant is a woman in a wheelchair, they refuse renting on pretence that the dwelling would be most likely unsuitable. One respondent was in this exact situation during her interview. Unfortunately, she could not find a room or an apartment because she has one and only requirement — to be able to access the dwelling while in a wheelchair. The woman is so scared to end up on the street that although she is in a queue for social housing, she addressed the municipality for help. She was suggested to stay in a homeless shelter as it seems to have been adapted for the disabled and this could be a temporary solution. Theoretically, the homeless shelter is adapted for needs of the disabled woman: it has wide entrances, railings, wider doors. Still, the respondent said that once she, for example, asked to use the toilet for the disabled, it was filled with cleaning staff items, had no tap or sink. When she visited the suggested room (actually, a bed), it turned out that it was impossible to pass between beds in a wheelchair. She also spoke about an interesting attitude of employees expressed towards the housing problem of the disabled woman: *People are good-willed but very much stuck in a rut, saying “our social worker will help you socialise”. Then you somehow start thinking that if you have no place of residence, you automatically become unsocial, someone behind the line? So what could have happened all of a sudden in a month or even a week? (D.M. herself has higher education in social pedagogy).*

Adaptation of housing. During interviews, women with a mobility disability mentioned that usually their housing requires special adaptation. The most important and problematic elements of housing adaptation for people with mobility disabilities are: thresholds, bathroom, toilet and entrance. As the majority of respondents have their own housing, their adaptation can be compensated. Some respondents had such assistance for equipping entrances and bathrooms; however, the majority paid for the adaptations themselves as they did not want to (could no longer) wait for a number of years. Women plan to do repairs themselves, using savings or taking out a loan. More information about housing adaptation is provided in the chapter “Adaptation and mobility”.

Social housing. Currently, one respondent resides in social housing; another used to live in social housing but recently acquired her own apartment and remodelled it using own funds. All 3 women with disabilities, who are waiting for social housing, said there were no credits for the disabled and everyone had to wait in the same queue. Certainly, queues differ from one municipality to another, and in large cities (Vilnius and Kaunas), they can be truly impressive: one woman has been waiting for social



housing for 22 years and another might finally get her turn in some 30–40 years. *I was number eight hundred and ninety eight, when I joined the queue, well, and now, I am number eight hundred and seventy eight. So, it was something like three years that passed. Plus, minus, I just counted and maybe you can have it after you died... (D.M.).* A previous resident of social housing noted that if you are able of working, you try not to be a burden and keep “balancing” on the edge of being evicted out of social housing if you try and have greater income: *I used to work all the time and used to “balance” on the edge — do I fit into that status of supported? And in any case, there was a possibility that I would have to move. If you cross the line — they throw you out (S.Ž.).*

Another interesting story was shared by a woman with a mobility disability, who saw no possibilities to rent an apartment or get social housing and decided to try and get a mortgage; however, she was turned down: *I visited four banks to get it (mortgage). I found a garden plot... and calculated that if I lived on goats and water, and well, would not get too sick, no medications, I could pay it back in ten years. It is possible to pay back the money, to pay back from the same income... (D.M.).* Unfortunately, all four banks turned down her request.

Assessment of the state support for the disabled. State compensated measures for adaptation of environment are described in more detail in chapter “Mobility and adaptation of environment”; and it was already mentioned before that women talk little about financial state support. After they’ve been asked to give an opinion on the state support for the disabled, the respondents expressed their surprise that those of them who are trying their best to work, don’t get any support: *It’s just not there because I work. If I was sitting around and watching television and put no effort — then I would get it (A.R.).* Some valuable observations came from a disabled woman who is a lawyer. As she has her own legal consultancy company, she lost her priority right to housing adaptation services, although she is a widow and has a school-age child. She works in the company as an owner, and this is treated as non-labour relations as there is no labour contract involved. All respondents said they would like to work and earn their living, have a possibility to get loans and pay them back; however: *am I supposed to keep begging all the time, so to speak? If there was some possibly or work... why should you be given everything free of charge. It should not be free of charge, other people pay or it, and you pay, of course (D.M.).* It is uplifting to know that some respondents noticed a shift in the situation as there has been an increase in assistance for the disabled: *Lately, I have noticed that there is that support, really, there are many different projects for the disabled (V.B.); There are, you can go and have vacations as it is also really expensive... it improves impressions and health (Ž.A.).*





