



DAWN CANADA

Women with disabilities in Canada - A footnote in policy



March 29th, 2019

BCANDS 2019 Gathering – From the Outside Looking In



ABOUT DAWN CANADA

Established In 1985, the DisAbled Women's Network of Canada (DAWN) is a national, feminist, cross-disability organization that has provided opportunities for self-determination and leadership development for women with disabilities for over 30 years.

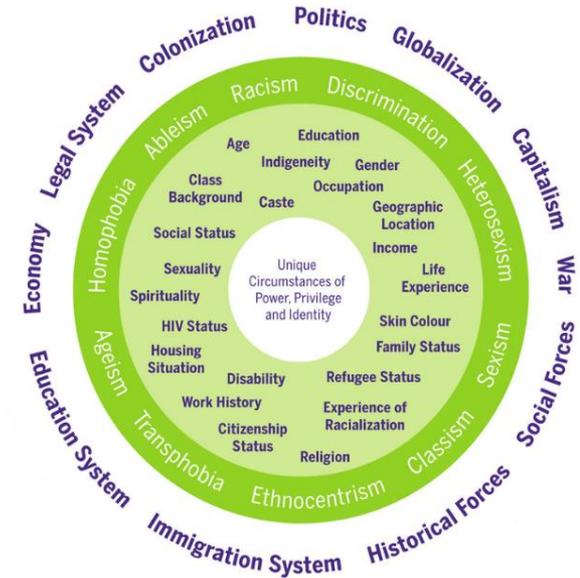
Our mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women.

Staying true to our grassroots, we keep women with disabilities at the center of our work. We amplify their voice by ensuring that they are represented at decision-making tables



INTERSECTIONALITY

- **Intersectionality** takes into account how different kinds of discrimination work together.
- First used by Kimberlé Crenshaw in 1989, the principles of intersectionality have been present in Black feminist thought for centuries, as a way of understanding the complexities of Black women's lives.
- Indigenous understandings of connectedness and 'all my relations' share many links with intersectionality.
- The diagram provides a way to think about intersectionality, with the innermost circle representing a person's unique circumstances.
- The next circle from the inside represents aspects of identity. The following circle from the inside represents different types of discrimination/isms/attitudes that impact identity.
- The outermost circle represents larger forces and structures that work together to reinforce exclusion. Note: it is impossible to name every discrimination, identity or structure. These are just examples to help give a sense of what intersectionality is.



Innermost Circle: unique circumstances

Second Circle: aspects of identity

Third Circle: types of discrimination impacting identity

Outermost Circle: larger forces and structures reinforcing exclusion

Note: it is impossible to name every discrimination, identity or structure. These are just examples to help give you a sense of what Intersectionality is.

Graphic adapted from CRIAW/ICREF's Intersectionality Wheel Diagram published in *Everyone Belongs. A Toolkit for Applying Intersectionality* (2009, p. 6)

“Indigenous women living with a disability face barriers and discriminatory actions on

three fronts:

being a woman;
being Indigenous and
living with a disability.”

Neil Belanger

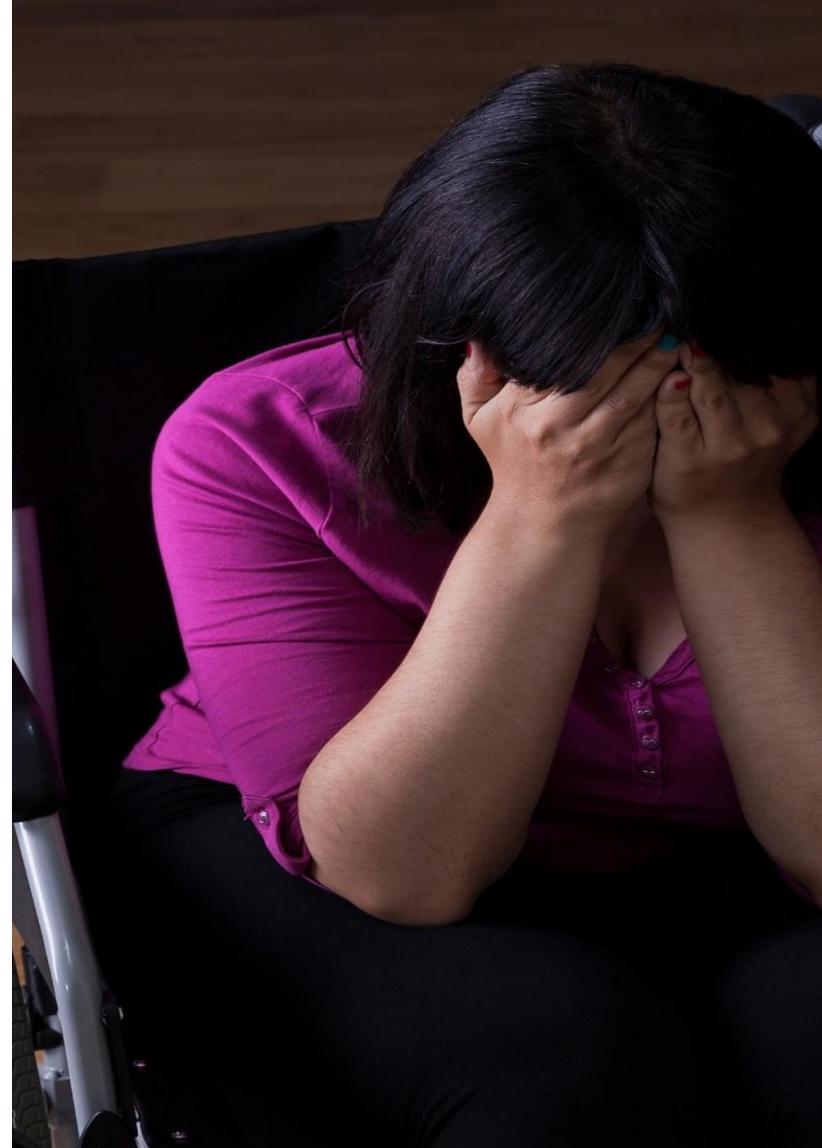
Executive Director

British Columbia Aboriginal Network on Disability Society, June 2016



CENTRE FOR
GENDER,
DIVERSITY AND
INCLUSION
STATISTICS

“Indigenous women aged 25 to 54 were more than twice as likely as non-Indigenous women to report having disabilities (21.3% versus 9.1%, respectively).”



