WEBVTT

00:02:23.000 --> 00:02:33.000

Test.

00:02:33.000 --> 00:02:49.000

Test.

00:02:49.000 --> 00:03:19.000

Test.

00:03:28.000 --> 00:03:30.000

Government, everyone, we might

00:03:30.000 --> 00:03:31.000

just

00:03:31.000 --> 00:03:33.000

not if that is all right with everyone

00:03:33.000 --> 00:03:35.000

. First of all my

00:03:35.000 --> 00:03:37.000

neighbours margarita Mac from Women With

00:03:37.000 --> 00:03:38.000

Disabilities Australia

00:03:38.000 --> 00:03:40.000

. A white woman with brown

00:03:40.000 --> 00:03:41.000

hair, lipstick

00:03:41.000 --> 00:03:43.000

on and pink

00:03:43.000 --> 00:03:50.000

striped shirt.

00:03:50.000 --> 00:03:53.000

Thank you all for coming, very exciting to

00:03:53.000 --> 00:03:56.000

see you. First of all a quick

00:03:56.000 --> 00:03:58.000

bit of housekeeping, I want to acknowledge

00:03:58.000 --> 00:04:03.000

we are amongst

00:04:03.000 --> 00:04:05.000

aboriginal people and especially for Australia

00:04:05.000 --> 00:04:07.000

and any of you in

00:04:07.000 --> 00:04:09.000

Australia or who came promised earlier or

00:04:09.000 --> 00:04:11.000

travelling from unseeded plants there,

00:04:11.000 --> 00:04:15.000

travelling from the land of the

00:04:15.000 --> 00:04:18.000

Whadjuck Noongar Country people and I

00:04:18.000 --> 00:04:24.000

want to acknowledge elders past, present and

00:04:24.000 --> 00:04:27.000

as well as indigenous people around the will

00:04:27.000 --> 00:04:30.000

have done a lot of work for feminist movements

00:04:30.000 --> 00:04:32.000

and specifically disability movements. I

00:04:32.000 --> 00:04:33.000

also want to acknowledge

00:04:33.000 --> 00:04:35.000

the sign language interpreting

00:04:35.000 --> 00:04:37.000

. We are going to

00:04:37.000 --> 00:04:38.000

try speaking

00:04:38.000 --> 00:04:39.000

slowly so that

00:04:39.000 --> 00:04:42.000

we are not rushing

00:04:42.000 --> 00:04:46.000

, but we just want to thank her. And also

00:04:46.000 --> 00:04:48.000

there is going to be so

00:04:48.000 --> 00:04:51.000

video is playing up on the screen, we have

00:04:51.000 --> 00:04:54.000

two videos, they will have captions. And

00:04:54.000 --> 00:04:57.000

yes, just U know that they will be

00:04:57.000 --> 00:04:58.000

happening. We

00:04:58.000 --> 00:04:59.000

have a Q&A section at

00:04:59.000 --> 00:05:01.000

the end, so feel free

00:05:01.000 --> 00:05:03.000

if you have not

00:05:03.000 --> 00:05:07.000

, if you have any notes, if you have questions,

00:05:07.000 --> 00:05:10.000

keep them until the end and we will have some

00:05:10.000 --> 00:05:14.000

time there or you could also catch any other

00:05:14.000 --> 00:05:17.000

after the session I am sure. So, a little bit

00:05:17.000 --> 00:05:20.000

about Women With Disabilities Australia is

00:05:20.000 --> 00:05:23.000

that we are one of the disability organisations

00:05:23.000 --> 00:05:26.000

in Australia and we are also a women's alliance

00:05:26.000 --> 00:05:28.000

which is essentially a peak governmental

00:05:28.000 --> 00:05:29.000

organisation that represents women.

00:05:29.000 --> 00:05:32.000

Where one of the very few organisations

00:05:32.000 --> 00:05:33.000

that represent women with

00:05:33.000 --> 00:05:36.000

disabilities, one of the few that

00:05:36.000 --> 00:05:38.000

are attending CSW

00:05:38.000 --> 00:05:39.000

alongside women in

00:05:39.000 --> 00:05:41.000

international and a

00:05:41.000 --> 00:05:43.000

few others. And

00:05:43.000 --> 00:05:46.000

one of the few organisations

00:05:46.000 --> 00:05:47.000

of People with Disabilities as

00:05:47.000 --> 00:05:59.000

Attending from Australia which

00:05:59.000 --> 00:06:01.000

there was a Pacific session in here earlier

00:06:01.000 --> 00:06:04.000

and we want to acknowledge not only is

00:06:04.000 --> 00:06:08.000

it fun for us to savour indigenous women but it

00:06:08.000 --> 00:06:10.000

is important for representation at such a

00:06:10.000 --> 00:06:14.000

large event like CSW. So thank you for coming

00:06:14.000 --> 00:06:17.000

to the session but also I guess it is really

00:06:17.000 --> 00:06:21.000

important for us to be here and this year is no

00:06:21.000 --> 00:06:23.000

different considering the large attendance at

00:06:23.000 --> 00:06:27.000

the conference as well as that. we are really

00:06:27.000 --> 00:06:29.000

here to talk about sexual

00:06:29.000 --> 00:06:31.000

reproductive rights and technology. I want to

00:06:31.000 --> 00:06:34.000

acknowledge that this morning there was a

00:06:34.000 --> 00:06:35.000

session on sexual reproductive rights

00:06:35.000 --> 00:06:39.000

technology and it is a topic that I have not

00:06:39.000 --> 00:06:43.000

seen as much of that CSW but one that is

00:06:43.000 --> 00:06:45.000

incredibly important at what we will be

00:06:45.000 --> 00:06:48.000

continuing to activate for a post CSW et

00:06:48.000 --> 00:06:51.000

cetera. So really quickly I

00:06:51.000 --> 00:06:55.000

will be introducing the other panel members

00:06:55.000 --> 00:06:58.000

just before they speak but I do want to quickly

00:06:58.000 --> 00:07:00.000

just mention Kelly next to me,

00:07:00.000 --> 00:07:02.000

and state at the table

00:07:02.000 --> 00:07:04.000

, both of whom are

00:07:04.000 --> 00:07:06.000

amazing advocates

00:07:06.000 --> 00:07:10.000

and who you will hear from a little bit later.

00:07:10.000 --> 00:07:12.000

Quickly before we start I was thinking

00:07:12.000 --> 00:07:16.000

that we are going to do a little bit of

00:07:16.000 --> 00:07:17.000

introduction to listen

00:07:17.000 --> 00:07:19.000

watching the video, it is by the UN

00:07:19.000 --> 00:07:22.000

so it is relevant to our work

00:07:22.000 --> 00:07:26.000

and then Kelly is going to give us a little bit

00:07:26.000 --> 00:07:30.000

of further to dive into the topic as well as

00:07:30.000 --> 00:07:32.000

that quickly I want to acknowledge that

00:07:32.000 --> 00:07:34.000

a long time American disability advocate

00:07:34.000 --> 00:07:38.000

has to wait a couple of days ago

00:07:38.000 --> 00:07:41.000

and I want to acknowledge the hard

00:07:41.000 --> 00:07:42.000

work that she has done

00:07:42.000 --> 00:07:45.000

in America but that has also impacted around

00:07:45.000 --> 00:07:47.000

the world.

00:07:47.000 --> 00:07:51.000

Chevron I was not sure what you meant, I can

00:07:51.000 --> 00:07:54.000

speak for everyone in the as a disabled woman

00:07:54.000 --> 00:07:57.000

, it shocking

00:07:57.000 --> 00:08:01.000

, some people say what I would do to change the

00:08:01.000 --> 00:08:03.000

world, to accept what I was told

00:08:03.000 --> 00:08:05.000

and willing to make a fuss

00:08:05.000 --> 00:08:07.000

about that. I think that everyone

00:08:07.000 --> 00:08:13.000

here that is why we are here

00:08:13.000 --> 00:08:14.000

, that is a really pertinent

00:08:14.000 --> 00:08:17.000

quote.

00:08:17.000 --> 00:08:20.000

SPEAKER: Is, definitely, so I will

00:08:20.000 --> 00:08:24.000

play the video then I will pass over to Kelly,

00:08:24.000 --> 00:08:54.000

hoping that it all works out.

00:10:05.000 --> 00:10:35.000

(Video plays)

00:11:11.000 --> 00:11:14.000

MARGHERITA DALL'OCCO-VACCARO:

00:11:14.000 --> 00:11:17.000

all right, not very loud

00:11:17.000 --> 00:11:20.000

, apologies, a little bit inspirational at

00:11:20.000 --> 00:11:22.000

the end but I quickly

00:11:22.000 --> 00:11:24.000

pass to Kelly to give us

00:11:24.000 --> 00:11:27.000

a bit more of some insight there.

00:11:27.000 --> 00:11:28.000

KELLY COX:

00:11:28.000 --> 00:11:31.000

I think that

00:11:31.000 --> 00:11:34.000

it goes

00:11:34.000 --> 00:11:38.000

(inaudible)

00:11:38.000 --> 00:11:43.000

is that better?