Safety

Women with disabilities who participated in the research, felt most unsafe in situations and under circumstances they could not control and that depend on dangerous acts of third persons, i.e. aggression or negligence. Safety on streets varied among respondents depending on the form of their disability. Some respondents felt safe because of their disability, others — because they take precautionary measures; and some rely on authorised staff members. Respondents with mobility disabilities said they felt very safe only because of their helpless state, which is completely obvious to a potential aggressor: *Maybe, stooging about at night on the street, I don't know, but even then I sometimes feel that if they attack some lady, maybe they will not choose someone in a wheelchair. (...) Well, maybe they see someone in a wheelchair as their own* (A.P.). Women with psychosocial disabilities had different experiences. One remembered feeling threatened by other residents of a care facility when no authorised staff was around: *Pranas was there, that Alikas, they are unpredictable. It would get so difficult that we would lock ourselves in our rooms and sit as silently as foxes. (...) it happens that there is no one or the other [employee]* (G.R.). Yet another respondent with a similar disability mentioned feeling safe despite of the potential threat coming from care facility residents: *I feel safe despite of being surrounded by sick people and they, well sick people, are in different states. There are some people who are sick more than me, some are less sick and so on, well, but I am still safe, because there is someone on duty close by* (Ž.A.).

A respondent with an auditory disability feels safe and assured while out on the streets; probably because she has no negative experience: *There is some instinct. Self-preservation. (...) I am only scared of drunks, you can never know where they might turn. Other deaf people are scared because they've been attacked and robbed, so they are scared for this to happen again* (N.K.). Respondents with a visual disability feel the least safe while out on the street. They feel worried about three main circumstances. First of all — obstacles in the environment: *You crash into something, all these advertising panels around, or, let's say, someone digs a pit on the sidewalk, there have been cases that you end up falling in* (R.R.). Secondly —careless drivers. And thirdly — disability inflicted greater possibility of becoming a victim of aggression. Respondents with visual disabilities shared the intimidating experience of “steps behind your back”: *I stop. The person behind me stops. I start walking and see that person also starts walking... Then you want to run for your life. Oh, and then they finally ask if they can help with anything* (L.T.). The main safety strategies against potential aggressors used by women with disabilities while out



on the streets vary from reliance on neighbours or authorised staff members to increased safety measures (e.g. self-defence courses) or avoidance to be outside during late hours.

Respondents weren't practically talking about dangers arising from non-adapted home environment, only one situation became apparent, when a respondent with a mobility disability got injured in her own bathroom: *And so I was about to lean towards the toilet seat, it is in the same room in my home, and so my one leg slipped, I splashed some water and slipped. My head ended up in the toilet, the whole eye [hurt]... (Z.B.).*

Respondents mentioned few cases of abuse and exploitation. Two respondents with psychosocial disabilities were very strict in underlining that nobody has ever exploited or financially wronged them because of their disability: *for someone to abuse my difficult situation, this has really never happened (D.L.). No no no, this has never happened, no no (Ž.A.).* The third respondent residing in a care facility said she has suffered from some petty thefts committed by other residents and has been trying to deal with the situation nicely: *So, I even wrote (shows three cabinets with notes saying "Please, do not steal") (G.R.).* Just as in case of physical safety, women with visual disabilities are the most vulnerable to abuse. One respondent revealed the strategy she uses to avoid theft in shops: *If you don't buy much, they never trick me, but if you buy for a greater amount, more items, then they trick not only us, the blind, but even those who can see (R.R.).* Even assistants can be cheating, although they are hired by respondents with visual disabilities to help with housework or to learn a new route.

Women with disabilities do not feel safe in our society. Although some respondents feel safe just because they are in a wheelchair and could hardly be considered an attractive "prey", other research respondents understand their greater vulnerability to threats imposed of those around them or abuse and are therefore more attentive as well as take more or less rational safety measures and, finally, learn to see the humour in their cases of abuse.

Accessibility and mobility

Adaptation of the environment is necessary for women with mobility, visual and auditory disabilities. Although based on the current procedure, a large portion of necessary measures and improvements should be compensated by municipalities, often women receive the necessary assistance from the closest social environment.



There is a possibility to receive a compensation for adaptation of housing: a lift, ramp and other means that help accessing an apartment or a house as well as for sanitary facilities, i.e. a bathroom and toilet. The majority of women with mobility disability said they received some aid for a lift or a ramp; however, they often underlined the amount of arguments it took to persuade the municipality and equipment installing specialist. Not all initiatives by women with disabilities as regards adaptation of housing were successful. One respondent is still battling a possibility to install a wheelchair platform in the staircase; but according to specialists of the municipality this is impossible because the staircase is too narrow and the platform could impede on evacuation; yet, no other option is offered. Nobody knows what will be the outcome of this dispute between the disabled woman and municipal specialists; however, the woman is currently using a wooden ramp (which is rather dangerous) made by her neighbour. Municipality of another city resolved a similar problem easily: the woman received a caterpillar lift, which can be attached to her wheelchair, thus she manages to get downstairs from the second floor without any problem. Different measures can be used; however, everything depends on the ability of authorised municipal employees to find solutions.

