

ROOTING RESILIENCE:
WOMEN, GIRLS, AND NON-BINARY
PEOPLE WITH DISABILITIES AND THE
NATIONAL ACTION PLAN TO END
GENDER-BASED VIOLENCE

A Beginning

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


ABOUT THE DISABLED WOMEN'S NETWORK OF CANADA (DAWN CANADA)


DisAbled Women's Network of Canada (DAWN) is a feminist cross-disability human rights organization that works to address systems of oppression. We focus on addressing issues of disability and through our four pillars of research, education, policy and advocacy. We amplify the voices of women across the gender spectrum through an intersectional lens.


DAWN's mandate to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women and promote the advancement and inclusion of women and girls with disabilities and Deaf women by creating change at a systemic level.

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Message from our National Executive Director

The Government of Canada and our Provinces and Territories have made a commitment to women, girls and youth through the adoption of the National Action Plan in October 2020 to end gender-based violence from coast to coast to coast.

DAWN Canada, and the many organizations who have been engaged to provide input, have been working on these issues from our beginnings. For DAWN, that is more than 35 years of research, education, and advocacy for policy change. Our document's title calls this **a beginning**, not for us, but because the National Action Plan represents an opportunity to begin anew.

That women, girls and non-binary people with disabilities experience GBV at 2 to 3 times the rate of their non-disabled counter-parts, is now widely accepted and well documented in fact. The rates of disability for Indigenous and Black women are above 30%. Evidence that more than half of all women who are accessing GBV supports have a brain injury is also being confirmed in some of the leading research about GBV in Canada. That women are becoming disabled through violence was

clear to us from our inception, but now, we have a body of evidence to bring to the National Action Plan. Our recommendations are evidence-based and called for a hard reset in how GBV is understood and addressed.

Systemic discrimination is now understood to be an important factor in who experiences higher rates of GBV and who is currently least supported. An intersectional human rights framework needs to be the roadmap that guides us from the beginning of Canada's National Action Plan, not our aspiration.

With limited resources and time constraints, the work we have completed and are contributing to the National Action Plan also feels like a long over-due beginning. A beginning to center the many experts that have for so many years, worked tirelessly in the GBV space, often with no funding or resources to support the unsupported, the forgotten, invisibilized and criminalized victims of GBV.

Our research team worked with three expert groups including two distinct expert groups for Indigenous women and Deaf women. This is also a beginning for building the capacity of the communities of these experts. Peer support is where we must begin this work because for marginalized women often, their peers are the only ones they trust.

Indigenous women's experiences of GBV and the higher rates of disability are linked to multiple forms of intergenerational discrimination, including systemic ableism. One of the greatest failures of the MMIWG inquiry was the failure to recognize disability as a root cause. The National Action Plan must not become another platform where power dynamics are played out on the very people that it was intended to support.

Deaf women and the common threads from their cohort and those from the Indigenous Expert group reaffirm that cultural identity and cultural difference informs the National Action Plan but it also highlights the opportunities for collaboration and change that are ahead.

All of us who participated in this endeavor have been humbled by it and by what we've heard and learned already from this

beginning place. We come back to the NAP table energized and hopeful, but also determined to ensure that it is the women from the margins who MUST and WILL lead the National Action Plan.



Bonnie Brayton
National Executive Director
DAWN Canada

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The entire team at DAWN Canada including our board and amazing staff contributed in many different ways to this document, as we do each day, we strive to do this with humility and gratitude.

The gift of time. Dr. Lynn Gehl has wisely reminded us to follow the turtle in this work. We are most grateful for the additional time and resources and what that begets. Trust and solidarity are built over time.

Thank you, Merci, Miigwetch.



Introduction

Given the timelines and scope, DAWN Canada convened and consulted with subject matter experts to gather their recommendations for Canada's National Action Plan (NAP) to end Gender-Based Violence (GBV). This process allowed DAWN to engage experts who are already well versed in gaps and can inform recommendations that move towards real, sustainable, and meaningful change. DAWN sees this report as a first step in a longer and larger process that enables coordination between stakeholders, rather than a final step or final report.


DAWN consulted three groups of subject matter experts (women with disabilities; Deaf women; and Indigenous women) to address gaps related to GBV among those who identify as Deaf women, girls, non-binary and among Indigenous women, girls, and non-binary people who identify as having a disability.