00:11:43.000 --> 00:11:44.000

So it

00:11:44.000 --> 00:11:45.000

goes I think

00:11:45.000 --> 00:11:47.000

in the video

00:11:47.000 --> 00:11:49.000

the way society

00:11:49.000 --> 00:11:50.000

audiences

00:11:50.000 --> 00:11:51.000

, so

00:11:51.000 --> 00:11:54.000

you do not have to be

00:11:54.000 --> 00:11:56.000

disabled to experience April as

00:11:56.000 --> 00:11:58.000

although it is most common for disabled

00:11:58.000 --> 00:12:01.000

people, able as is central

00:12:01.000 --> 00:12:04.000

to the racist

00:12:04.000 --> 00:12:06.000

privileging of access to property, resources

00:12:06.000 --> 00:12:07.000

and their protections

00:12:07.000 --> 00:12:09.000

which

00:12:09.000 --> 00:12:10.000

imposes responsibility on

00:12:10.000 --> 00:12:12.000

individuals

00:12:12.000 --> 00:12:15.000

of economic well-being and

00:12:15.000 --> 00:12:16.000

well-being while simultaneously maximising

00:12:16.000 --> 00:12:20.000

the profit

00:12:20.000 --> 00:12:23.000

of those least able to make this. This is

00:12:23.000 --> 00:12:25.000

because the concepts of

00:12:25.000 --> 00:12:27.000

normalcy, and productivity,

00:12:27.000 --> 00:12:35.000

incapacity and unfitness which

00:12:35.000 --> 00:12:38.000

also mediates the oppression of other

00:12:38.000 --> 00:12:40.000

marginalised individuals and groups such as those

00:12:40.000 --> 00:12:42.000

who are indigenous or

00:12:42.000 --> 00:12:45.000

racialised. Historically

00:12:45.000 --> 00:12:48.000

this marked the eugenics logic which

00:12:48.000 --> 00:12:52.000

proved a biological

00:12:52.000 --> 00:12:55.000

tradition and dangerous. A variety of

00:12:55.000 --> 00:12:57.000

marginalised groups such as those who are poor,

00:12:57.000 --> 00:12:59.000

racialised, indigenous, have drug addictions,

00:12:59.000 --> 00:13:00.000

STI's, LG BTI

00:13:00.000 --> 00:13:02.000

. Specific

00:13:02.000 --> 00:13:03.000

historical

00:13:03.000 --> 00:13:08.000

examples include the white is

00:13:08.000 --> 00:13:10.000

Australia policy and the protection

00:13:10.000 --> 00:13:12.000

policies of the stolen generation here

00:13:12.000 --> 00:13:14.000

but the justified

00:13:14.000 --> 00:13:15.000

removal

00:13:15.000 --> 00:13:16.000

of

00:13:16.000 --> 00:13:18.000

children of both races in colonial

00:13:18.000 --> 00:13:22.000

assumptions.

00:13:22.000 --> 00:13:25.000

The weaponisation of these concepts

00:13:25.000 --> 00:13:27.000

against other marginalised individuals

00:13:27.000 --> 00:13:28.000

and groups

00:13:28.000 --> 00:13:29.000

. And

00:13:29.000 --> 00:13:32.000

that goes on

00:13:32.000 --> 00:13:35.000

but I think that gives you an idea that April

00:13:35.000 --> 00:13:37.000

is is something disproportionately that

00:13:37.000 --> 00:13:39.000

affects disabled people that is

00:13:39.000 --> 00:13:41.000

not just a thing that impacts

00:13:41.000 --> 00:13:45.000

disabled people.

00:13:45.000 --> 00:13:48.000

I think that is one of the topics around

00:13:48.000 --> 00:13:53.000

reproductive biases.

00:13:53.000 --> 00:13:55.000

MARGHERITA DALL'OCCO-VACCARO:

00:13:55.000 --> 00:13:57.000

thank you, Kelly, and actually

00:13:57.000 --> 00:14:01.000

we are just going to hear from Kelly again

00:14:01.000 --> 00:14:03.000

next but I will give

00:14:03.000 --> 00:14:05.000

Kelly a bit of an introduction and

00:14:05.000 --> 00:14:08.000

that is Kelly works with other disabled

00:14:08.000 --> 00:14:09.000

people to effect change

00:14:09.000 --> 00:14:12.000

disability and human rights issues. This is

00:14:12.000 --> 00:14:13.000

including

00:14:13.000 --> 00:14:14.000

better provision of services

00:14:14.000 --> 00:14:16.000

which is the national

00:14:16.000 --> 00:14:17.000

disability insurance

00:14:17.000 --> 00:14:19.000

scheme in Australia.

00:14:19.000 --> 00:14:20.000

Lobbying for

00:14:20.000 --> 00:14:23.000

a Royal commission and a wide range of

00:14:23.000 --> 00:14:25.000

other local, national and international

00:14:25.000 --> 00:14:29.000

issues as well as being

00:14:29.000 --> 00:14:32.000

someone that I play admire. As a disabled

00:14:32.000 --> 00:14:34.000

woman, Kelly has first-hand understanding

00:14:34.000 --> 00:14:37.000

and lived experiences of issues affecting disabled

00:14:37.000 --> 00:14:39.000

people. She has been actively

00:14:39.000 --> 00:14:40.000

involved in

00:14:40.000 --> 00:14:42.000

representing the rights of disabled people

00:14:42.000 --> 00:14:45.000

both nationally and internationally

00:14:45.000 --> 00:14:48.000

and is a contributing member of the disability

00:14:48.000 --> 00:14:54.000

rights movement in Australia. I would see

00:14:54.000 --> 00:14:56.000

more than contributing. She is passionate about

00:14:56.000 --> 00:14:59.000

working to put the rights of all disabled

00:14:59.000 --> 00:15:03.000

people to ensure the are able to live the life

00:15:03.000 --> 00:15:05.000

that they want. She has specific

00:15:05.000 --> 00:15:07.000

interests in national disaster recovery where

00:15:07.000 --> 00:15:10.000

she spoke about it at the UN last year.

00:15:10.000 --> 00:15:12.000

Intersectionality choose and communities further

00:15:12.000 --> 00:15:14.000

marginalised with this ability. She believes

00:15:14.000 --> 00:15:17.000

that we should make sure that all disabled people

00:15:17.000 --> 00:15:19.000

have a voice

00:15:19.000 --> 00:15:21.000

, especially people who come from exceptionally

00:15:21.000 --> 00:15:22.000

marginalised backgrounds.

00:15:22.000 --> 00:15:25.000

Kelly, it comes to you to talk about

00:15:25.000 --> 00:15:28.000

more about sexual productive rights and

00:15:28.000 --> 00:15:30.000

really what technology, what role

00:15:30.000 --> 00:15:31.000

technology plays in

00:15:31.000 --> 00:15:32.000

enhancing

00:15:32.000 --> 00:15:35.000

sexual reproductive rights

00:15:35.000 --> 00:15:37.000

. And also the needs and

00:15:37.000 --> 00:15:38.000

wants of

00:15:38.000 --> 00:15:40.000

People with Disabilities around the

00:15:40.000 --> 00:15:45.000

world.

00:15:45.000 --> 00:15:50.000

KELLY COX:

00:15:50.000 --> 00:15:51.000

I think

00:15:51.000 --> 00:15:52.000

I would like to

00:15:52.000 --> 00:15:54.000

start by

00:15:54.000 --> 00:15:56.000

acknowledging technology being

00:15:56.000 --> 00:15:58.000

the theme for this year

00:15:58.000 --> 00:16:01.000

and a lot of the conversation is

00:16:01.000 --> 00:16:02.000

around

00:16:02.000 --> 00:16:05.000

technology in terms of online spaces

00:16:05.000 --> 00:16:07.000

and for disabled people

00:16:07.000 --> 00:16:10.000

, disabled women

00:16:10.000 --> 00:16:11.000

, it is much more

00:16:11.000 --> 00:16:13.000

, technology is everything

00:16:13.000 --> 00:16:15.000

for us, it is my wheelchair

00:16:15.000 --> 00:16:18.000

, it is the internet

00:16:18.000 --> 00:16:22.000

, the way that we use that to connect with the

00:16:22.000 --> 00:16:25.000

community and provide peer support, I think

00:16:25.000 --> 00:16:28.000

I know that I certainly would not be

00:16:28.000 --> 00:16:31.000

here if it was not for connecting with other

00:16:31.000 --> 00:16:33.000

disabled women in online spaces and growing

00:16:33.000 --> 00:16:37.000

friendships and learning about

00:16:37.000 --> 00:16:39.000

that. We have advocacy

00:16:39.000 --> 00:16:40.000

organisations

00:16:40.000 --> 00:16:41.000

to go on

00:16:41.000 --> 00:16:43.000

with those organisations to them

00:16:43.000 --> 00:16:44.000

representing places

00:16:44.000 --> 00:16:47.000

like

00:16:47.000 --> 00:16:49.000

this, it was Facebook that started

00:16:49.000 --> 00:16:50.000

that

00:16:50.000 --> 00:16:51.000

process

00:16:51.000 --> 00:16:53.000

and just happening upon a

00:16:53.000 --> 00:16:55.000

couple of people. So

00:16:55.000 --> 00:16:57.000

yes, technology for us

00:16:57.000 --> 00:17:01.000

is everything

00:17:01.000 --> 00:17:03.000

and it is part of

00:17:03.000 --> 00:17:06.000

everyday and we use it

00:17:06.000 --> 00:17:09.000

, some of us

00:17:09.000 --> 00:17:12.000

, for reproductive stuff, IVF

00:17:12.000 --> 00:17:17.000

, where that is needed and technology again

00:17:17.000 --> 00:17:29.000

, medical able is an is a thing.