Some women with a mobility disability have received state compensation for installing sanitary facilities. However, the majority noted that sanitary facilities are required every day, constantly, while waiting for adaptation may take several years. Thus, they made minimal adaptations using their own funds and without any help of engineers. If women fail to find sufficient funds for a professional adaptation of their bathroom, relatives and friends design inexpensive self-made tools. Standard adaptation becomes insufficient if health deteriorates. One respondent said that her body stopped moving at all and no handles can help her to get into a bath; now, she needs a lift, which was unnecessary some time ago. While sanitary facilities are being equipped, women have to do without them for some months. A woman with a severe mobility disability can find it especially hard and moving to a hotel for that period would create an unbearable financial burden.

Physical and financial accessibility of public transport is one of the key mobility factors especially for women with mobility and visual disabilities. The compensation procedure applicable in this field is appreciated, well-known to women and used as much as possible. Women with visual disabilities not only underlined the importance of ticket prices, but also — orientation between different routes and stops, etc. Therefore, respondents with such disabilities usually said they only find it comfortable to use well-learned routes: if a bus has no audio announcement of stops (and in smaller towns this service is unavailable), the only way to get to the required location is asking for the help of fellow-passengers.



Rather frequently, blind women can use the social taxi service; however, they don't use it often, only for special occasions. Women with mobility disabilities encounter many more inconveniences. Although larger cities have low-floor-busses, many difficulties still exist, first of all because of dissatisfaction of drivers as they are given additional workload. All low-floor-busses increase the mobility of women with mobility disabilities. It is much more difficult to use intercity busses: it is almost impossible to get inside of them and there are no attempts to solve the problem; according to one respondent, even handles on both sides of steps would be of some help.

Another important mobility factor is adaptation of streets, crossroads and sidewalks. The largest cities have many more such adaptations, while smaller towns have only started implementing such measures. More than a half of all respondents with mobility disabilities are active members of the society and drive cars. They stated that a car was the measure that ensured their mobility. All driving women with disabilities have received state support to purchase and adapt a car (LTL 4000). This amount of money is insufficient but the women understand they have to contribute. On the other hand, even if one can drive a car, purchases it and adapts it, it is not always possible to use it due to factors that can be almost invisible to healthy drivers, such as snow or uncomfortable sidewalk (access to the car). For these women, another problem is indifferent drivers who boldly park their cars in spaces for the disabled. A woman with a mobility disability has to have a possibility to park her car comfortably and have an easy access to the entrance of an institution she wants to visit; besides, she has to have enough space to get out of the car and get herself into a wheelchair; still, some drivers don't understand it.

Mobility of women with mobility disabilities very much depends on a possibility to access required public locations, such as shops, institutions, etc. Probably, women with disabilities value large supermarkets the most as they have wide entrances, comfortable ramps, and special toilets. Access to public institutions is much more complicated for the respondents: according to them, the hardest access is to municipalities, police stations, legal assistance companies that are mostly located *up in the sky* (A.P.). A lot of criticism was given to the Municipality of Kaunas: although theoretically healthy people can see an especially built ramp, it almost impossible to access the building in practice. Police stations are also usually inaccessible for the disabled: women mentioned some in Kaunas, where they had to ask to be carried upstairs in their wheelchairs. While talking about universities (VDU, KTU, LEU, ŠU), the majority of respondents said that almost all buildings were adapted.

A wheelchair is a constant companion of a woman with a mobility disability; therefore, its quality has an immense impact on the quality of her life. On the other hand, women planning to use their right to the



compensation, have to buy a wheelchair produced by the Lithuanian company *Puntukas*, which in their view is very uncomfortable. Therefore, they frequently look for a cheaper, lighter and manoeuvrable wheelchair they can buy for their own money, so they could feel much more mobile and lighter. Numerous utterances on the topic demonstrate that women with disabilities help each other in finding appropriate special equipment. Another woman in a wheelchair expressed her regret for non-existence of compensation offered for especially highly valued seats against calluses, which can make it easier for someone who spends most of her life sitting-down. Besides, even in this case state-compensated aids are of much poorer quality than those that are actually helpful for the disabled; therefore once again, these high-quality seats are purchased by the women out of their own pocket.