More than half of all

discrimination complaints in Canada are about disability.

Canadians with disabilities face disproportionately high levels of discrimination in employment and when receiving services.

Canadian Human Rights Commission:
[http://www.chrc-](http://www.chrc-ccdp.gc.ca/sites/default/files/chrc_un_crpd_report_eng.pdf)

[ccdp.gc.ca/sites/default/files/chrc_un_crpd_report_eng.pdf](http://www.chrc-ccdp.gc.ca/sites/default/files/chrc_un_crpd_report_eng.pdf)

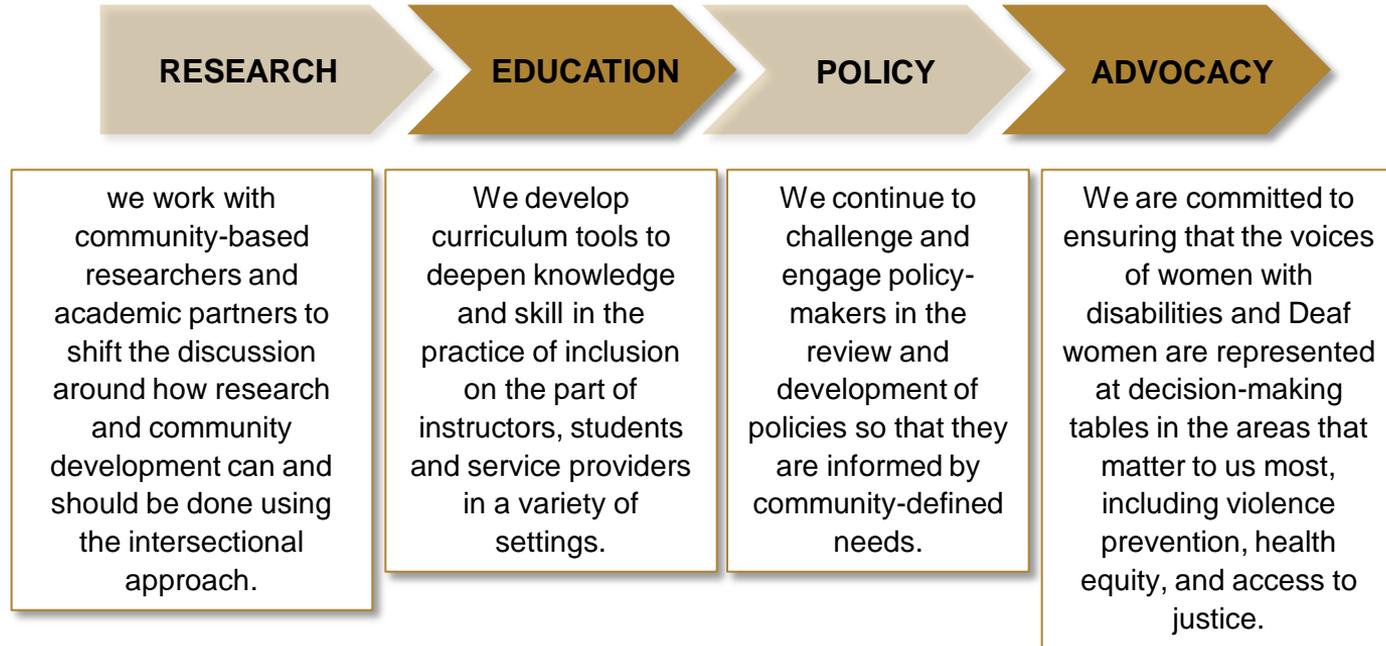


CENTRE FOR
GENDER,
DIVERSITY AND
INCLUSION
STATISTICS

According to the Canadian Survey on Disability released in 2018 by Statistics Canada, **24%** of women in Canada live with a disability.