00:17:29.000 --> 00:17:32.000

And I wanted to touch on just advances in

00:17:32.000 --> 00:17:33.000

technology in general

00:17:33.000 --> 00:17:36.000

that benefit everybody but particularly disabled

00:17:36.000 --> 00:17:43.000

people. We talk all the time

00:17:43.000 --> 00:17:45.000

about this benefiting everybody and it

00:17:45.000 --> 00:17:47.000

certainly benefits disabled people in lots

00:17:47.000 --> 00:17:50.000

of ways.

00:17:50.000 --> 00:17:53.000

And then, I think when we look at recent

00:17:53.000 --> 00:17:55.000

events, things like COVID and what happened

00:17:55.000 --> 00:17:59.000

with lockdown's and some of the things that the

00:17:59.000 --> 00:18:01.000

Australian government was quickly able to put

00:18:01.000 --> 00:18:04.000

in place like work from home and all that

00:18:04.000 --> 00:18:06.000

technology and suddenly you can access

00:18:06.000 --> 00:18:08.000

telehealth, they are things that disabled

00:18:08.000 --> 00:18:12.000

people have been asking for four decades in some

00:18:12.000 --> 00:18:13.000

cases.

00:18:13.000 --> 00:18:16.000

We were told it was too hard, it couldn't be

00:18:16.000 --> 00:18:19.000

done. And it certainly made an

00:18:19.000 --> 00:18:20.000

impact on everyone else, every

00:18:20.000 --> 00:18:24.000

overnight we can do it, we have telehealth, we

00:18:24.000 --> 00:18:28.000

can work from

00:18:28.000 --> 00:18:29.000

home. It was an interesting

00:18:29.000 --> 00:18:32.000

and sometimes upsetting process to watch. It was

00:18:32.000 --> 00:18:36.000

great be good finally access it but I think

00:18:36.000 --> 00:18:38.000

the circumstance was hard to watch. And I

00:18:38.000 --> 00:18:41.000

think then, just to end mental

00:18:41.000 --> 00:18:43.000

my little rant

00:18:43.000 --> 00:18:45.000

just acknowledging that the ways I guess

00:18:45.000 --> 00:18:48.000

technology benefits

00:18:48.000 --> 00:18:53.000

or disadvantages, in whichever way it goes,

00:18:53.000 --> 00:18:57.000

that it is not the case for everyone in our

00:18:57.000 --> 00:18:59.000

community and I just want to acknowledge

00:18:59.000 --> 00:19:01.000

first Nations people, people from

00:19:01.000 --> 00:19:03.000

non-English-speaking backgrounds and migrant

00:19:03.000 --> 00:19:04.000

people who live remotely

00:19:04.000 --> 00:19:07.000

that do not have the same access to

00:19:07.000 --> 00:19:10.000

technologies that we do all of the time.

00:19:10.000 --> 00:19:11.000

MARGHERITA DALL'OCCO-VACCARO: This

00:19:11.000 --> 00:19:15.000

is getting fiddly. Thank you, Kelly.

00:19:15.000 --> 00:19:18.000

We do have a little video afterwards about

00:19:18.000 --> 00:19:21.000

some of those things that Kelly was speaking

00:19:21.000 --> 00:19:24.000

about. And I might just add

00:19:24.000 --> 00:19:26.000

some comments on that, and what is really

00:19:26.000 --> 00:19:29.000

interesting as I have noticed at the

00:19:29.000 --> 00:19:32.000

conference we talked a lot about the future of

00:19:32.000 --> 00:19:36.000

technology, about AI, about getting girls in

00:19:36.000 --> 00:19:39.000

STEM, about what is happening next. But we

00:19:39.000 --> 00:19:42.000

are not really talking about what is happening

00:19:42.000 --> 00:19:45.000

now, and what investments we need to

00:19:45.000 --> 00:19:48.000

do now to make sure that things are accessible

00:19:48.000 --> 00:19:50.000

and inclusive of the Sexual and Reproductive

00:19:50.000 --> 00:19:52.000

Rights of women and girls.

00:19:52.000 --> 00:19:55.000

Something that I have heard a lot being

00:19:55.000 --> 00:19:57.000

brought up is how digital tools and

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resources have been able to enable and empower

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women and girls

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to get out of domestic

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violence situations. To find out their

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reproductive rights, to get access to

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treatments like IVF and things like that.

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But, we are not talking about how

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the majority of these things from

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apps to services to

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trying to get inside

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a doctor's lobby

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are not accessible

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. They are not inclusive,

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they are not easy-to-use. They might

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not be in easy English. There might not be even

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– even a webpage that is too hard to navigate

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is not accessible. I think that the

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conversation really needs to shift from just

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talking about what is the future looking like

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and appraising a lot of these tools that have

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been so useful for so many women, but not for

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us in many situations. And that includes the

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fact that as young people, and as young

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women, I definitely think about how

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my family did not accept the word

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'disability' when I first got diagnosed.

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It was not something we talked about, I should

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not have identified with the worldd

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disability, it was a dirty word because I was

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not going to get a job,

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I was not going to be able to do anything

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except stay in my room

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with the door shut and lie there in the dark.

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And then slowly talking to my parents, my family

00:21:34.000 --> 00:21:36.000

about online resources, about what language

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means, sending them information, has been

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able to address that cultural stigma.

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And we can see that technology, when it is

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accessible, is so useful for women with

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disabilities of all different backgrounds.

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But unfortunately, it is just not rate needs to be

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in accessibility. It is not where it needs

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to be in accessibility, affordability, and also

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in – I guess, being widespread as a thing.

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KELLY COX: Can I just add to that?

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We are talking about Sexual and Reproductive

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Rights and technology, and looking back to

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eugenics as was mentioned

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in the video is that technology is sometimes

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used against us as well in terms of sexual and

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reproduction rights in terms of prenatal

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screening and the pressure. Women

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absolutely have a right to choose for their

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body, there is an invisible amount of

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pressure for women to choose and to make

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decisions, and we will hear more about that

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based on one of the videos but yes,

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technology is not always in our best interest or

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in our community's best interest. MARGHERITA

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DALL'OCCO-VACCARO: Yes, exactly. We talked a lot

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about barriers and we do talk a lot about

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barriers, but I do think there is a particular

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conversation

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to be had about, well, how do we move forward?

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How do we address these things? We talk a lot

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about it in the disability community,

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and I'm sure Anastacia will also talk a little

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bit about this. And that is not only

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financial investment and codesign and putting

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people with this is first and foremost

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including them. But also we need legal

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frameworks to support ourselves. We need

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advocates and feminists and people around the

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world to be allies with us. As I mentioned

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earlier, we are one of the few disability

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organisations at CSW, one of the few

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disability events, the list goes on. And

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unfortunately, if we do not have the support of

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feminists and

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women more globally and more largely, we just

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would be able to be included in the

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conversation. Unfortunately it goes

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back to the fact that often people who are

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discriminated against all the response ability

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for their own rights. And to advocate for

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themselves. And although we do that

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every day, just because our own existence is

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often questioned, without the support of

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larger movement and without the support of

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larger organisations,

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we will never be able to get where we need to

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be.

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And so, I sort of want to end before I pass

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over to Anastacia,

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on this morning there was another side event

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on Sexual and Reproductive Rights. And

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I talk from a youth perspective but also

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from an app and podcast and tools perspective

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mentioned that

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communities are finding it difficult to care

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about technology

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when we don't have access to basic human

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rights and needs. She mentioned that if a

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community is lacking food or shelter or care

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or access to hospitals or medication

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and basic human things that they need,

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it is so difficult for those communities to

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care about technology and care about AI

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or what the future is looking like.

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Because their basic needs have not been met

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. And I think that rings

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so true for us when we are having difficulty

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accessing basic Sexual and Reproductive Rights

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that women in many places have been able to

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access when we are having to go through

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multiple hoops to access things as basic as,

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like, the pill. Then we really are not

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concerned with what is happening in the big

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space of technology and what is happening

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in new developments and whose creating new

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things? Because we do not have

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those basic foundations yet.

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So, that is a little bit from me. But I will

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pass over to Anastacia as well,

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and then I will play a video. So, Anastacia is

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the senior leader legal adviser with

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Women Enabled International

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, another really important organisation.

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She conducts research on drafts publication and

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implement inclusive programming projects

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addressing the intersection of

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disability rights and gender rights and

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inclusive service participation.

