


**IT'S YOUR LAST CHANCE!  
THE END OF AN ERA...**

Celebrate Canada's herstory with the final, 40th anniversary edition of the Herstory Calendar.



Available at fine bookstores everywhere, or order online at: [www.coteaubooks.com](http://www.coteaubooks.com)



# Women With Disabilities

## THE FIGHT FOR DIGNITY

BY SANDHYA SINGH



Bonnie Brayton is national executive director of the DisAbleD Women's Network of Canada (DAWN-RAFH Canada).

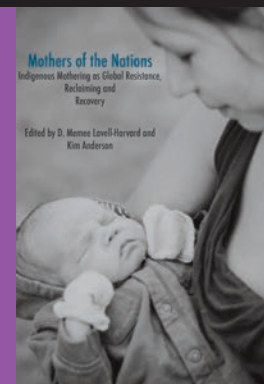
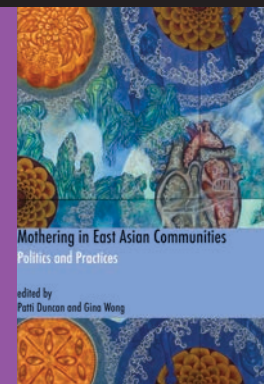
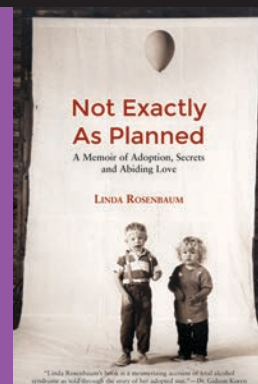
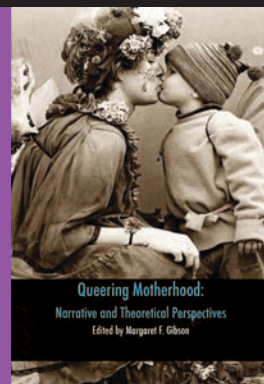
In 2007, 19-year-old Ashley Smith died in federal custody at the Grand Valley Institution for Women in Kitchener, Ontario. Video evidence of her last hour showed that prison guards did not intervene while she tied a ligature around her neck; she was pronounced dead 45 minutes later. Although three guards and a supervisor at the prison were charged with criminal negligence causing death in relation to Smith's suicide, criminal charges were later dropped. When a coroner's jury concluded last year that Smith's death a homicide, the treatment of federally sentenced women with mental health issues finally landed in the public spotlight.

In response to Smith's death, the international human rights program at the University of Toronto's faculty of law conducted a study to examine the treatment of federally sentenced women with mental health concerns. The report's authors concluded in 2012 that "Ashley Smith's death was the result of individual failures that occurred in combination with much larger systemic issues within ill-functioning and under-resourced correctional and mental health systems."

And yet it is not simply funding for prisons and mental health services that are the source of problems faced by women like Smith, according to Bonnie Brayton, national executive director of the DisAbleD Women's Network of Canada (DAWN).

"We really need to ensure that women like Ashley have access to the resources they need,

**Demeter Press**  
The First and Only Feminist  
Motherhood Press  
[www.demeterpress.org](http://www.demeterpress.org)



The sign at a protest at the Grand Valley Institution for Women, spells out what women with disabilities need. Photo: Alison Thomson

instead of criminalizing them for their mental health issues,” Brayton emphasizes.

As Brayton suggests, the cumulative impact of sexism and ableism compounds the marginalization of women with disabilities. We can see its beginnings when we look at the educational level and employment rates for women with disabilities. According to Statistics Canada, 13 percent of women with disabilities aged 25 to 54 surveyed in 2009 had not completed high school, compared to seven percent of non-disabled women. The employment rate for women with disabilities in this cohort was 60 percent, compared to 81 percent for non-disabled women. As a result, the average annual income for disabled women was 25 percent lower than that of women in Canada overall, at \$24,000, based on 2006 Statistics Canada data.