FOUR PILLARS

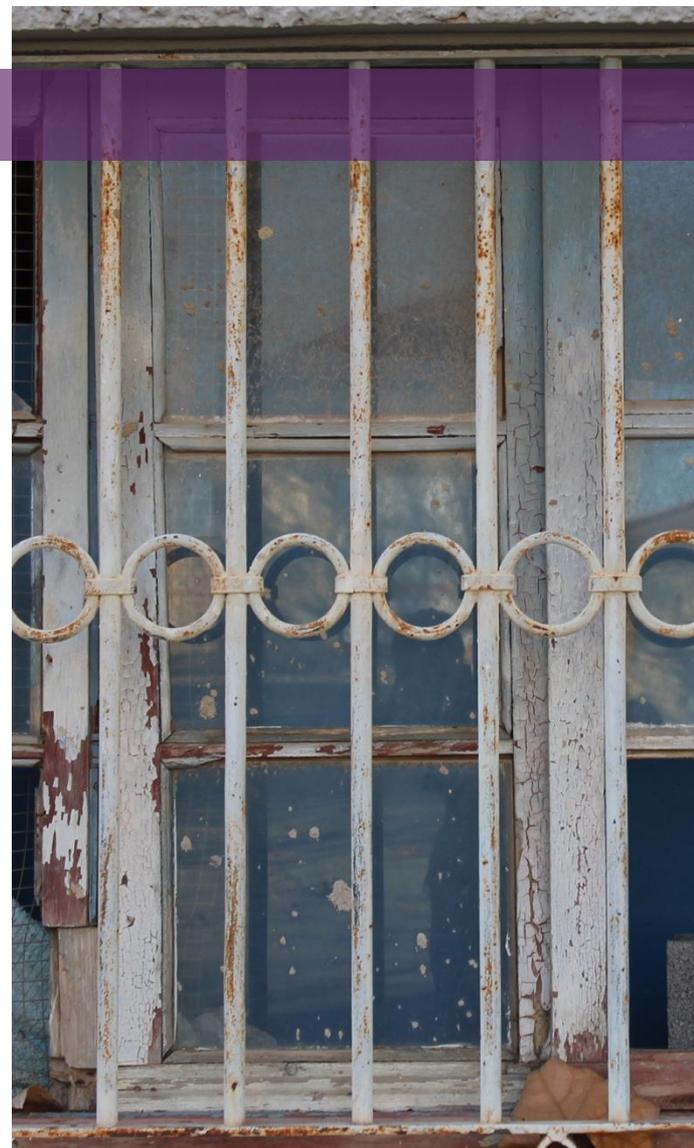


RESEARCH

WOMEN WITH DISABILITIES ARE BEING CRIMINALIZED

- Almost 40 per cent of Ontario female prisoners have a history of traumatic brain injury (TBI).
- Unlike the men participating in the study, half of these women sustained a TBI before committing their first crime.

Traumatic Brain Injury and Early Life Experiences Among Men and Women in a Prison Population. Colantonio et al., 2014



WOMEN, SEX WORK AND DISABILITY

- Just over one third of sex workers (35%) in this [study](#) said they had a long term disability before becoming sex workers.
- These figures are well above the Canadian average. <http://www.understandingsexwork.com/> October 2014
- [Identifying the invisible: The experiences of prostitution among persons with intellectual disabilities: Implications for social work](#) J. Kuosmanen, M. Starke
Gothenburg University



HUMAN TRAFFICKING AND DISABILITY – LOOKING FOR A LIGHT IN THE DARKEST OF PLACES

A large number of the women and girls with disabilities who are trafficked in Canada and around the world are still not showing up in any data sets that will lend themselves to the policy reforms that could lead to change.

Women with mostly invisible disabilities (Traumatic Brain Injury, intellectual or psychosocial disabilities) are the most affected in sex trafficking.

http://www.huffingtonpost.ca/bonnie-l-brayton/human-trafficking-and-disability_a_22662391/



Varvara Olson and Maren Mentor, International Visitor Liaisons with members of the Canadian delegation of Healing the Wounds of Trafficking: A Project for Canada hosted by the U.S. State Department - Anthony Morissette, Peter Moriera, Bonnie Brayton and Larissa Maxwell. (Missing: Isabelle Nelis)

CANADIAN WOMEN AND GIRLS WITH DISABILITIES AND HUMAN TRAFFICKING

Research

- Collect disaggregated data on all forms of human trafficking
- Use an intersectional approach in the analysis of human trafficking



DisAbled Women's Network of Canada
Réseau d'action des femmes
handicapées Canada

Parliamentary Brief

Canadian Women and Girls with Disabilities and Human Trafficking

A Brief Prepared for the Standing Committee on Justice and Human Rights for their study on Human Trafficking in Canada

Researchers: Sonia Alimi and Mikayla Celine Aguié

Editor: Sandhya Singh

June 15, 2018

<https://buff.ly/2qdgh8s>

CANADIAN WOMEN WITH DISABILITIES AND ACCESS TO SHELTERS & TRANSITION HOUSES

Research

- Disability is the one intersection that all women in Canada may experience at some point in their lives, regardless of any other factor and it goes beyond race, class, sexual orientation or geography.



DisAbled Women's Network of Canada/
Réseau d'action des femmes
handicapées Canada

Parliamentary Brief

Women with Disabilities and Access to Shelters and Transition Houses

A Brief Prepared for the Standing Committee on the Status of Women in
Canada (FEWO) for their

Study of the System of Shelters and Transition Houses in Canada

Researcher: Sonia Alimi

Editing and content development - Sandhya Singh and Bonnie Brayton

November 14, 2018

<https://buff.ly/2BuoxHa>

MOTHERING AND DISABILITY

- Mothers make up the vast majority of custodial parents in Canada and experience economic insecurity based on challenges which include maintaining paid work while also caring for their children and difficulties finding affordable child care.
- These challenges are exacerbated for single mothers with disabilities. One third of all women with disabilities live below the poverty line and up to 75% are unemployed.
- Mothers with a range of impairments have reported that health professionals have suggested immediate termination of the fetus upon learning of their pregnancies.

Mothering and DisAbility

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Up to 75% are unemployed.



These challenges are exacerbated for single mothers with disabilities.

Canadian research has found that mothers with a mental health diagnosis were three times more likely to have been involved with the child protection system than mothers without a diagnosis.

3X



Mothers with a range of impairments have reported that health professionals have suggested immediate termination of the fetus upon learning of their pregnancies.



Once women with disabilities become mothers, many experience the threatened and actual loss of their children, as well as barriers for adoption, bringing their children home from the hospital, and maintaining custody of their children after a separation or divorce.



While a handful of parenting assistance programs exist, Canadian mothers with disabilities report that access is limited due to long waiting lists, inadequate funding, and limits to the duration of services.



As a result of these challenges, many mothers with disabilities report "doing without" home care support of any kind, or are forced to rely on informal supports such as family members and friends.

[Click here for sources](#)



MOTHERING AND DISABILITY

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- While a handful of parenting assistance programs exist, Canadian mothers with disabilities report that access is limited due to long waiting lists, inadequate funding, and limits to the duration of services.
- As a result of these challenges, many mothers with disabilities report “doing without” home care support of any kind, or are forced to rely on informal supports such as family members and friends.



Isabelle Boisvert, PhD Student

Life course analysis

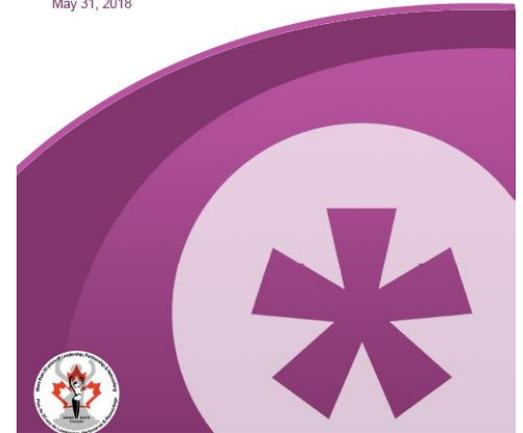
The healthcare experiences of women with disabilities as needs shift throughout a woman's life, disability itself may impact how the aging process is experienced, there are age-related considerations that healthcare providers should include.