Throughout this document, when we refer to women, girls, and non-binary people with disabilities, we are using this language inclusively. As such, this reflects all women,

girls, non-binary and 2SLGBTQIA+. Gender-based violence occurs across the gender binary and there is a need for future work to address these experiences as both the NAP framework and this process limited our ability to explore these nuances. Additionally, when we refer to disability, we use this inclusively to refer to the larger cross-disability community (this includes all those who identify as having a disability¹, including those without a formal diagnosis and through self-identification). As such, the recommendations shared in this report reflect a synthesis of the feedback we received specific to those who identify as having a disability and also identify as women, girls, non-binary and 2SLGBTQIA+.

In this report, intersectionality is conceptualized as the numerous and varied forms of oppressions that together shape experiences of GBV and discrimination. On this note, while this work was carried out with attention to intersectionality, we have tried to center disability and the cross-disability experience so that it is not lost. A lack of full

¹ This includes the cross-disability community and encompasses people with mobility, sensory, intellectual, environmental sensitivity, neurodiverse etc.



accessibility in the GBV sector remains a key barrier, so it is important that disability and accessibility are centered in our work.

Additionally, while DAWN endeavored to capture as much of the cross-disability and intersectional nature of this issue, as we worked through the process, we recognized the difficulties here. Feedback from subject matter experts illustrated the multiple entry points and frameworks that can and should inform recommendations. This created tensions between disability and other parts of one's identity that often de-centered disability in ways that obscured cross-disability access needs. This in itself speaks to the need for future work to build our collective working relationships so we may support each other in fostering greater accessibility and inclusivity.

In an effort not to be prescriptive or exclusionary, we have at times framed these recommendations more generally, while at other times were more specific and replicate language used directly by the subject matter experts. This process itself, and the tensions that emerged throughout it, have illustrated the need for DAWN to do more collaborative work to inform what a cross-disability, accessible,

and intersectional process - grounded in community needs - might look like moving forward. This includes the co-creation of what consensus looks like related to process, language, and terminology.

In this report, key recommendations are proposed to inform the NAP. DAWN defines key recommendations as those that: (1) were raised by more than one subject matter expert, (2) reflected the long-term intentions of the NAP, and (3) were framed as gaps that may not be picked up elsewhere in the NAP process.

The report has been organized to reflect key feedback given on specific NAP pillars (prevention; support for survivors and families; legal and justice systems; and social infrastructure and enabling environments), as identified by other working groups and the funder. While we engaged subject matter experts individually for more general feedback around the NAP as it relates to women and girls with disabilities, we also supported the work of a Deaf and an Indigenous group of subject matter experts to help inform specific needs here. We consulted with more than 20 subject matter experts, over a period of several months.

We received rich responses and envision the following outputs from this work:

- This introduction and context for this work;
- A summary of key recommendations that flowed from our larger group;
- Separate summaries of key recommendations from our two working groups (a Deaf and an Indigenous group);
- A list with key resources shared by subject matter experts;
- A list of promising practices and programs.

On the note of the resources we have produced, it is important to note that we do not see these as final steps or documents. Indeed, with things like references and resources, these are and will always be a work in progress as we add and amend them as information, knowledge, and resources shift, change and becomes more accessible.

We hope that this collaborative work is the beginning of longer and stronger relationships to support each other in the

critical work being done to address GBV. On this note, we see this as the first step in a longer process and are hopeful there are opportunities to work with subject matter experts again.

We recognize that this process was not ideal, as the NAP consultation process itself reflected a colonial way of gathering and sharing knowledge rather than an Indigenous one. This will inform how we at DAWN can work more collaboratively, intersectionally, and through a fully inclusive cross-disability lens moving forward.

Overarching Themes Across Pillars

The following key points/recommendations reflect feedback that flowed through all four pillars (prevention; support for survivors and families; legal and justice systems; and social infrastructure and enabling environments). In part, this speaks to the holistic nature of the kinds of supports needed as well as a pivot towards supports that are delivered outside of segregated service silos. We see these as critical recommendations that can help inform action, policy, funding, and partnership development.

- **Peer support** - Throughout the process and across the recommendations peer support for individuals, families, and as a strategy to facilitate relationships among stakeholders emerged. In terms of supporting individuals and families/caregivers, peer support that is peer-driven, rooted in community, intersectional, cross-disability, affirming, and provides opportunities for education, growth and support was noted as critical. In terms of the GBV sector and disability in general, a peer support framework that builds relationships and allows allies to learn from each

other and support each other is critical in terms of supporting disability organizations addressing GBV as well as supporting GBV organizations in being fully accessible and inclusive.