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She was the primary author of

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the UNFPA and WEI publication, Women and

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Young People with Disabilities: Guidelines

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for Providing Rights-Based and

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Gender-Responsive Services to Address GBV

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and SRHR

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. Since his publication

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she has been involved globally in

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implementation of these projects focus on

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disability inclusion. She has conducted

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workshops for over 370 stakeholders

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and has really let some important assessment

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research on inclusive services. Prior to

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joining Women Enabled International, she was a

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staff attorney in the protection advocacy for

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individuals with intellectual and

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developmental disabilities program at

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disability rights New York. And she also

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graduated from the Cardozo School of Law

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in 2014 and has really achieved a lot of

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achievements since then. So, thank you,

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Anastacia, for being with us. And, take the

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floor! ANASTASIA HOLOBOFF:

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Thank you so much for that introduction and so

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much for W WDA for allowing us to be here.

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We are huge, huge admirers of your work

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and so I'm really honoured to be invited

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to join this panel with you. As was said,

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Women Enabled International is an

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international, non-governmental

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organisation that advocates for the

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intersection of

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gender and disability to ensure that women and

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gender diverse people with disability's commute

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cannot lead self-determined

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lives. One of the things I'm

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hoping to highlight in my time here today

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is some of the good practices that we have

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implemented, particularly with gender

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actors who when we first worked with them were

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sceptical about how to implement disability

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inclusion, and frankly, did not feel that

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responsibility to understand what it meant

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, to make a space inclusive for people

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with disability. That was the case before

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the pandemic but then the pandemic really

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emphasised the need. It also extends to

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digital spaces and

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the spaces that people have been inhabiting in

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the last

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three, four years, and how that has to be done

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and

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how it is very much a tool. The digital world

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as Kelly said has always been a rich space for

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people with disabilities. There are

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already

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a lot of good practices and important

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communities that exist. So learning as is the

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case with

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any space that involves disability inclusion,

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learning from experts in the community on how

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that space is already being made accessible,

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what is needed to make that space accessible is

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just the key fundamental takeaway

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and if I tell you nothing that is the main

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thing I hope you can take from this. And so,

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what I hope to do today is share those good

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practices with you. But just for

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introductory points, people with disability

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always lived those rich lives online, as Kelly

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was describing, it touches every part of

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life. Pre-Elon Musk twitter

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was certainly a good example of the dialogue

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and important developments in our

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advocacy space and the conversations being had

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cross countries, cross identities, cross

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community. And before that, you

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know, Facebook, the blogosphere

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that is where you can really see it. This is

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not a new area for the disability community by

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any means. But as with physical

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spaces, technology has not advanced in many

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ways to make sure space is accessible and people

00:30:21.000 --> 00:30:24.000

do not take response ability to even utilise

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the technology that has been developed to make

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those spaces accessible. And that extends to the

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diversity of disability. We have in our community

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a huge range of disabilities and so,

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oftentimes we always need to check ourselves

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, the disability community, to make sure

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that we are being flexible. That we are

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checking in to make sure the space is diverse in

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their accessibility. And, confronting head on

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one of some of those accessibility is are in

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tension with one another and how can we

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resolve them to make sure we are making that

00:30:59.000 --> 00:31:02.000

inclusive dialogue in an online space. As Kelly

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was saying, one positive thing to come out of

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this reliance on digital space for the pandemic,

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as disheartening

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as it has been to see how so many things that

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were impossible before are certainly possible.

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Which requires us to extend the best we go

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back to say, "Actually, in person is good," That

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we make sure that the advances do not get

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rolled back in anyway. But, we see particularly

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in the advocacy space that there has been more

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reliance and recognition that we can utilise that

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digital space for effective advocacy. And

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that requires investment money, capacity

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strengthening of both institutions and

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individuals to understand how to make

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the spaces accessible, and ready to develop a

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court of good practices that we can all learn

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from. The research that was

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done by WEI and my co-workers on the

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COVID-19 pandemic's impact

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on women and gender diverse people with

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disabilities really showed how you could

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do really comprehensive and deep, meaningful

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research that documents the impact of

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human rights abuses in the digital space. So,

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they were able to conduct 20 virtual

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consultations with people from diverse

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disabilities

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and were able to survey of 173 people disability

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from Latin America, Asian Pacific,

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sub-Saharan Africa, Europe and Central Asia,

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that really demonstrated this impact

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or from remote locations. And

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historically a lot of that documentation

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research with, particularly from the

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global north advocacy perspective, there was

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an expectation that you needed to go from the

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global north needed to go to the global South.

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You can only see people who could physically get

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themselves to a space to do that documentation

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research. So, through that

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research we were able to demonstrate that even

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with diverse disabilities, diverse

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identities, that you really can do that rich,

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w

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e have also been

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doing research on gender-based violence

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services

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, more specifically in

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specific Fiji and Vanuatu

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and from that work

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which is being

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looked at by the UN

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was the old

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model of

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global North based

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researchers going to the Pacific

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and doing the research and the pandemic gave us

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an opportunity to say there is

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no need, there are brilliant researchers

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with disabilities in those countries

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and

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we were able to demonstrate

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that

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by working closely with

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the organisations of persons with

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disabilities and networks in the Pacific

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and they conducted

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the in-person focus groups

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which was the mortality they felt was best

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for

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outreach to the world communities and they

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were able to transmit that and work together

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which really I think did a lot for people in

00:34:19.000 --> 00:34:21.000

relationships between the UN and

00:34:21.000 --> 00:34:27.000

organisations

00:34:27.000 --> 00:34:29.000

, so they interviewed over 120 people

00:34:29.000 --> 00:34:31.000

with disabilities via online

00:34:31.000 --> 00:34:32.000

consultations and

00:34:32.000 --> 00:34:36.000

organisations for People with Disabilities

00:34:36.000 --> 00:34:38.000

. The online survey

00:34:38.000 --> 00:34:39.000

is that

00:34:39.000 --> 00:34:40.000

we were told by

00:34:40.000 --> 00:34:41.000

organisations and persons with

00:34:41.000 --> 00:34:43.000

disabilities that

00:34:43.000 --> 00:34:47.000

it was most effective to them because it was

00:34:47.000 --> 00:34:49.000

most helpful to help manage their time

00:34:49.000 --> 00:34:51.000

and provide answers in their own

00:34:51.000 --> 00:34:53.000

timeline including the

00:34:53.000 --> 00:34:54.000

areas

00:34:54.000 --> 00:34:55.000

specifically

00:34:55.000 --> 00:34:57.000

if they said

00:34:57.000 --> 00:35:02.000

I am coming to an agency

00:35:02.000 --> 00:35:06.000

saying I will do a form for Ireland and Fiji

00:35:06.000 --> 00:35:09.000

they would have said that is a terrible idea

00:35:09.000 --> 00:35:13.000

but we are able to get some rich insight

00:35:13.000 --> 00:35:14.000

in the community.

00:35:14.000 --> 00:35:16.000

And I will give a

00:35:16.000 --> 00:35:20.000

few more good facts

00:35:20.000 --> 00:35:23.000

because there is the work we have been doing

00:35:23.000 --> 00:35:25.000

for gender equality and inclusive

00:35:25.000 --> 00:35:26.000

quality collective

00:35:26.000 --> 00:35:28.000

and the feminist

00:35:28.000 --> 00:35:29.000

accessibility protocol

00:35:29.000 --> 00:35:31.000

which

00:35:31.000 --> 00:35:33.000

includes a whole section on accessibility

00:35:33.000 --> 00:35:34.000

and virtue

00:35:34.000 --> 00:35:37.000

-- virtual spaces. It came

00:35:37.000 --> 00:35:40.000

out of the five that the virtual spaces

00:35:40.000 --> 00:35:41.000

are supposed to be

00:35:41.000 --> 00:35:46.000

accessible

00:35:46.000 --> 00:35:47.000

or completely inaccessible to People

00:35:47.000 --> 00:35:48.000

with Disabilities

00:35:48.000 --> 00:35:50.000

, so the fairest protocol

00:35:50.000 --> 00:35:52.000

which we

00:35:52.000 --> 00:35:53.000

sought

00:35:53.000 --> 00:35:57.000

to address that problem

00:35:57.000 --> 00:36:01.000

, so I will end with some of those

00:36:01.000 --> 00:36:02.000

at that document. Then

00:36:02.000 --> 00:36:06.000

next

00:36:06.000 --> 00:36:09.000

the online

00:36:09.000 --> 00:36:11.000

space is a huge important area.

00:36:11.000 --> 00:36:15.000

Connecting people

00:36:15.000 --> 00:36:17.000

who might not have the opportunity to have

00:36:17.000 --> 00:36:19.000

that confidence

00:36:19.000 --> 00:36:21.000

as you were saying, to have that

00:36:21.000 --> 00:36:23.000

, especially in terms of

00:36:23.000 --> 00:36:29.000

diagnosis, to have that chance

00:36:29.000 --> 00:36:34.000

, working with people with other disabilities.

