Working Women's Centre
423 Little Collins Street Melbourne 3000 Telephone 67 3047

Discussion Paper No. 34
ISSN-0314-6006

December 1978

# OCCUPATIONAL HEALTH VI - THE DISABLED WOMAN WORKER - PART I

In March 1974 the Victorian Employers' Federation stated that industry was neglecting the disabled who provided a source of competent and reliable manpower at a time when labour was scarce. *(1)* If this group in the community was neglected by industry then, one might wonder what industry's attitude is in times of high unemployment.

The Poverty Commission Report - Social/Medical Aspects of Poverty in Australia - makes a distinction between 'disability' and 'handicapped'.

> *"Disability may be congenital or the result of injury or illness. It is a term which describes some physiological or psychological abnormality or loss. Handicap , however, refers to the limitations on activity which may arise from disability." (2)*

Handicapped persons are very often labelled as 'different' or 'inferior' by the community generally. These misconceptions are likely to limit the opportunities which are open to them, particularly in employment. Also "the practical effects of the impairment of physical or mental function contribute to a person's altered self-concept, to the attitudes and expectancies of others and to the possible loss of status and acquisition of stigma". *(3)*

This paper considers three aspects of disability and handicap in relation to women:

i. industrial accidents and rehabilitation,
ii. employment problems of handicapped women,
iii. employment problems of women with handicapped children.

## INDUSTRIAL ACCIDENTS AND REHABILITATION

Approximately 450,000 work injuries occur each year in Australia. In Discussion Paper No. 16 we discussed the lower rate of claims for workers' compensation made by women, particularly migrant women, and suggested some reasons such as:

1. lack of access to compensation,
2. lack of knowledge of the compensation system,
3. reluctance to be involved in litigation or to "create a nuisance".

Because women are assumed to be secondary wage-earners and because they work in low-paid jobs, even if they apply for workers' compensation or take a common law action, they receive less payments than men.

> *"Where a disability from a work injury is protracted or potentially permanent, the medical specialist, lawyers, union officials, government officials, appeal board representatives and associated clerical staff - usually an all-male cast - step in to examine her case, consider the facts and make recommendations. Whatever monetary compensation is decided upon is usually a pale reflection of a married woman's earning capacity and makes no acknowledgement of the other half of her existence, the other half of her double day's work ... One sees time and time again a badly depressed woman, used to being active and effective but now unable to leave her home, convinced that she will never be able to get a job because of her physical limitations - deprived of every reason for her existence ..." (4)*

Assessment of damages is based on the injury plus the future earning capacity of the worker. There is no question that a male worker of 25 years would have 35 or 40 years of working life ahead of him - so this length of time would be taken into account. In contrast, it is assumed that a woman will spend less time in the workforce and more time involved in family responsibilities; so her future earning potential appears much less. It is essential that these myths leading to unequal damages be broken down.

As injuries to women tend not to be as serious or as dramatic as men's injuries, women's occupational health problems, such as tenosynovitis, have been largely ignored - or have often not been regarded as compensable.

..2/-

This reduced access to workers' compensation also means reduced access to rehabilitation. Consider the unskilled migrant women worker who contracts tenosynovitis (inflammation of the tendon sheath) through performing repetitive rapid movements generally involving small work pieces. The doctor suggests work only on "light duties" but it may be impossible to find alternative employment if the woman is unable to perform constant manipulative tasks. Because of her lack of knowledge of English she cannot be retrained in anything but menial tasks.

> *"Process workers suffer from it. Rapid and repetitive movements on the production line. The same thing five thousand times a day ... these people can become really crippled in their hands. It's hard to see how they'll ever get better. We've had people with it for twelve months or more and it has not improved despite all the specialists, the treatment, the reassurances ..." (5)*

An orthopaedic surgeon states:

> *"Tenosynovitis does occur and there's no doubt it does frequently result from repetitive work. It's curable in many ways - by operation in some limited cases; in others by taking them off the job. But the point is they've still got symptoms after you've taken them off the job ..." (6)*

This raises the question of the incidence of unnecessary surgery.

> *"My first doubts about tenosynovitis operations did not come from the medical profession; it came from the patients. Women would come in and say that the doctor said he was going to operate but they don't want it because they've heard of these other people in the factory who have been operated on for this and they're no better and some are worse." (7)*

The Woodhouse Report into Compensation and Rehabilitation, 1974, defined rehabilitation as the 'restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable It is therefore a total process. Adequate and appropriate rehabilitation services should be readily recognized ....' *(8)* But delays in the workers' compensation system and perhaps the attitude fostered by insurance companies that the amount claimed would be reduced if the disability were no longer so great, lead to delayed rehabilitation. These delays in compensation and common law cases have been referred to as 'an outright disincentive to rehabilitation'.*(9)*

A Poverty Commission survey into the Australian Government Rehabilitation Service showed that women receive less rehabilitation than men which 'reflected the vocational emphasis of the Service' - 75.1 per cent of participants were men, 24.9 per cent women. Perhaps one reason for this seemingly sexist bias is the attitude reflected in both the Woodhouse Report and the Poverty Report viz:

> *"Moreover, it is very much in the public interest to provide incentives to every man to get well and back to productive work".*
>
> (Woodhouse Report p. 57)

> *"Handicap was defined as a long-term condition or chronic illness of such severity as to hinder a man's work effort ... "*
>
> (Third Main Report - Commission of Inquiry into Poverty, p.66)

And perhaps even more limiting and discriminatory:

> *"An increasing proportion of married women continue to work during their marriage. Many gladly accept that opportunity when their children no longer need regular care ... Because the well-being of society as a whole depends on the stability of family life, the community has a special interest in encouraging a mother to regard her growing children as her primary responsibility. Accordingly, while that responsibility remains, she should not be persuaded, let alone obliged, to take full-time employment".*
>
> (Woodhouse Report p.155)

It is attitudes such as these which define vocational rehabilitation as less important for women than for men. They are common among medical personnel, social workers and other referral agents. As a result there is a tendency not to refer women to the Australian Government Rehabilitation Service - simply because they are women. Those who are referred are far less likely to be accepted than are men.