- **Funding and partnerships** - Throughout the four pillars the need for funding and partnership mechanisms that connect and sustain allies in their collective work was noted. This is of particular importance in terms of connecting traditional GBV supports to allies and groups representing marginalized and oppressed populations. This would support collective efforts, reduce barriers, and allow for the development of long-term and sustainable partnerships. This also includes the need to facilitate work between researchers, academics, and experts, and of course to center lived experience.
- **Supports across the life-course** - There is a need for GBV programming and supports that reach people across the life-course.

Of note are existing gaps in supporting children and older adults who are be at an increased risk of GBV but do not have supports accessible to them. This includes the needs of those in long-term care and other congregate settings.

- **Data collection** - There are serious gaps with respect to data collection that obscure the scope and impacts of GBV, especially for those who have a disability and also identify as women, girls, non-binary and 2SLGBTQIA+. This requires cross-disability, survivor-led, participatory and intersectional disaggregated research that is fully accessible and can be used by the community and civil society to inform GBV priorities. This also includes addressing existing gaps like the GBV experiences of children and youth.
- **Cross-disability and Intersectional work** - One of the key recommendations was the need for all GBV programming and support to be fully accessible and intersectional to ensure that no one is left behind. As an example, there are still major accessibility barriers that prevent many from accessing supports, such

as shelters. Accessibility and intersectionality should be linked to funding agreements within GBV spending to ensure this.

- **Education and Awareness** - There are education and awareness efforts needed by survivors and family members. This includes resources, public awareness campaigns, anti-stigma campaigns etc. This requires active approaches to destigmatize GBV and to counter ableism. There is also a need for these opportunities to meet people where they already are and this requires building the capacity of disability organizations to support and address GBV.
- **Need to dismantle systemic barriers** - Across all four pillars a theme that emerged was the need to dismantle existing systemic barriers. As an example, things like poverty, ableism, and inaccessibility have shaped the conditions that make some more vulnerable to GBV and also create barriers to accessing existing GBV supports. GBV is a root cause of disability.

- **System navigation** - This reflects the need for survivors and families to move through and between existing GBV services and supports. As many services are set up in isolated silos this remains a key barrier for many. As such, cross-sector system navigation programs and efforts should be prioritized, developed and funded and navigation should be conceptualized in inclusive and accessible ways. These efforts should be led by women, girls, non-binary and 2SLGBTQIA+ with disabilities. On a related note, there is a need for support to build interdisciplinary bridges between traditional knowledge silos so this work is more accessible.

Key Recommendations from Women Living with Disabilities

PREVENTION

The following outline key recommendations related to prevention:

- Access² to intersectional, accessible, affirming, and trauma informed sex education that reflects one's needs over the life course. Representation is important here and should reflect those identifying as women, girls, non-binary and 2SLGBTQIA+.
- Reproductive coercion, obstetric violence, and forced sterilization are forms of GBV that disproportionately impact women, girls, non-binary, 2SLGBTQIA+ with disabilities, and who are also Indigenous and Black or otherwise racialized. This is an issue that disproportionately impacts those who can get pregnant and also have a disability. Intersectionality matters here as the colonial, racist, and ableist aspects that uphold this, and other injustices,

within health care must be dismantled. This includes the need for anti-ableist training specific for providers in health care programs, social work and nursing schools, medical schools, midwifery programs etc.

- Prevention programs must include women and girls with disabilities and non-binary people to promote real and informed choice for participants.
- Training opportunities that are gender and disability sensitive need to be applied to all GBV services (shelters, rape crisis centres, justice, counseling, health care etc.). Those with lived experience should lead these efforts.
- Engaging boys and men to address behaviors, including toxic masculinity and white supremacy that contribute to a culture of GBV

² Throughout this report when we refer to access and accessibility we use these terms broadly to include all accessible formats and practices that are needed by the cross-disability community, specifically

because exclusionary practices towards survivors with disabilities and their families are rooted in ableism.

for the cross-disability community, specifically those who identify as women, girls, non-binary and 2SLGBTQIA+.