00:36:34.000 --> 00:36:36.000

The alliance we have worked with

00:36:36.000 --> 00:36:41.000

, so

00:36:41.000 --> 00:36:44.000

we had women and non-binary persons of

00:36:44.000 --> 00:36:46.000

other gender minorities and we also coordinated

00:36:46.000 --> 00:36:50.000

the collective of Latin American women

00:36:50.000 --> 00:36:53.000

and because of the pandemic neither of

00:36:53.000 --> 00:36:56.000

those alliances had ever met in person. And yet

00:36:56.000 --> 00:36:59.000

they have done important advocacy and developed a

00:36:59.000 --> 00:37:02.000

real sense of community and sharing in their

00:37:02.000 --> 00:37:03.000

online spaces.

00:37:03.000 --> 00:37:04.000

And what's up groups. And

00:37:04.000 --> 00:37:05.000

lastly just

00:37:05.000 --> 00:37:07.000

to point

00:37:07.000 --> 00:37:10.000

out another area that we really found

00:37:10.000 --> 00:37:11.000

that

00:37:11.000 --> 00:37:14.000

previously

00:37:14.000 --> 00:37:19.000

what seemed like a silly idea

00:37:19.000 --> 00:37:22.000

is a way to develop a curriculum for people on

00:37:22.000 --> 00:37:25.000

the spectrum with him

00:37:25.000 --> 00:37:27.000

gender-based violence to provide that

00:37:27.000 --> 00:37:28.000

information

00:37:28.000 --> 00:37:29.000

to support for advocacy

00:37:29.000 --> 00:37:32.000

and previously

00:37:32.000 --> 00:37:35.000

if we do that in a virtual space

00:37:35.000 --> 00:37:36.000

it is a sensitive subject

00:37:36.000 --> 00:37:38.000

and

00:37:38.000 --> 00:37:40.000

People with Disabilities in the

00:37:40.000 --> 00:37:41.000

virtual space

00:37:41.000 --> 00:37:43.000

. Of course it requires

00:37:43.000 --> 00:37:44.000

the flexibility

00:37:44.000 --> 00:37:45.000

and being able to identify

00:37:45.000 --> 00:37:46.000

the space

00:37:46.000 --> 00:37:47.000

, if it is

00:37:47.000 --> 00:37:50.000

virtual

00:37:50.000 --> 00:37:53.000

and if they look down on that curriculum

00:37:53.000 --> 00:37:54.000

in China, Botswana

00:37:54.000 --> 00:37:55.000

.

00:37:55.000 --> 00:37:56.000

There is a

00:37:56.000 --> 00:37:57.000

lot of

00:37:57.000 --> 00:37:58.000

value

00:37:58.000 --> 00:37:59.000

and we have proven

00:37:59.000 --> 00:38:01.000

wrong

00:38:01.000 --> 00:38:04.000

and I believe we can have this

00:38:04.000 --> 00:38:06.000

dialogue is for people with

00:38:06.000 --> 00:38:10.000

disability, or disabilities.

00:38:10.000 --> 00:38:15.000

It requires a commitment.

00:38:15.000 --> 00:38:19.000

In that

00:38:19.000 --> 00:38:22.000

digital space commerce that will be published

00:38:22.000 --> 00:38:25.000

this year. And just to end on some

00:38:25.000 --> 00:38:27.000

of the good practices of the accessibility

00:38:27.000 --> 00:38:29.000

protocol highlights, to hold all

00:38:29.000 --> 00:38:33.000

meetings with platforms

00:38:33.000 --> 00:38:36.000

when possible at the event stipend

00:38:36.000 --> 00:38:37.000

, conduct

00:38:37.000 --> 00:38:38.000

accessibility audits

00:38:38.000 --> 00:38:39.000

in virtual spaces like

00:38:39.000 --> 00:38:41.000

we should be doing

00:38:41.000 --> 00:38:44.000

in physical spaces

00:38:44.000 --> 00:38:47.000

, recognise the digital divide that Kelly

00:38:47.000 --> 00:38:48.000

talked about. Make sure that

00:38:48.000 --> 00:38:50.000

you address it head on

00:38:50.000 --> 00:38:53.000

by offering flexibility

00:38:53.000 --> 00:38:55.000

, we have

00:38:55.000 --> 00:38:58.000

some people

00:38:58.000 --> 00:39:00.000

for say language interpreters

00:39:00.000 --> 00:39:02.000

, we went to the

00:39:02.000 --> 00:39:04.000

offices

00:39:04.000 --> 00:39:08.000

and we had a hybrid event like that making

00:39:08.000 --> 00:39:10.000

it accessible. And we are using uncommon

00:39:10.000 --> 00:39:12.000

platforms

00:39:12.000 --> 00:39:14.000

where people have that ability.

00:39:14.000 --> 00:39:17.000

Screen reader technology

00:39:17.000 --> 00:39:18.000

with other types of

00:39:18.000 --> 00:39:21.000

engagement that you are doing

00:39:21.000 --> 00:39:23.000

and get comfortable with it

00:39:23.000 --> 00:39:25.000

before

00:39:25.000 --> 00:39:28.000

they are in that space themselves.

00:39:28.000 --> 00:39:34.000

And just to end

00:39:34.000 --> 00:39:37.000

on that idea we need to be looking at the

00:39:37.000 --> 00:39:40.000

holistic picture of the digital space and

00:39:40.000 --> 00:39:43.000

recognising the digital space is not always

00:39:43.000 --> 00:39:45.000

safer anyone, including people with

00:39:45.000 --> 00:39:46.000

disabilities. So making sure that we

00:39:46.000 --> 00:39:49.000

prioritise digital safety for people with

00:39:49.000 --> 00:39:51.000

disabilities as well. The Academy on digital

00:39:51.000 --> 00:39:54.000

rights, I have not done it myself

00:39:54.000 --> 00:39:56.000

but it seems like a resource

00:39:56.000 --> 00:39:58.000

for people with particular types of

00:39:58.000 --> 00:40:01.000

disabilities like self advocates

00:40:01.000 --> 00:40:06.000

for technology.

00:40:06.000 --> 00:40:10.000

To respect guidelines

00:40:10.000 --> 00:40:15.000

and how to make spaces inclusive.

00:40:15.000 --> 00:40:19.000

Who might not have been introduced to the spaces.

00:40:19.000 --> 00:40:22.000

So thank you

00:40:22.000 --> 00:40:24.000

so much for letting me

00:40:24.000 --> 00:40:32.000

speak and be part of this panel.

00:40:32.000 --> 00:40:36.000

KELLY COX:

00:40:36.000 --> 00:40:40.000

just for a moment, we will talk about the

00:40:40.000 --> 00:40:41.000

Twitter community organising and

00:40:41.000 --> 00:40:44.000

supporting each other, we will stay the way

00:40:44.000 --> 00:40:46.000

that we organise and

00:40:46.000 --> 00:40:50.000

support.

00:40:50.000 --> 00:40:54.000

MARGHERITA DALL'OCCO-VACCARO:

00:40:54.000 --> 00:40:57.000

yes, thank you so much, it is really important

00:40:57.000 --> 00:41:00.000

to have some of those set guidelines already

00:41:00.000 --> 00:41:03.000

done and the resources and it is really

00:41:03.000 --> 00:41:07.000

good to see some of the work you have done,

00:41:07.000 --> 00:41:10.000

especially I guess if I can highlight

00:41:10.000 --> 00:41:13.000

considering that we do not always have to go

00:41:13.000 --> 00:41:16.000

places like the Pacific to do good research. And

00:41:16.000 --> 00:41:19.000

that there are people with skills and those

00:41:19.000 --> 00:41:22.000

particular skills all over the world that we

00:41:22.000 --> 00:41:25.000

can really engage with. So we talked a bit about

00:41:25.000 --> 00:41:28.000

services and guidelines and things like that to

00:41:28.000 --> 00:41:31.000

do with sexual reproductive rights and

00:41:31.000 --> 00:41:34.000

considering how which we connect with each other

00:41:34.000 --> 00:41:36.000

around the world. We have three short

00:41:36.000 --> 00:41:38.000

videos from three people from Australia

00:41:38.000 --> 00:41:41.000

who have so kindly talked about

00:41:41.000 --> 00:41:44.000

their experience and

00:41:44.000 --> 00:41:47.000

this is a little bit different from services

00:41:47.000 --> 00:41:49.000

and it is about our

00:41:49.000 --> 00:41:51.000

rights and needs as people with

00:41:51.000 --> 00:41:52.000

disability, it is

00:41:52.000 --> 00:41:56.000

a bit of the three videos together are a bit

00:41:56.000 --> 00:42:00.000

longer, so we get them out of the way so we can

00:42:00.000 --> 00:42:02.000

watch.