- Youth : developing a healthy body image, sexual identity
- Adulthood : women's needs may shift to fertility issues, abuse,
- Old age : like fatigue, heart disease, and osteoporosis

The general experience of accessing healthcare for women with disabilities suggests that there needs remain unmet, through a series of structural and attitudinal barriers

Social exclusion

- Social exclusion is experienced through four unique aspects which include: barriers to participation in civil affairs like laws and regulations, barriers to social goods like health care, exclusion from social and cultural opportunities, and economic exclusion. In Canada, persons with disabilities experience exclusion in all these areas, and as our report illustrates, these lived experiences of exclusion are often unique to women and girls with disabilities.
- Social exclusion can have important impacts on individuals and their ability to thrive, as strong social support, particularly for women, has been linked as a strong determinant of health,
- With our attention to invisible and episodic disabilities, we also acknowledge that stigma may impact lived experiences in unique ways that exacerbate social exclusion for some individuals. Of note is how the interplay between stigma, social exclusion, and invisible disability may impact disclosure (the process of sharing one's disability and/or disability related needs), an often integral process of accessing disability supports



Poverty

- Out of those who live in poverty between 26% and 33% are women with disabilities
 - the risk of living in poverty increases for persons with disabilities if they are also women, racialized, Indigenous and/or lone parents, so intersectionality does matter.
 - young women with disabilities who are poor are almost two times as likely as their male counterparts to be recipients of social assistance (23.3%),
- In Canada, 46% of women who report having been homeless also have a disability,

Catalogue no. 89-654-X018002
ISBN 978-0-660-26089-1

Canadian Survey on Disability

**A demographic, employment and
income profile of Canadians with
disabilities aged 15 years and over, 2017**

by Stuart Morris, Gail Fawcett, Laurant Brisabois and Jeffrey Hughes

Release date: November 28, 2018



Canada



MORE THAN A FOOTNOTE RESEARCH REPORT ON WOMEN AND GIRLS WITH DISABILITIES

Health Services

- Women with disabilities continue to face discrimination in healthcare settings in ways that interfere with their health needs being adequately met.
- Forms of pressure and neglect among healthcare providers
- Minimizing or ignoring reports of pain
- Not providing adequate time for communication needs
- Providing only limited treatment options,
- Pushing patients beyond their physical limits



Legacy of surgical sterilization

Sexist, racist, and imperial bend of sterilization practices in the Canadian context, have meant that these policies disproportionately impacted Indigenous women and women and girls with disabilities.

Some of the barriers women with disabilities face include :

- limited contraception options,
- Coercion linked to both abortion, and loss of custody
- inaccessible equipment/facilities
- a lack of knowledge about disability from health care providers
- negative attitudes around sexual and reproductive rights for women with disabilities
- service providers receive insufficient training where disability is concerned



Sexual and reproductive rights – Women with physical disabilities

Women with physical disabilities continue to face barriers with respect to maternity care including :

- practitioners unwillingness to provide care,
- a lack of accessible equipment,
- lack of disability-specific knowledge and data
- limited options in terms of contraceptives - practitioners often appear unaware that WWD are sexually active and fail to ask about contraception and STIs
- For women with spinal cord injuries, a lack of education among healthcare providers remains a key determinant and barrier with respect to accessing gynecological care



Sexual and reproductive rights – Women with intellectual disabilities

- Limited sexual education resources that are adapted and accessible
- Lack of training and expertise among healthcare professionals
- Young women with intellectual disabilities do not receive adequate sex education resulting in a higher occurrence of sexual assault
- Lack of awareness and dialogue around human rights and sexual expression among this group,
- Undertreatment where menstrual disorders are concerned, and continued systemic barriers.
- This can lead to negative outcomes including a lack of knowledge around sexual health and relationships that may increase risks for pregnancy and STIs.

Violence

- Women with disabilities are twice as likely as women without disabilities to have been sexually assaulted in the last year.
- 23% of women with disabilities have been the victims of emotional, financial, physical, sexual violence, or abuse by former or current partners in the past 5 years.
- 38% of women with disabilities report physical or sexual assault before the age of 15, and 18% report sexual abuse by an adult before the age of 15.

Catalogue no. 85-002-X
ISSN 1209-6393

Juristat

Violent victimization of women with disabilities, 2014

by Adam Cotter
Canadian Centre for Justice Statistics

Release date: March 15, 2018



Canada

Violence

- 24% of women with cognitive disabilities (which include learning, intellectual and memory disabilities) and 26% of women with mental-health related disabilities report being sexually abused before the age of 15.
- For women with disabilities, the risk of violence increases when they are racialized, younger, Indigenous, LGBTQI2S, migrant workers, immigrants, non- status migrants or living in rural areas
- Women with disabilities and D/deaf women may face difficulty accessing services as both disability-related services and services for survivors of violence may not be equip to respond to their needs.

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What to do to support?

- Supporting self-advocacy so women with disabilities become partners in their wellbeing.
- Share information with health workers & social workers through an intersectional, cross disability lens.
- Involve women and girls with disabilities in the process of creating and delivering any curriculum.



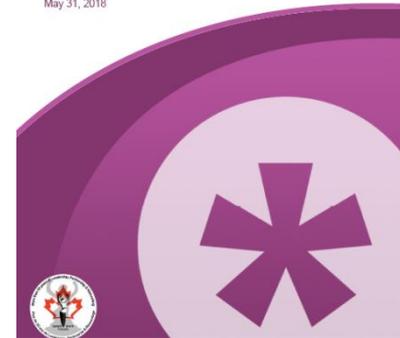
Canada's Medical Assistance in Dying Act

The act itself is in violation of Canada's obligations where disability and right to life are concerned :

- Girls and women with disabilities, because of the nature of their disability, may be more vulnerable
- Pressure on women with disabilities to access assisted dying so they are not "burdens" for their families.