Disability scholars and activists place the blame for this marginalization not on the disabilities but, rather, on the barriers created by society, such as lack of access to public spaces, services and programs, as well as ableist attitudes—that is, a belief that people with disabled bodies are inferior.

For the more than two million disabled and deaf women in Canada, inadequate social supports compounded with discrimination based on both gender and disability can make them more vulnerable not only to poverty and isolation but also to physical and sexual violence. Furthermore, they are at increased risk of criminalization, as Ashley Smith was.

The death of Betty Anne Gagnon in 2009 is another example of how the vulnerability of women with disabilities can be a matter of life and death. Gagnon, a 48-year-old Alberta woman with an intellectual disability, lived in a supported environment for 18 years, where she actively worked and volunteered in her community. She then went to live with her sister, Denise. However, after her sister married Michael Scriven, the household became violent, and Betty Anne was subjected to the severe abuse and neglect which eventually resulted in her death. Gagnon was isolated from her established support networks, and attempts by family and friends to help her were in vain.

In 1985, Canadian women with disabilities set up two organizations, DAWN Canada and the Association des femmes handicapées Montréal, to bring a feminist disability perspective to the larger women’s and disability rights movements.

One of the key issues on the agenda is violence. Women with disabilities are two to three times more likely to experience violence than non-disabled women. In a 2013 paper, “Violence Against Women with disAbilities and Deaf Women,” published by the Centre for Research and Education on Violence Against Women and Children, researchers Fran Odette and Doris Rajan identified a

number of factors that make women with disabilities and deaf women vulnerable. Women are most likely to be at risk if they lack an awareness of their rights; if they do not know where to seek services; if they are dependent on an abuser for caregiving; if they have a lack of financial support or experience poverty; and if they are socially isolated.

Even when women do seek help, they often have to deal with long waiting lists for services, or with service providers who lack training to adequately deal with their disabilities. For example, Denise Scriven had requested that her sister be placed elsewhere when she could no longer cope with her care but was reportedly told that it would take a year to find alternate care for Gagnon.

Without substantive changes on the part of institutions, the events that led to Smith’s and Gagnon’s deaths stand to be repeated. Brayton cites the example of Nichele Benn, a 27-year-old Nova Scotia woman with a brain disorder who is facing assault charges for hitting a support worker. Benn had lived in supported community housing but was moved to an institutional setting.

“Nichele was put into a situation where she experienced high levels of stress, which put her in conflict with a worker, and now she’s facing a possible prison sentence,” according to Brayton.

For disabled women, their experiences of abuse are inextricably tied to conditions relating to their disabilities. In the case of Betty Anne Gagnon, court records indicate that she was subjected to physical violence, confined in a cage and even starved.

As feminist disability activist Maria Barile explained in her 2010 article “An Intersectional Perspective on Violence,” published in *Living the Edges: A Disabled Women’s Reader*, disabled women experience “disability-specific forms of abuse for prolonged periods of time and from multiple perpetrators.” Researchers Odette and Rajan cite several examples of disability-specific abuse, including verbal abuse related to a woman’s disability, threatening to damage her assistive device, physical abuse during caregiving or the denial of caregiving, and sexual assault by a spouse or caregiver.

Attitudes are a significant barrier faced by women with disabilities when they seek out public services. In her 2013 article “Ableism: A Form of Violence Against Women,” Odette reported that women with disabilities have limited access to sexual health education. She concluded that this is “based on the belief that disabled women will not be sexually active, and will therefore not need reliable sexual health and reproductive health information. The result is an increase in the risk for sexual and physical abuse.”

Barile and Odette also point out that violence-prevention and support services for victims of domestic violence do not necessarily embrace an understanding of violence as it is experienced by disabled women. Most

violence-prevention and support services are organized to respond to women who experience predominantly sex-based violence perpetrated by men. However, for women with disabilities, their aggressors are often people in positions of power paid by the state, such as service providers working in and outside of institutions, hospitals and long-term care facilities. They can also be family members, including but not necessarily a male partner. Barile observes that, in many cases, the service providers responsible for the abuse are women. However, she says, there is “no social permission to talk about it.”