00:42:02.000 --> 00:42:05.000

We want to introduce the people who will be

00:42:05.000 --> 00:42:06.000

speaking

00:42:06.000 --> 00:42:10.000

, so the last video we will have a Jack sprout

00:42:10.000 --> 00:42:12.000

who is an estate

00:42:12.000 --> 00:42:13.000

disability and LGBT rights

00:42:13.000 --> 00:42:15.000

activist, writer and educator

00:42:15.000 --> 00:42:16.000

, the co-chair of

00:42:16.000 --> 00:42:18.000

inclusive

00:42:18.000 --> 00:42:20.000

voices which is a new organisation in

00:42:20.000 --> 00:42:22.000

Australia

00:42:22.000 --> 00:42:24.000

for LGBTQIA+ people with

00:42:24.000 --> 00:42:25.000

disabilities which

00:42:25.000 --> 00:42:26.000

is really

00:42:26.000 --> 00:42:28.000

not something we have seen

00:42:28.000 --> 00:42:29.000

before and

00:42:29.000 --> 00:42:30.000

it utilises the

00:42:30.000 --> 00:42:31.000

experience as a queer

00:42:31.000 --> 00:42:32.000

trans disabled

00:42:32.000 --> 00:42:35.000

person to

00:42:35.000 --> 00:42:37.000

explore marginalised identities and work for

00:42:37.000 --> 00:42:39.000

intersectional justice and equity.

00:42:39.000 --> 00:42:41.000

We also have another video from

00:42:41.000 --> 00:42:43.000

Doctor Angela Williams

00:42:43.000 --> 00:42:44.000

who is a family

00:42:44.000 --> 00:42:46.000

violence and deals with complex

00:42:46.000 --> 00:42:47.000

trauma and damage

00:42:47.000 --> 00:42:52.000

. She is

00:42:52.000 --> 00:42:54.000

an author, mother, recovering academic and

00:42:54.000 --> 00:42:55.000

former sex worker currently

00:42:55.000 --> 00:42:58.000

is an

00:42:58.000 --> 00:43:01.000

upholsterer which is very exciting. So

00:43:01.000 --> 00:43:05.000

I will be moving out of the way and hopefully the

00:43:05.000 --> 00:43:07.000

sound will work, I might have to

00:43:07.000 --> 00:43:10.000

look something in, but otherwise we will just

00:43:10.000 --> 00:43:40.000

do that.

00:46:18.000 --> 00:46:48.000

(Video plays)

00:48:04.000 --> 00:48:34.000

diverse documentation as well.

00:55:18.000 --> 00:55:19.000

MARGHERITA DALL'OCCO-VACCARO: Item

00:55:19.000 --> 00:55:21.000

everyone. That was a wonderful

00:55:21.000 --> 00:55:22.000

video,

00:55:22.000 --> 00:55:25.000

I have watched it like 3,000,000 times, and

00:55:25.000 --> 00:55:28.000

every time I still get

00:55:28.000 --> 00:55:31.000

, I guess, moved, by what was said. But also

00:55:31.000 --> 00:55:34.000

feeling the inspired to be around

00:55:34.000 --> 00:55:36.000

people like the wonderful ones we have

00:55:36.000 --> 00:55:37.000

heard.

00:55:37.000 --> 00:55:41.000

So, we are coming to the end of our session.

00:55:41.000 --> 00:55:43.000

We have heard a lot of things,

00:55:43.000 --> 00:55:46.000

we have spoken about a lot of things.

00:55:46.000 --> 00:55:50.000

And I want to open it up to the floor.

00:55:50.000 --> 00:55:53.000

If there are any questions for Q and A.

00:55:53.000 --> 00:55:57.000

If not, I am more than happy

00:55:57.000 --> 00:56:01.000

to ask some questions or do a bit of a wrapup.

00:56:01.000 --> 00:56:03.000

But, yes, are there any questions? SPEAKER:

00:56:03.000 --> 00:56:13.000

(Inaudible)

00:56:13.000 --> 00:56:16.000

my question from what Jax has said is the

00:56:16.000 --> 00:56:19.000

deficit model (inaudible)

00:56:19.000 --> 00:56:27.000

I'm interested in the work that allies can do

00:56:27.000 --> 00:56:31.000

, for example if I was going to have an STI

00:56:31.000 --> 00:56:34.000

cheque or perhaps a Pap smear or whatever

00:56:34.000 --> 00:56:36.000

(inaudible)

00:56:36.000 --> 00:56:38.000

accessibility options within that facility

00:56:38.000 --> 00:56:42.000

that might not have happened (inaudible).

00:56:42.000 --> 00:56:44.000

Those types of things are those incidental

00:56:44.000 --> 00:56:45.000

moments where

00:56:45.000 --> 00:56:49.000

you ask questions so that people with this is

00:56:49.000 --> 00:56:52.000

are not carrying the entire labor of asking

00:56:52.000 --> 00:56:55.000

these questions

00:56:55.000 --> 00:56:57.000

or sexual reproductive health clinics or

00:56:57.000 --> 00:56:59.000

whatever. That's my question.

00:56:59.000 --> 00:57:01.000

KELLY COX: I think those

00:57:01.000 --> 00:57:04.000

environments largely on Australia

00:57:04.000 --> 00:57:06.000

are accessible to particularly wheelchair

00:57:06.000 --> 00:57:08.000

users so people have been to

00:57:08.000 --> 00:57:11.000

a women's health clinic or even to the GPs

00:57:11.000 --> 00:57:14.000

office in Australia knowing that there are

00:57:14.000 --> 00:57:17.000

often those you know, really narrow

00:57:17.000 --> 00:57:20.000

tables that are not adjustable. So if you

00:57:20.000 --> 00:57:22.000

want to get your cervical screening done

00:57:22.000 --> 00:57:26.000

that is really hard. And often it is a

00:57:26.000 --> 00:57:28.000

deterrent to people because they just cannot

00:57:28.000 --> 00:57:32.000

figure out how to do it. And we come across these

00:57:32.000 --> 00:57:34.000

issues around preventative health and

00:57:34.000 --> 00:57:36.000

catching things like cancer and that early

00:57:36.000 --> 00:57:39.000

enough to be able to have positive outcomes

00:57:39.000 --> 00:57:41.000

from that. So, I think,

00:57:41.000 --> 00:57:44.000

the breast screening buses, for people who

00:57:44.000 --> 00:57:47.000

are not from Australia, we have these large

00:57:47.000 --> 00:57:50.000

buses that travel around the country and they

00:57:50.000 --> 00:57:53.000

show up in the local park or something

00:57:53.000 --> 00:57:56.000

and you can go and get free breast screening

00:57:56.000 --> 00:58:04.000

done.

00:58:04.000 --> 00:58:07.000

But some of the buses are not accessible so if

00:58:07.000 --> 00:58:10.000

you are a wheelchair person or someone that

00:58:10.000 --> 00:58:14.000

cannot get up steps it is not accessible to you

00:58:14.000 --> 00:58:16.000

and there's not a lot of information on

00:58:16.000 --> 00:58:19.000

alternative options and where else you might go

00:58:19.000 --> 00:58:21.000

to access that preventative health.

00:58:21.000 --> 00:58:25.000

That is a real issue. I think, as people who

00:58:25.000 --> 00:58:27.000

might not experience barriers to those

00:58:27.000 --> 00:58:29.000

particular things, pointing it out and just

00:58:29.000 --> 00:58:32.000

asking questions and being like my K, I

00:58:32.000 --> 00:58:35.000

realise that your bed adjustable, don't you

00:58:35.000 --> 00:58:38.000

have disabled women that need to come in and

00:58:38.000 --> 00:58:41.000

access that?" Something to shame people in the

00:58:41.000 --> 00:58:44.000

moment, just raising it. It might not be you

00:58:44.000 --> 00:58:47.000

know, we hear with physical access all the

00:58:47.000 --> 00:58:51.000

time like, how can you don't have a ramp into

00:58:51.000 --> 00:58:53.000

your building? Disabled people are

00:58:53.000 --> 00:58:55.000

going to come here anyway! So helping

00:58:55.000 --> 00:58:57.000

people make the connection and maybe

00:58:57.000 --> 00:59:01.000

people knew about that they might – we are 20%

00:59:01.000 --> 00:59:03.000

of the community. Disabled women are what

00:59:03.000 --> 00:59:05.000

percentage? About 20... Sorry. A

00:59:05.000 --> 00:59:06.000

lot. MARGHERITA

00:59:06.000 --> 00:59:08.000

DALL'OCCO-VACCARO: I think there's also the

00:59:08.000 --> 00:59:11.000

question about... In communities that are

00:59:11.000 --> 00:59:16.000

already

00:59:16.000 --> 00:59:18.000

marginalised for example indigenous

00:59:18.000 --> 00:59:20.000

women, black women, migrant women, a high

00:59:20.000 --> 00:59:23.000

proportion of those women are disabled

00:59:23.000 --> 00:59:26.000

, a very, very high proportion, over 50%.

00:59:26.000 --> 00:59:29.000

So, what is really important there as well

00:59:29.000 --> 00:59:33.000

is like Kelly said, even raising if someone

00:59:33.000 --> 00:59:36.000

has not asked you something that you

00:59:36.000 --> 00:59:39.000

thought they might have. Something I bring up a

00:59:39.000 --> 00:59:41.000

lot is when someone asks me

00:59:41.000 --> 00:59:45.000

to go back and do something in the home or

00:59:45.000 --> 00:59:48.000

what my whole situation is like, I'm like, "

00:59:48.000 --> 00:59:51.000

I always ask have you considered a culturally

00:59:51.000 --> 00:59:55.000

safe way or why did you not ask me this? And

00:59:55.000 --> 00:59:57.000

really just drawing people's attention to

00:59:57.000 --> 01:00:01.000

it, that it sort of feels like shaming that

01:00:01.000 --> 01:00:03.000

you are just asking questions. And people

01:00:03.000 --> 01:00:06.000

are embarrassed and maybe they should be.