This Act fails to account for these real reasons many women with disabilities may seek out assisted dying which include :

- A lack of access to needed services and supports (suicide prevention, addictions treatment, trauma-informed services etc.)
- Because disability still remains stigmatized and undervalued



RESEARCH

“The concept of impairment is culturally constructed. The Western version of impairment is based on how you are not able to contribute to the economy; the institutional “accommodations” then are constructed around rehabilitating a person to become economically viable. This becomes another form of assimilation that, as an Indigenous person, I feel acutely.” – *NWAC survey participant (2017)*

“I would like to see cultural/spiritual support that is centralized and that I can use in every day situations...in a practical way with all my family members. As in one place that can support all my needs and the needs of my family members. They all need support and so do I to continue supporting them”.
– *NWAC survey participant (2017)*



Native Women's Association of Canada
L'Association des femmes autochtones du Canada

Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People
Informing the new Federal Accessibility Legislation

Written by: Leah Quinlan
Date: April 2018

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RESEARCH

“I would like to see an affirmation or recognition of Indigenous people’s rights to uphold our own concepts of disability and by doing so, our own treatment plans and interventions. I would like these to be considered equally legitimate to Western conception and resourced accordingly. This should also be upheld in all support services – not just medical supports – including educational institutions and workplaces.” – *NWAC survey participant (2017)*

“Often Indigenous folks are criminalized for their mental health disabilities...a huge number of Indigenous women who are incarcerated have brain injuries or mental health disorders. My personal experience accessing mental health supports was very traumatic and completely dismissive of my culture and identity as an Indigenous woman” – *NWAC survey participant (2017)*



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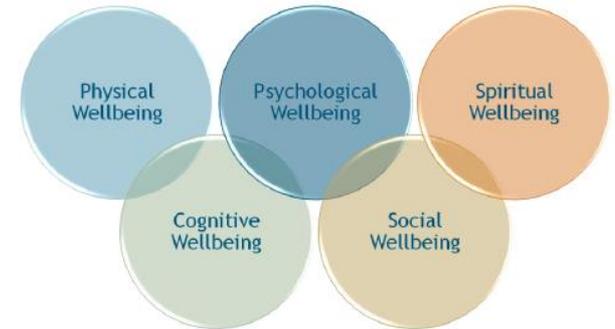
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Accessibility in an Indigenous Context



Accessibility in an Indigenous Context

- Upwards of 450,000 Indigenous people identify as having a disability, functional, or activity limitation, but it is unknown how many of those people are women, girls, or gender diverse because of inaccurate and insufficient data. Indigenous people are more susceptible to living with a disability because of the current social and political atmosphere and the impact colonization has had and continues to have on Indigenous communities.
- Indigenous people are more likely to acquire a disability than to be born with one because of influential environmental factors including not being able to access supports to improve their social determinants of health (ie. education, healthcare, land, etc.).

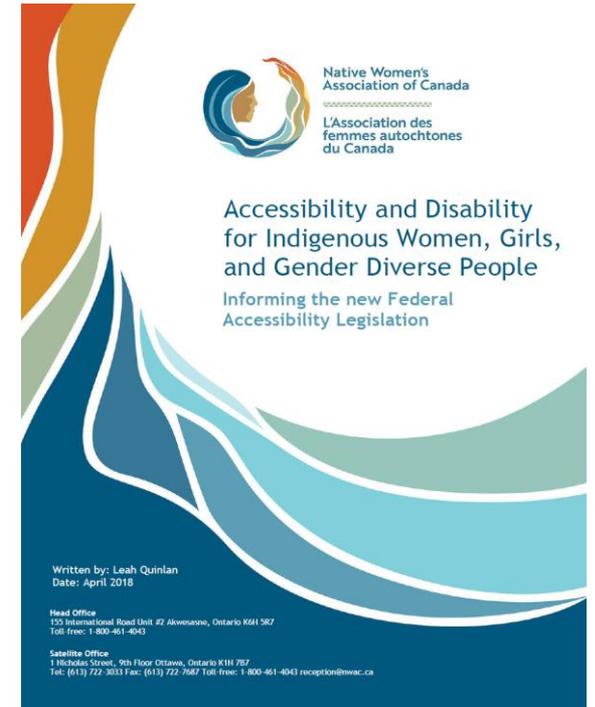


Accessibility in an Indigenous Context

1. a lack of access to quality health care systems and affordable specialized equipment, especially mental health services and programming,
2. a high prevalence of non-communicable diseases such as diabetes as well as a high prevalence of infection diseases such as HIV/AIDS and tuberculosis,
3. a prevalence of lifestyle factors such as the abuse of alcohol contributing to rates of fetal alcohol spectrum disorder (FASD) which is known to be higher among Indigenous communities as a result of trauma and intergenerational trauma,
4. environmental, social, political and economic influences such as the high prevalence of poverty, malnutrition, poor housing conditions, climate change, patriarchal colonial structures, and the systemic disempowerment of Indigenous women and girls by colonial governments and society as a whole.

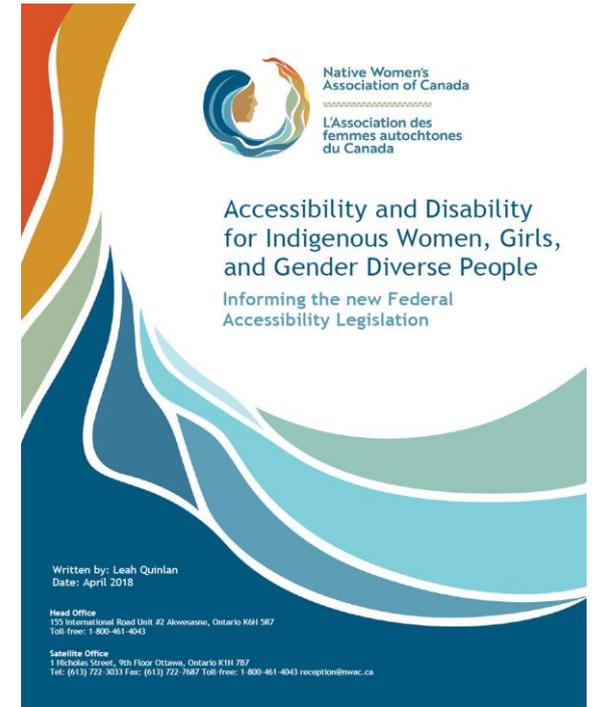
Sustainable and adequate funding

1. Invest in rewarding employment opportunities for Indigenous women with disabilities in their communities to provide a living wage and foster feelings of pride and purpose.
2. Provide Northern and isolated communities with equal access to and quality of programs and services, especially concerning health care, specialized education, and mental health supports.