This is a vital issue for women’s shelters to address. Although women’s shelters may have addressed physical accessibility issues such as wheelchair access, the needs of disabled women are quite diverse and multi-faceted. Disability encompasses a wide range of conditions, including mobility, vision and hearing impairments, learning disabilities, mental health issues, speech or communications limitations, intellectual disabilities, episodic disabilities or chronic or recurring illness. A DAWN Canada study in 2009 found that women’s shelter staff often lack the resources and training to respond to the complex needs of disabled women and their children.

As a result, advocates for women with disabilities are now working closely with the Canadian Network of Women’s Shelters and Transition Houses. As well, some violence-prevention organizations, such as Nellie’s shelter and Springtide Resources in Toronto, have sought expertise from disabled women in order to ensure that their facilities are fully inclusive.

Another issue that can make abuse complicated for women with disabilities is the fact that not all women recognize what they are experiencing as abuse. A 2011 DAWN Canada research project on violence against deaf and disabled women, prepared for the Canadian Women’s Foundation, found that “abuse was such a constant in women’s lives, particularly women with mental health and intellectual disabilities, that they did not know that this was not the normative experience.”

Unfortunately, even when disabled women do report abuse, they can face discriminatory treatment. In the case *R. vs. D.A.I.*, an Ontario woman with an intellectual disability, reported that her mother’s ex-partner had sexually assaulted her. However, the court ruled that she was not competent to testify because she could not explain the meaning of concepts like promise, truth and falsehood. As a result, the accused was acquitted. No other category of witness is required by law to meet this test.

The case was appealed to the Supreme Court of Canada, where DAWN Canada and the Women’s Legal Education

and Action Fund were allowed to submit evidence as interveners. The interveners stated that women with mental disabilities (including intellectual disabilities, brain injuries and mental health conditions) should be able to testify, regardless of whether they can explain what oath or promise means. The Supreme Court agreed in 2012 and ordered a new trial, stating that witnesses need only be able to communicate their evidence.

While equality for women with disabilities in the justice system is still far from a reality, the precedent in 2012 represents an important victory for people with disabilities who are victims of sexual abuse.

Still, much remains to be done. Betty Anne Gagnon’s abusers were convicted of failing to provide the necessities of life, and they received minimal sentences. The more serious charge of manslaughter was dropped. Fran Odette believes that Gagnon “was easily abused because [the caregivers] had reason to believe they could get away with it.”

Despite the challenges that remain, Brayton is encouraged by the shift in Canadian social policy, which she

believes is slowly becoming more inclusive of disabled and deaf women. She cites the D.A.I. decision as a “huge success,” and adds that DAWN Canada is now called upon regularly to present to Parliament. The organization is also asked to provide expert witnesses in a variety of sectors, such as health equity and anti-violence. Brayton cites the example of the Office of the Federal Ombudsman for Victims of Crime as an organization

they are working with to help ensure that public policy supports victims who are also people with disabilities.

As part of the government’s response to the death of Ashley Smith, Correctional Service Canada announced in May 2013 that women who are mentally ill will be moved from prisons across the country into a new unit in Ontario’s Brockville Mental Health Centre. While such a facility would go a long way towards preventing situations such as Smith’s, the plan has been stalled due to funding problems.

Ashley Smith and Betty Anne Gagnon paid the ultimate price under a system of supports and services that failed them. Ultimately, improved attitudes, better training, increased accessibility and more inclusive public policies and services will help to break down the multiple barriers faced by women with disabilities. Brayton says the ultimate goal is for society to become more inclusive so that mainstream services and institutions are automatically responsive to the needs of deaf and disabled women.

“With more than half a billion women with disabilities worldwide,” she says, “it’s a matter of humanitarian urgency.” ❀



Ashley Smith’s 2007 death prompted renewed calls for improved treatment of and services for women with disabilities.