01:00:06.000 --> 01:00:09.000

Because, you know, same disabled women do not

01:00:09.000 --> 01:00:11.000

come here is so, like, ridiculous.

01:00:11.000 --> 01:00:15.000

And knowing that it is already so hard

01:00:15.000 --> 01:00:17.000

in the healthcare and medical settings, just

01:00:17.000 --> 01:00:18.000

asking those questions

01:00:18.000 --> 01:00:24.000

, either

01:00:24.000 --> 01:00:26.000

desks height adjustable? Why are

01:00:26.000 --> 01:00:29.000

there no ramps? Or, you know, for example

01:00:29.000 --> 01:00:31.000

we are talking about the screening and

01:00:31.000 --> 01:00:34.000

information that was given to Jax and their

01:00:34.000 --> 01:00:36.000

partner without them asking for it,

01:00:36.000 --> 01:00:39.000

you know, do you realise that maybe not

01:00:39.000 --> 01:00:45.000

everyone wants to hear that?

01:00:45.000 --> 01:00:49.000

Maybe next time you can ask me if I want to hear

01:00:49.000 --> 01:00:51.000

that first. Yeah. KELLY COX:

01:00:51.000 --> 01:00:52.000

Definitely. MARGHERITA

01:00:52.000 --> 01:00:54.000

DALL'OCCO-VACCARO: Thank you. Any other

01:00:54.000 --> 01:00:56.000

questions? Yes? SPEAKER: This is

01:00:56.000 --> 01:00:59.000

for Anastacia (inaudible)

01:00:59.000 --> 01:01:02.000

so I'm really interested in

01:01:02.000 --> 01:01:10.000

if you (inaudible)

01:01:10.000 --> 01:01:16.000

.

01:01:16.000 --> 01:01:18.000

ANASTASIA HOLOBOFF: The guidelines themselves

01:01:18.000 --> 01:01:20.000

were published in 2019, and since then

01:01:20.000 --> 01:01:22.000

(inaudible)

01:01:22.000 --> 01:01:24.000

part of the implementation training

01:01:24.000 --> 01:01:25.000

we did wear with

01:01:25.000 --> 01:01:27.000

equipment industries from all of those

01:01:27.000 --> 01:01:30.000

different regions and UNFPA

01:01:30.000 --> 01:01:33.000

have been working with them, the example I gave

01:01:33.000 --> 01:01:35.000

that was a specific

01:01:35.000 --> 01:01:40.000

implementation project

01:01:40.000 --> 01:01:43.000

where each of those governments take those

01:01:43.000 --> 01:01:46.000

pieces, particularly for example we are doing a

01:01:46.000 --> 01:01:48.000

pilot right now where the Ministry of Health

01:01:48.000 --> 01:01:50.000

in Finnish=

01:01:50.000 --> 01:02:00.000

Fiji had a community outreach program that was

01:02:00.000 --> 01:02:02.000

effective in addressing family planning needs.

01:02:02.000 --> 01:02:05.000

So promoting the guidelines and results

01:02:05.000 --> 01:02:08.000

of research findings is that we now have a

01:02:08.000 --> 01:02:10.000

community health worker program staffed by all

01:02:10.000 --> 01:02:13.000

people with this who are partnering with those

01:02:13.000 --> 01:02:15.000

already established systems, but also for

01:02:15.000 --> 01:02:18.000

the unmet need

01:02:18.000 --> 01:02:21.000

of people with discipline these. We are

01:02:21.000 --> 01:02:23.000

working with UNFPA to really take those

01:02:23.000 --> 01:02:26.000

different pieces of the guidelines because it is

01:02:26.000 --> 01:02:28.000

broken down into preventative care, for

01:02:28.000 --> 01:02:30.000

example, mammogram machines being

01:02:30.000 --> 01:02:33.000

accessible, to STI screenings, to

01:02:33.000 --> 01:02:36.000

paternal and newborn care. Each region is

01:02:36.000 --> 01:02:37.000

supposed to be

01:02:37.000 --> 01:02:40.000

familiar with the guidelines and work with

01:02:40.000 --> 01:02:42.000

ministries to help broadly but in practice

01:02:42.000 --> 01:02:44.000

they are kind of

01:02:44.000 --> 01:02:48.000

picking pieces of it

01:02:48.000 --> 01:02:55.000

and (inaudible).

01:02:55.000 --> 01:03:03.000

MARGHERITA DALL'OCCO-VACCARO:

01:03:03.000 --> 01:03:05.000

does anyone else have any other questions?

01:03:05.000 --> 01:03:08.000

Otherwise I will wrap up. SPEAKER: I have a

01:03:08.000 --> 01:03:10.000

question and I was wondering since

01:03:10.000 --> 01:03:14.000

rights regarding sexuality

01:03:14.000 --> 01:03:16.000

and reproductive rights and women with

01:03:16.000 --> 01:03:19.000

disabilities to be a topic that a lot of

01:03:19.000 --> 01:03:21.000

(inaudible) it is very inaccessible

01:03:21.000 --> 01:03:23.000

, I was wondering if that

01:03:23.000 --> 01:03:24.000

impacts

01:03:24.000 --> 01:03:29.000

women when they have

01:03:29.000 --> 01:03:32.000

them they do not feel they have the space to

01:03:32.000 --> 01:03:35.000

talk about it? It is inaccessible or is

01:03:35.000 --> 01:03:36.000

it

01:03:36.000 --> 01:03:38.000

society does not necessarily take them

01:03:38.000 --> 01:03:41.000

seriously, I wanted to hear your view.

01:03:41.000 --> 01:03:42.000

MARGHERITA DALL'OCCO-VACCARO: yes,

01:03:42.000 --> 01:03:45.000

I would start from an organisational point of

01:03:45.000 --> 01:03:48.000

view from what we hear at Women With

01:03:48.000 --> 01:03:50.000

Disabilities Australia. That is that

01:03:50.000 --> 01:03:52.000

it is very difficult already to make

01:03:52.000 --> 01:03:54.000

safe spaces for women

01:03:54.000 --> 01:03:56.000

who have experienced a variety of

01:03:56.000 --> 01:03:57.000

situations. Let alone

01:03:57.000 --> 01:03:59.000

women

01:03:59.000 --> 01:04:01.000

who have access needs

01:04:01.000 --> 01:04:03.000

or have trouble

01:04:03.000 --> 01:04:04.000

speaking

01:04:04.000 --> 01:04:06.000

up about those access needs

01:04:06.000 --> 01:04:07.000

.