Culturally safe and trauma-informed training

1. Invest in Indigenous specific services and programs that are culturally safe in social service areas such as: housing supports, education and child care, employment centers, and on mental health services.
2. Invest in better training for Indigenous service providers to create more reliable and accessible services and reduce barriers to culturally appropriate programming.



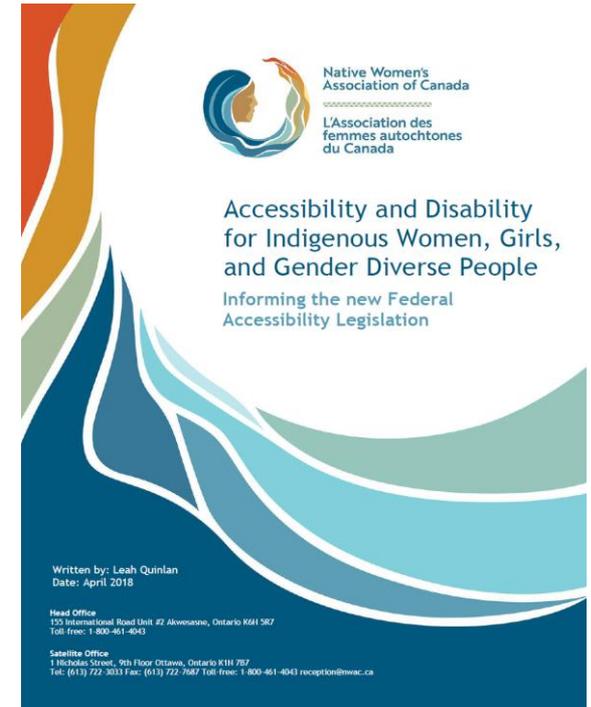
Culturally-driven legislation

1. Increase cultural workshops and capacity of healing processes in communities to cultivate mental and spiritual wellness as a condition to alleviating negative barriers.
2. Support proactive policies by providing culturally appropriate services and programs which prevent violence perpetrated against Indigenous women and girls with disabilities and their families.



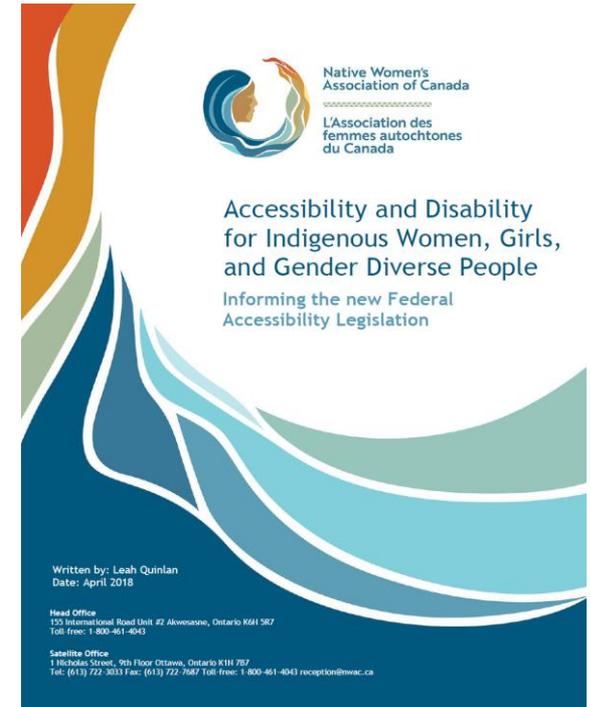
Self-determination and decision-making power

1. First Nations, Métis, and Inuit women must have control over and be leaders of programming that is meant for them and their families.
2. Empower Indigenous women, girls, and gender diverse individuals with disabilities and functional limitations to work in their fields of passion and support their socio-economic independence.



Collecting accurate data

1. Collect and interpret disaggregated data that reflects the unique experiences of First Nations, Inuit, and Métis women from each other, Indigenous men, non-Indigenous women, and other gender-diverse people.
2. Reclaim traditional Indigenous protocols, processes, and understandings around ways of knowing and what it means to gather data.



The image shows the cover of a report. At the top right is the logo for the Native Women's Association of Canada, which consists of a stylized profile of a woman's head in blue and orange, with a white outline. Below the logo is the text "Native Women's Association of Canada" and "L'Association des femmes autochtones du Canada". The main title of the report is "Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People" in a large, dark blue font. Below the title is the subtitle "Informing the new Federal Accessibility Legislation" in a smaller, lighter blue font. At the bottom left, it says "Written by: Leah Quinlan" and "Date: April 2018". At the bottom right, there are two office addresses: "Head Office" at "150 International Road Unit #2 Akwesasne, Ontario K9L 5B7" with phone numbers "Toll free: 1 800-461-4043" and "Satellite Office" at "1 Nicholas Street, 9th Floor Ottawa, Ontario K1N 7B7" with phone numbers "Tel: (613) 722-3033 Fax: (613) 722-7687 Toll free: 1 800-461-4043 reception@nwc.ca". The background of the cover features a large, abstract graphic of flowing, wavy lines in shades of blue, green, and orange.