Women with auditory disabilities require hearing aids and tools adapted for the deaf: alarm clocks, door bells, child monitors, etc. Besides, they are active users of mobile phones (which, in this case, can be considered as compensatory equipment rather than a comfort item). In addition, deaf women underlined the insufficiency of subtitles on television and Internet, which is still considered unusual.

Women with visual disabilities also use a rather large amount of adapted items, but they are mostly in need of software for the blind, which is able to read written text. Such unaffordable software is especially necessary for young students and working women with visual disabilities. At the moment, as there is a possibility to download pirated software, women don't speak much about difficulties in this area; however, if this illegal method is prevented, they would certainly experience numerous restrictions. Other software, which is adapted for people with visual disabilities, reads texts in different languages, but the choice of languages is limited and Lithuanian is rarely available. Women hope that more Lithuanian products will be created for people with visual disabilities as they really miss more options: *Now they are creating those apps but they are all in English, the English are making them. Lithuania is making no effort, there is no money...* (L.T.). A woman living with mitochondrial myopathy — a rare genetic disease, which in time prevents all muscles from movement — cannot acquire special glasses that could hold her eyelids open.

It is hard to find information about events that are important to the disabled as well as about technological novelties and various compensations. Women who are actively involved in activities of organisations for the disabled can obtain such information easily and share it; however, less socially active people or residents of distant rural areas receive almost no information at all.



Summary of the results

- The Lithuanian system for integration of people with disabilities covers assistance in various areas of life; however, it is mostly focused on passive people with little motivation. The research revealed that among the disabled, there are numerous energetic, motivated and ambitious women who are prevented from engaging in activities of their interest, pursuit of objectives or contribution to the wellbeing of the society by inflexible disability policy, which is insufficiently centred on individual needs.
- Women with disabilities invest a lot of physical and mental efforts, so that they and their significant others could regard them as complete individuals who can take care of and be responsible for themselves. This requires regular visits to healthcare institutions, which can be rather unpleasant and associated with control rather than care. Women with disabilities clearly understand having no rights equal to those enjoyed by healthy women, who can take care of their health once they think it is needed
- The greatest share of assistance is received by women with disabilities from their closest environment, i.e. family members, neighbours, friends and co-workers. Frequently, these are the people who do things that should be done by state institutions. This demonstrates that women with disabilities have to acquire their social capital themselves, without any help from the public or state institutions.
- In Lithuania, women with disabilities frequently encounter doubts of the public regarding their femininity as well as downgrading of their sexuality. In medical institutions and especially gynaecological offices, they face just the same inconsiderate reaction towards their reproductive health disorders; rather frequently they are encouraged to terminate their pregnancy without a weighted reason; no important detailed information is explained regarding their reproductive health. It is rather frequent that not only reproductive rights of women with disabilities are ignored but even their maternal instincts as if believing that they must diminish during exacerbation episodes of a mental disease. There is little understanding that mothers with psychosocial disabilities must be informed about the whereabouts of their children during the period of their hospitalisation.
- Mothers with disabilities have to live through worry and fear for the health of their children (especially in case of hereditary diseases); and to constantly ask for help from friends and family



in caring for children. Besides, mothers with disabilities are more sensitive to intolerance towards disability. Children raised by mothers or fathers with disabilities encounter bullying in various environments and acknowledge being ashamed of their mothers or fathers, which brings even greater anxiety and suffering.

- In the system of education, it is not only the adaptation of the physical environment that is important to women with disabilities, but also understanding, empathy and help of those around them (peers and teachers). People offer their advice to women with disabilities regarding the choice of studies considering their disability; however, the successful integration stories actually portray women who've managed to resist the pressure as well as conclusions of the medical commission, pursued their goal and acquired the speciality they wanted.
- In case of women with disabilities, financial motivation to work is reduced by the system of social benefits that are related to the level of their income, e.g. when earnings deprive them of the right to social housing or a low working capacity prevents them from using job seeker services. Yet another obstacle in gaining employment is the sceptical attitude of employers and the lack of confidence in an employee with a disability. Analysis of the relationship between women with disabilities and the team of co-workers revealed competition with "the healthy". The stories demonstrated satisfaction of respondents in proving their superiority and producing results, which were better compared to those of healthy colleagues.
- Women with disabilities encounter additional obstacles on the labour market, which are related to the negative synergy and compounding effects of both grounds of discrimination. As women, they can only get employed in less prestigious work places, receiving a smaller salary compared to men performing the same work; and due to their disability, they face difficulties in receiving and maintaining a job. Therefore, women with disabilities have to either demonstrate exceptional assertiveness in the competition for their job; or get employed in a company, which operates in the field related to their disability; or, which frequently happens, postpone their career ambitions until their children grow up, i.e. for an indefinite period.
- Respondents were undisposed to talk about earnings; usually, they directed the conversation towards the ability to make a living from whatever was available or the ability to live rationally. Various special offers and discounts are usually offered to seniors and students while the disabled cannot enjoy such discounts at all. Women with disabilities would be ready to take out loans; however so far, such attempts were unsuccessful.