01:04:07.000 --> 01:04:09.000

Do not understand English and

01:04:09.000 --> 01:04:11.000

cannot request HR or

01:04:11.000 --> 01:04:12.000

a ramp

01:04:12.000 --> 01:04:13.000

or

01:04:13.000 --> 01:04:16.000

things like that. So I think

01:04:16.000 --> 01:04:19.000

that is something we have seen but

01:04:19.000 --> 01:04:20.000

also because it

01:04:20.000 --> 01:04:23.000

comes back to the point

01:04:23.000 --> 01:04:25.000

where services and especially through

01:04:25.000 --> 01:04:30.000

medical professionals

01:04:30.000 --> 01:04:33.000

when the question is asked and the topic is

01:04:33.000 --> 01:04:36.000

brutal because so much easier to have a

01:04:36.000 --> 01:04:38.000

conversation about those topics

01:04:38.000 --> 01:04:41.000

rather than when you have to bring it up

01:04:41.000 --> 01:04:43.000

. You are not sure how it

01:04:43.000 --> 01:04:46.000

is going to be perceived or

01:04:46.000 --> 01:04:49.000

maybe you are young woman with a Guardian

01:04:49.000 --> 01:04:51.000

he was in the room with you

01:04:51.000 --> 01:04:54.000

and the doctor has not taken the

01:04:54.000 --> 01:04:56.000

initiative to ask to speak to you

01:04:56.000 --> 01:05:00.000

on your own and you do not know if you can

01:05:00.000 --> 01:05:03.000

speak up because you are with the Guardian or

01:05:03.000 --> 01:05:06.000

with a carer. Or a situation

01:05:06.000 --> 01:05:07.000

that we talk

01:05:07.000 --> 01:05:09.000

a lot about is

01:05:09.000 --> 01:05:11.000

gender-based violence towards women is

01:05:11.000 --> 01:05:13.000

not just something perpetuated

01:05:13.000 --> 01:05:14.000

by domestic

01:05:14.000 --> 01:05:16.000

partners but

01:05:16.000 --> 01:05:17.000

also by carers and

01:05:17.000 --> 01:05:20.000

by guardians and

01:05:20.000 --> 01:05:23.000

by anyone who is looking after people

01:05:23.000 --> 01:05:24.000

specifically in

01:05:24.000 --> 01:05:25.000

institutions, if

01:05:25.000 --> 01:05:27.000

you are in a care home

01:05:27.000 --> 01:05:30.000

and your nurse is looking after you

01:05:30.000 --> 01:05:31.000

and is

01:05:31.000 --> 01:05:32.000

perpetuating that violence

01:05:32.000 --> 01:05:35.000

under a lot of legal frameworks it is

01:05:35.000 --> 01:05:37.000

not seen as domestic violence

01:05:37.000 --> 01:05:40.000

. And so

01:05:40.000 --> 01:05:43.000

I would definitely think that is something

01:05:43.000 --> 01:05:46.000

that

01:05:46.000 --> 01:05:49.000

we hear as an experience but the

01:05:49.000 --> 01:05:50.000

definitions of research specifically

01:05:50.000 --> 01:05:52.000

of gender-based violence is

01:05:52.000 --> 01:05:53.000

often does

01:05:53.000 --> 01:05:54.000

your partner inflict

01:05:54.000 --> 01:05:58.000

this on the

01:05:58.000 --> 01:06:00.000

as opposed to a guardian or carer or

01:06:00.000 --> 01:06:03.000

parent or sibling, a friend who

01:06:03.000 --> 01:06:05.000

looks after you primarily when you are

01:06:05.000 --> 01:06:08.000

out. When you rely on other

01:06:08.000 --> 01:06:11.000

people to support you in a world that is

01:06:11.000 --> 01:06:12.000

inaccessible then you are

01:06:12.000 --> 01:06:13.000

way more subject

01:06:13.000 --> 01:06:17.000

to the April

01:06:17.000 --> 01:06:21.000

to get hurt by those people. And

01:06:21.000 --> 01:06:24.000

in more than one way, emotional, mental,

01:06:24.000 --> 01:06:26.000

physical et cetera. Yes, that is

01:06:26.000 --> 01:06:30.000

the organisation point of view.

01:06:30.000 --> 01:06:32.000

KELLY COX:

01:06:32.000 --> 01:06:35.000

I would to that when you talk about

01:06:35.000 --> 01:06:36.000

institutional settings often

01:06:36.000 --> 01:06:38.000

those forms of violence

01:06:38.000 --> 01:06:40.000

will

01:06:40.000 --> 01:06:43.000

not even make it to the police or the doctor, it

01:06:43.000 --> 01:06:47.000

will be an incident report if the person is

01:06:47.000 --> 01:06:48.000

believed to begin

01:06:48.000 --> 01:06:52.000

with and it is filed away and that is the end

01:06:52.000 --> 01:06:56.000

of it, so we have to get into abuse burns, neglect

01:06:56.000 --> 01:06:58.000

. In Australia at the

01:06:58.000 --> 01:07:01.000

moment we have a lot of testimony where people

01:07:01.000 --> 01:07:03.000

have talked about the abuse or

01:07:03.000 --> 01:07:05.000

the violence perpetuated by

01:07:05.000 --> 01:07:07.000

people providing the service to them

01:07:07.000 --> 01:07:09.000

when it got no further

01:07:09.000 --> 01:07:13.000

than the manager or

01:07:13.000 --> 01:07:16.000

they failed a report and that was it, that

01:07:16.000 --> 01:07:19.000

was the end of it we have got

01:07:19.000 --> 01:07:22.000

all other kinds of complex laws if it makes

01:07:22.000 --> 01:07:25.000

it to the police around whether someone is

01:07:25.000 --> 01:07:28.000

considered a reliable witness and whether they

01:07:28.000 --> 01:07:31.000

can give testimony in their own court case, it

01:07:31.000 --> 01:07:34.000

does not matter, there's lots of work that needs

01:07:34.000 --> 01:07:39.000

to be done in that area.

01:07:39.000 --> 01:07:40.000

ANASTASIA HOLOBOFF:

01:07:40.000 --> 01:07:41.000

yes, I second

01:07:41.000 --> 01:07:43.000

all of that

01:07:43.000 --> 01:07:45.000

, we used to do

01:07:45.000 --> 01:07:46.000

that work

01:07:46.000 --> 01:07:49.000

specifically in pupils here, that specific

01:07:49.000 --> 01:07:51.000

situation and globally

01:07:51.000 --> 01:07:54.000

. If you are not

01:07:54.000 --> 01:07:57.000

already familiar with the advocacy network

01:07:57.000 --> 01:08:00.000

, the women and non-binary network, they

01:08:00.000 --> 01:08:02.000

have done a lot in this

01:08:02.000 --> 01:08:05.000

area and it is brilliant work. And

01:08:05.000 --> 01:08:07.000

the guidelines

01:08:07.000 --> 01:08:10.000

half of the guidelines on gender-based violence

01:08:10.000 --> 01:08:11.000

services and

01:08:11.000 --> 01:08:13.000

Brixton and includes a lot of good

01:08:13.000 --> 01:08:14.000

practices from

01:08:14.000 --> 01:08:17.000

around the world that seek to address

01:08:17.000 --> 01:08:18.000

the problems that we just

01:08:18.000 --> 01:08:19.000

highlighted and

01:08:19.000 --> 01:08:22.000

some examples of how to work with

01:08:22.000 --> 01:08:24.000

stakeholders

01:08:24.000 --> 01:08:27.000

who work with the service providers and

01:08:27.000 --> 01:08:28.000

carers or address family

01:08:28.000 --> 01:08:29.000

members

01:08:29.000 --> 01:08:32.000

and really

01:08:32.000 --> 01:08:35.000

address the violence which is similar to

01:08:35.000 --> 01:08:37.000

working with any stakeholder really

01:08:37.000 --> 01:08:39.000

stop of course it is important

01:08:39.000 --> 01:08:42.000

to work at the high level government

01:08:42.000 --> 01:08:43.000

industries but

01:08:43.000 --> 01:08:46.000

the low-level impact can really be

01:08:46.000 --> 01:08:48.000

made and gender-based violence service

01:08:48.000 --> 01:08:50.000

providers

01:08:50.000 --> 01:08:52.000

have a sexual violence support group that

01:08:52.000 --> 01:08:55.000

does not address people that have sensory

01:08:55.000 --> 01:08:58.000

needs and does not understand how to make

01:08:58.000 --> 01:09:01.000

the space for an autistic person

01:09:01.000 --> 01:09:04.000

and address a lot of the biases that were

01:09:04.000 --> 01:09:05.000

just shared.

01:09:05.000 --> 01:09:06.000

MARGHERITA DALL'OCCO-VACCARO:

01:09:06.000 --> 01:09:07.000

thank you,

01:09:07.000 --> 01:09:10.000

we might wrap

01:09:10.000 --> 01:09:13.000

quickly then we have a little bit more time in

01:09:13.000 --> 01:09:15.000

this room obviously for conversations about

01:09:15.000 --> 01:09:18.000

yourselves or if you want to ask

01:09:18.000 --> 01:09:19.000

any further one-on-one

01:09:19.000 --> 01:09:22.000

questions. What I want to thank you

01:09:22.000 --> 01:09:23.000

for attending, it is

01:09:23.000 --> 01:09:25.000

very exciting to see people

01:09:25.000 --> 01:09:26.000

attending discussions

01:09:26.000 --> 01:09:27.000

like this at

01:09:27.000 --> 01:09:29.000

I know and I

01:09:29.000 --> 01:09:30.000

that

01:09:30.000 --> 01:09:32.000

you will bring it back to

01:09:32.000 --> 01:09:33.000

your communities

01:09:33.000 --> 01:09:36.000

and I know that some of you

01:09:36.000 --> 01:09:40.000

do that work and I'm sure that even having

01:09:40.000 --> 01:09:41.000

conversations is very important

01:09:41.000 --> 01:09:43.000

as a starting point. I also

01:09:43.000 --> 01:09:45.000

want to thank

01:09:45.000 --> 01:09:46.000

Lori from the bottom of

01:09:46.000 --> 01:09:48.000

my heart. She has done

01:09:48.000 --> 01:09:50.000

so much

01:09:50.000 --> 01:09:53.000

great work requests and work last night

01:09:53.000 --> 01:09:55.000

. So thank you, Laurie. And

01:09:55.000 --> 01:09:56.000

without people

01:09:56.000 --> 01:09:58.000

like her these events would

01:09:58.000 --> 01:10:01.000

not be as accessible as they can be

01:10:01.000 --> 01:10:03.000

.

01:10:03.000 --> 01:10:05.000

All right, thank you, everyone

01:10:05.000 --> 01:10:07.000

, we

01:10:07.000 --> 01:10:10.000

have to open thank you to the panel

01:10:10.000 --> 01:10:11.000

speakers as well, especially

01:10:11.000 --> 01:10:12.000

Anastacia who

01:10:12.000 --> 01:10:16.000

has

01:10:16.000 --> 01:10:19.000

so gracefully been able to be a part of this

01:10:19.000 --> 01:10:49.000

panel. Thank you, everyone.