Native Women's Association of Canada
L'Association des femmes autochtones du Canada

Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People
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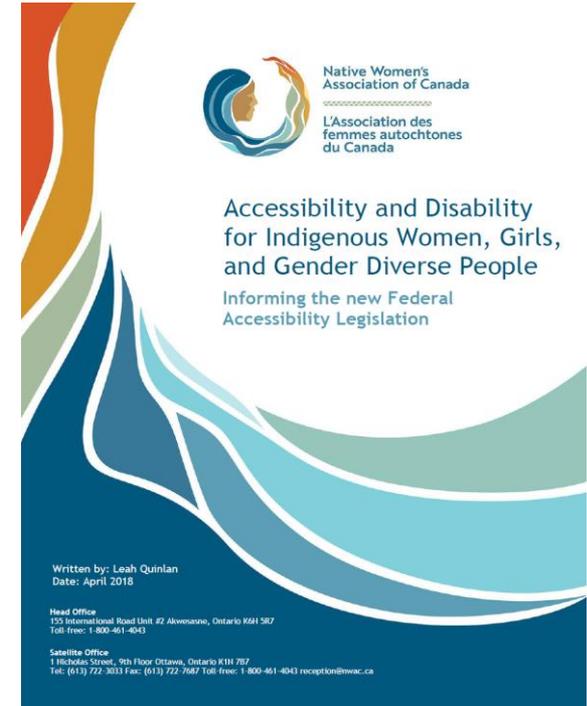
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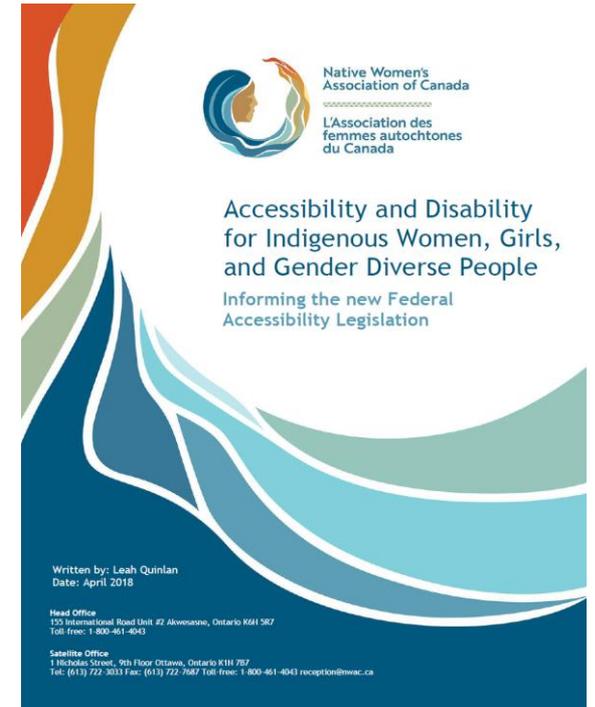
Location and reliable transportation

1. Invest in alternative methods of transportation that are accessible, reliable, and affordable. Particular attention must be made in rural, remote, and isolated communities.
2. Work with women and their communities to build quality and culturally-appropriate services and programs within Indigenous communities that advance the inclusion of persons with disabilities.



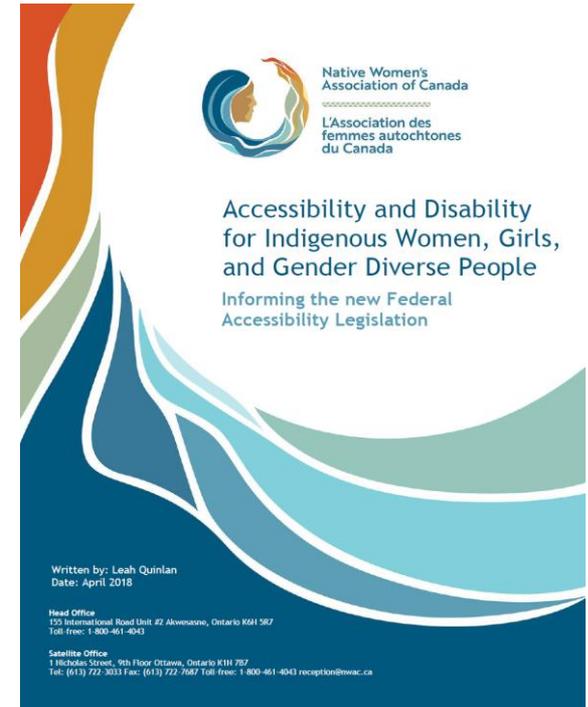
Holistic approach

1. The new Federal Accessibility Legislation must take a holistic approach that looks at the layers of marginalization and intersectionality that Indigenous women experience, traditional ways of knowing, and the past, present and future realities of individuals and their communities.
2. Consider Indigenous women and girls who are incarcerated, in long-term care facilities, and in the child welfare system and consider their mental health and access to supports. Particular attention must be paid to the criminalization of Indigenous women with mental health disorders.



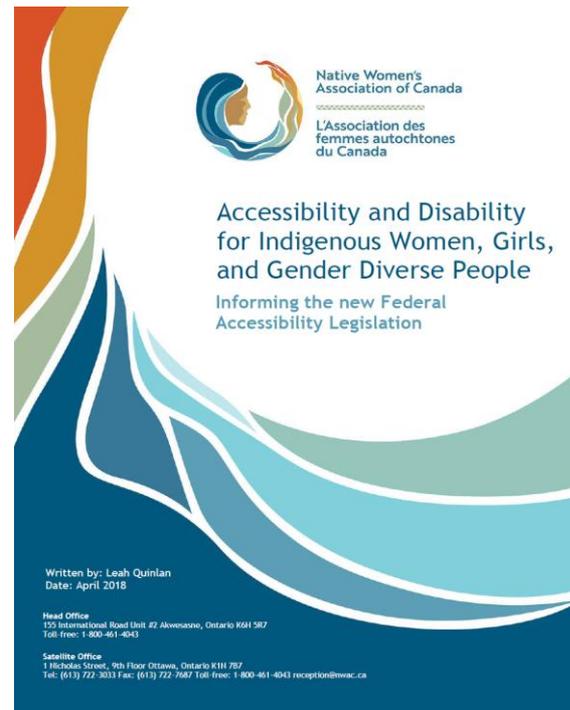
Employ universal design

1. Implement the 'universal design' model with an Indigenous and gendered lens across transportation, infrastructure, telecommunications, etc. to facilitate the full inclusion of people with disabilities.