- The majority (15 out of 20) of research respondents reside in their own home — an apartment or a house (part of a house). Only the family of one respondent are social housing tenants (a family of people with disabilities, raising three children). It is not easy to use the service: it can take 30 and more year of waiting in the queue for social housing. No special credits for social housing are given to the disabled neither in Kaunas nor in Vilnius, thus they have to wait in the same queue as everyone else. In case a woman with a disability lost her place of residence, she could theoretically reside in a homeless shelter, adaptation of which is unfortunately limited to the façade solutions (ramps and wider doors); however, even such shelters provide no options as they have two-story beds in living rooms as well as narrow passages inaccessible for someone in a wheelchair.
- Although women with disabilities are offered discounts on tickets to cultural objects and events, usually they are inaccessible due to insufficiently adapted physical environment and information. This is especially relevant for people with auditory, visual and mobility disabilities, who encounter difficulties entering a building or cannot see/hear a performance. The research demonstrates that more individual efforts are put into attempts to help a woman with a disability to access a specific event rather than systematic efforts that would ensure a possibility for the disabled to visit cultural events without limitations.
- Women with disabilities enjoy some prudent risk while travelling and enjoy travelling to Western Europe. Flying to those counties, they can be certain that the journey will be smooth and they would feel comfortable in the adapted environment.
- Participation in activities of non-governmental organisations is a rather usual phenomenon among women with disabilities. It should be noted that even those respondents who did not mention being actively involved in activities of NGOs actually knew about their existence and services.
- Women with disabilities do not feel safe in our society. Although two respondents feel safe just because they are in a wheelchair and could hardly be considered an attractive “prey”, other research respondents understand their greater vulnerability to threats imposed of those around them and are therefore more attentive as well as take additional safety measures.

Recommendations



Women with disabilities is a truly heterogeneous group that depends on the nature of a disability and conditions pertaining to its origin as well as age, place of residence, family status, education, employment status, individual character traits, etc. Their need and expectations related to public policy and its actors differ respectively; thus, different measures are required to ensure the wellbeing and full participation of group representatives in life of the public. Having these circumstances in mind, the authors of the research decided to limit recommendations to areas that are of equal significance to all women with disabilities.

- It has been a number of decades since the international community acknowledged the necessity to include the sexuality perspective into the disability discourse and vice versa — the issue of disability into gender equality programmes, aiming to ensure that each member of the society would have the right to a dignified and safe life. Both legislative and executive powers of the Republic of Lithuania should consider recommendations of international organisations and focus more on the situation of women with disabilities as well as their needs and development of integration possibilities. As women with disabilities are twice more vulnerable due to their dual identity, it is important to ensure that respective strategies and measures to be designed in relation to one part of the identity would also consider the second one; i.e. disability-related documents should be gender mainstreamed and vice versa.
- Women with disabilities is a truly heterogeneous group; however they are related by the need for assistance and services, which makes them clients and patients of various specialists. Following medicalised attitude, universal legislative acts, set standards and narrow professional rules, professionals frequently lack individualised approach, knowledge and skills in communicating and offering professional assistance for women with disabilities faced with different life situations. Thus, obligation to consider needs of women with disabilities should not be limited to measures on the macro-level (legislative acts) but integrated into institutional and individual practice.
- As the research revealed, women with disabilities can be responsible employees, committed mothers, fans of culture, travellers and fighters for human rights. And this is far from the final list of their identities and achievements, which were not fundamentally prevented by their disability. Thus, it is important to relinquish the stereotypical mindset related to women with disabilities, limiting them to their diagnosis and narrowing down their identity to “disability carriers”, this way depriving them off their career ambitions or the desire to have children.



- There should be more in-depth understanding of experiences shared by research respondents regarding their individual efforts aimed at assuring or protecting rights that are considered natural to others; and such initiatives should be raised to the institutional level, e.g. using opportunities provided by the law, addressing the Office of Equal Opportunities Ombudsperson. This way, not only the issue of one individual woman would be resolved, but also assumptions would be created to change the existing negative discriminatory practices.
- Based on international research outcomes, programmes and this study, it is recommended to initiate new research in various areas of the quality of life of women with disabilities, starting with the most relevant ones that brought to light the majority of issues, i.e. healthcare, earnings and employment; as well as collect respective statistical information, which is currently completely unavailable in Lithuania.

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