Until early in 1978 the Australian Government Rehabilitation Service eligibility criteria were very much geared towards men.

Non-paying patients had to be recipients of a pension or benefit from the Department of Social Security and this cut out many more women than men because wome are more likely to have a working spouse and so be ineligible for pensions.

Patients had to have an 85% chance of gaining employment. Women are not seen as workers regardless of whether or not they are.

Patients had to have reasonable prospects of gaining employment within 3 years of rehabilitation, which discriminated against mothers who wished to spend a few more years at home with their children and then find employment.

Although eligibility criteria has now been widened to include anyone "who may benefit from emotional, physical, social or vocational rehabilitation", it is still unlikely that equal numbers of women will be accepted into the Australian Government Rehabilitation Service. Given that the service was only able to cater for 6% of those people referred to it before the change (Henderson Report) it is unlikely that significantly more women will now be accepted because they are still unlikely to be seen as top priority patients in terms of re-entry into the workforce.

Those women who are accepted into the Australian Government Rehabilitation Service are likely only to be rehabilitated to perform household tasks. If they wish to retrain for work in later years, the Australian Government Rehabilitation Service refuses them on the grounds that they have already had their share of rehabilitation. Those who do receive vocational rehabilitation are likely to be trained in the traditional fields of women's work.

Bruce Ford (Director of Caulfield Hospital Rehabilitation Services) says many married women miss out on rehabilitation because they do not apply for workers' compensation. They think they are ineligible for compensation because their husbands are working, confusing this scheme with sickness benefits.

The Woodhouse report stated that workers' compensation schemes had failed in the field of rehabilitation. They have particularly failed so far as women are concerned. The report recommends that:

> *"the overall objective is a universal and comprehensive scheme designed to alleviate the problems of persons afflicted by any physical or mental incapacity that has a significant and adverse affect upon the quality of their lives".*

Because of considerations about the severity of women's injuries and the barriers against them obtaining compensation and thus rehabilitation, women are less likely to receive the same extent of advice geared toward vocational retraining. Another limiting factor is that the compensation system is run by lawyers who don't see it as their role to provide vocational information or welfare counselling services. Neither at present does the Workers' Compensation Board. And, given that the Australian Government Rehabilitation Service tends to select people on the basis of their vocational potential, young males are more likely to gain access to rehabilitation than are women. Women are conditioned to be less assertive than men and so are less able to push their way through all the barriers to rehabilitation.

Migrant women suffer worse discrimination. If they react to these barriers by expressing anger and frustration in a way that may be usual within their own culture, Australian professionals are likely to label them as neurotic and exclude them from rehabilitation services on the grounds that they will be difficult patients

Marriage breakdown is very common among those who become disabled. Relationships are often strained beyond endurance because of the lack of support services for the handicapped and because hardships are oncreased by delayed compensation settlements leading to lack of rehabilitation.

..4/-

The likelihood of handicapped women being left alone to provide for children confirms the need for women to receive vocational rehabilitation.

Even if a handicapped woman receives vocational rehabilitation she faces another set of barriers in the job market. Societal attitudes do not differientiate between disability and handicapped. Employers tend to concentrate on the fact that a woman has a disability (ie. loss of physical function) rather than recognize that this disability does not handicap her in a particular job. They worry about whether handicapped workers will take more time off not appreciating that their attendance records are as good as those of other workers, and sometimes even better because they are motivated by the added financial burden some handicaps create. Handicapped women suffer more severe discrimination than men. They are less likely to receive government aid for appliances which could make them more employable, eg. a modified car. They face the problem that women are so often employed partly on the basis of their physical attractiveness while the handicapped are thought to be unattractive and even ugly.

Thus it can be seen that women who become handicapped due to industrial accidents have much greater difficulty than men in getting back into the workforce. These difficulties are often due to prejudices against the handicapped.

WHAT CAN UNIONS DO?

Unions could make an effort to change attitudes and to educate employers in the difference between a disability and an employment handicap. Given that industrial workers suffer the greatest number of work-related accidents and disabling illnesses due to working with poisenous materials, the issue of rehabilitation and re-entry into the workforce should be a union concern. Unions could include provisions for their handicapped members such as ramps replacing steps, in their log of claims. An active interest in safety measures and the education of members about occupational health would serve as prevention against accidents and working conditions leading to handicaps.

Part II of this Discussion Paper will deal specifically with problems of HANDICAPPED WOMEN AND MOTHERS OF HANDICAPPED CHILDREN.

*REFERENCES*


(1) *Martin, G.E. Social/Medical Aspects of Poverty in Australia. Commission of Inquiry into Poverty - Third Main Report. AGPS Canberra. March 1976. p.30.*

(2) *Ibid p.63.*

(3) *Ibid p.64.*

(4) *Giles, P. cited in Metcalf, W. "Social Problems of Disabled Women" Rehabilitation in Australia, October 1976.*

(5) *Gilbert, J. "Workers' Compensation". Legal Service Bulletin/New Doctor. October 1978. p.9.*

(6) *Ibid*

(7) *Ibid*

(8) *Compensation and Rehabilitation in Australia. Report of the National Committee of Inquiry. AGPS. July 1974. p.219.*

(9) *Ibid p.56.*