Accessible information about existing services and removal of arbitrary barriers to programs and services

1. Greater access to information so that people can be aware of disability benefit programs, entitlements, and services and have them explained in terms and language they understand.
2. Instate a realistic, relative measure for accessibility and employment that does not remove benefits based on an arbitrary standard of income.
3. Support initiatives that make services, such as child care and specialized education, free or affordable for those with accessibility needs.



LEADERSHIP OF GIRLS WITH DISABILITIES

- DAWN Canada is concerned about the complete lack of research, advocacy & representation of children with disabilities.
- All evidence indicates that girls with disabilities are at the highest risk for sexual assault & abuse before the age of 18.
- Educational programs designed to increase the leadership of Canadian girls ignore the needs of girls with disabilities.
- DAWN Canada is partnering with Canadian Women's Foundation to give girls w disabilities opportunities to develop their confidence & leadership



ADDRESSING SYSTEMIC BARRIERS THROUGH POLICY CHANGE



Canada must respect its human rights and treaty obligations to women and girls with disabilities:

International Covenant on Economic, Social and Cultural Rights

The Committee recommends that the State party develop and implement a comprehensive national gender equality policy to address the structural factors leading to gender inequality, in close cooperation with provinces and territories in consultation with civil society organizations.

The Committee also recommends that the State party effectively implement and improve existing legislation on equal pay between men and women, at provincial and territorial levels, including the adoption of effective enforcement mechanisms; and include temporary special measures AND adopt targeted measures to increase access to social assistance and employment opportunities for women with disabilities;

March 23, 2016

Convention on the Elimination of All Forms of Discrimination Against Women

The Committee recommends that the State party develop a comprehensive national gender strategy, policy and action plan addressing the structural factors that cause persistent inequalities with respect to women and girls, including intersecting forms of discrimination, with a special focus on disadvantaged groups such as women and girls with disabilities, those who are single parents, indigenous, Afro-Canadian, migrant, refugee, asylum-seeking, lesbian and bisexual women and girls, and transsexual and intersex persons;

November 18, 2016

Convention on the Rights of Persons with Disabilities

The Committee is concerned that women with disabilities face intersectional discrimination, including in access to justice, which particularly affects indigenous women with disabilities. It is also concerned about the lack of information on legislation to promote the economic empowerment of women with disabilities through legislation and public policies on gender equality.

The Committee, in line with its general comment No. 3 (2016) on women and girls with disabilities, recommends that the State party:

- (a) Ensure that the federal strategy against gender-based violence includes lines of action and specific programmes and benchmarks to address all forms of violence against women and girls with disabilities;
- (b) Remove barriers and develop inclusive practices in order to create financial and practical support and address prejudices and negative stereotypes;
- (c) Ensure that indigenous women with disabilities have access to disability education programmes, are aware of their rights under the Convention and have access to the support available to claim their rights.

May 7, 2017

We call on Federal, Provincial and Territorial governments and their leadership to TAKE IMMEDIATE ACTION !!!!

DisAbleD Women's Network (DAWN) Canada

Toll free: 1-866-396-0074

www.dawncanada.net

[facebook.com/DAWNRAFHCCanada](https://www.facebook.com/DAWNRAFHCCanada)

twitter.com/DAWNRAFHCCanada

#MoreThanAFootnoteWWD



ADDRESSING SYSTEMIC BARRIERS THROUGH POLICY CHANGE



What do women with disabilities and Deaf women in Rural Canada need?

Application of the Intersectional lens (GBA+) to policies and programs that impact women with disabilities and Deaf women at each level of Government (Federal, Provincial, Territorial and Municipal) with a particular attention to Municipal services in the rural context;

- * Access to health services, including sexual and reproductive health services, suicide prevention services and rehabilitation services;
- * Peer support and access to frontline VAW resources;
- * Access to employment and income supports;
- * Culturally sensitive services for Indigenous women;
- * Accessible housing and infrastructure, including accessible transportation;

What can you do?

Join us in supporting rural women with disabilities and Deaf women in Canada.

Subscribe to our CALL TO ACTION mailing list by sending an email to morethanafootnote@dawnCanada.net

#MoreThanAFootnoteWWD

DisAbled Women's Network (DAWN) Canada
 Toll free: 1-866-396-0074
www.dawnCanada.net
[facebook.com/DAWNRAFHCANADA](https://www.facebook.com/DAWNRAFHCANADA)
twitter.com/DAWNRAFHCANADA



Women with disabilities and Deaf women are the largest, poorest minority group in the world with the highest rates of physical, systemic, financial, psychological and interpersonal/family violence.

Women with disabilities and Deaf women in Canada experience rates of violence nearly 3x higher than that of non-disabled women.



Most policies and programs related to gender-based violence will name "vulnerable groups" in the preamble and then describe them in a footnote. Women with disabilities and Deaf women are referred to as people with disabilities or as a vulnerable group.

This separation has left women with disabilities and Deaf women as a footnote in the minds of policy makers and absent from programs and services.

GAPS IN CURRENT POLICIES AND PROGRAMS



Violence Against Women policies do not mention women with disabilities or Deaf women.



Accessibility policies do not address violence or women specifically.

This ungendering of women with disabilities shows how deeply rooted ableist attitudes are negatively affecting women with disabilities and Deaf women.



The result is that there are no programs, funding, or services focused specifically on women with disabilities.



Join our call to action to ensure that women with disabilities and Deaf women are more than a footnote in anti-violence strategies, policies, programs and services!

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OUR STRATEGY

- Build a body of evidence
- Address systemic barriers
- Support leadership of women with disabilities and Deaf women
- Shift responsibility to larger community / society



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