- Strengthening community capacity, including among family members and caregivers, the general population, and disability organizations through education and training opportunities to address collective efforts to prevent GBV against persons with disabilities. This training must reflect the dynamics that vulnerabilize those identifying as women, girls, non-binary and 2SLGBTQIA+ (including unique power dynamics and systemic issues).
- There is a need for stronger monitoring and accountability measures related to preventing GBV. These can include things like provisions to protect those in congregate care settings (both COVID19 and changes to MAID (medical assistance in dying), have increased the need for this). More generally, institutional settings need safeguards in place to protect against caregiver abuse and neglect (in the short term). Terms like

neglect and abuse, are also mistakenly used when sexual assault is the more accurate term in many of these settings.

- Those receiving support services or care in the home must also receive information and training around recognizing and addressing caregiver abuse or sexual assault. This requires the development and implementation of clear targets, and measurable outcomes that adhere to an intersectional framework. Any frameworks must also include measures to track and measure progress.
- There is a need for anti-trafficking monitoring and an anti-trafficking/sexual exploitation action plan that recognizes the increased vulnerability to trafficking/sexual exploitation among those with disabilities. This work should not conflate trafficking with sex work and parallel efforts must be made to support the safety of sex workers with disabilities. This includes the decriminalization of sex work to prevent exploitation and abuse and allow for basic labour and employment standards. Those who engage in sex work also need access

to accessible sexual health services, legal and justice support, social services, and financial services. Criminalization creates barriers to access, including accessible supports and further vulnerabalizes sex workers with disabilities.

- Efforts to increase capacity must include those places and supports that disabled and marginalized people are already accessing (specifically agencies led by survivors and marginalized peoples). Funders should prioritize agencies with commitments and plans in terms of addressing intersectional issues and accessibility.

SUPPORT FOR SURVIVORS AND FAMILIES

It is important to note that there are many who do not survive GBV and that their families need support as well, including the families of missing and murdered Indigenous Women and girls (MMIW) and Two-spirit, lesbian, gay, bisexual, transgendered, queer, questioning, intersex, and asexual (2SLGBTQQIA).

Also, where families come up, we are reminded that for many family members may be abusers themselves and/or control resources and care in ways that make those with disabilities more vulnerable to GBV. As such, it is important that these dynamics are understood and that family members are not speaking over and/or for women and girl identifying and non-binary people with disabilities (responses should primarily support the individual and then move outwards in cases where this is appropriate and applicable).

A key takeaway from this section is that survivors and families require far more support than is available. Survivors need to be believed. Women and girl identifying and non-binary people with disabilities, particularly those who are Indigenous, Black and or racialized, and 2SLGBTQIA+ are often not believed, which leads to underreporting and trauma while navigating the various systems.

- Those training to work in GBV must have training that is anti-ableist and intersectional so they can support the full diversity of those they will be serving. As well, continuing education should be a part of the process for those working in GBV.

- Non-profit and community groups who work with those with disabilities not only need training so they can recognize abuse, but also so they can provide trauma informed support (that respects individual agency), skills related to counselling (listening, empathy, problem solving etc.), and the ability to support safety planning.
- There are critical barriers that prevent many from accessing mental health supports which are often not fully accessible. As an example, if you are Deaf or Hard of hearing and require interpreters or CART or if you face other communication barriers it is very difficult to access support. As such it is important that accessibility is prioritized (both in terms of educating practitioners and funding for services).
- Within our communities there needs to be more opportunities for counselling and trauma informed support for survivors and families. Support varies by geography and this creates unequal access. This must reflect intersectional needs and should match individuals and families with a counselor who meets their needs, rather than generic referrals.
- To help support individuals and families, community efforts and resources must include support for GBV. This could be through youth organizations, child care sites, religious organizations, libraries, personal support worker agencies, etc., so there are multiple opportunities to support individuals and families where they are.
- There is the need to ensure that we are meeting the needs of an aging population. This includes: regular reporting and check-ins; that individuals are believed and taken seriously; that they are matched with support that they feel comfortable and safe with, etc.
- As accessibility must be viewed broadly and through an inclusive lens, efforts here should include things like 'wet shelters' (permitting alcohol and some drug use) and ensure staff is trained on trauma informed and intersectional support. Supports like hotlines, in-home

check-ins and other ways of bringing information to people should be mobilized to help build overall community capacity.

- Accessibility cannot rest on disclosure and instead must shape services and support that are fully accessible rather than require staff to make assumptions and/or for individuals to disclose their disability and their experience of violence (if they are not comfortable).
- Supports need to be disability-affirming, professional, and holistic and counselling should be available for as long as necessary. Professionals should reflect the populations they serve. These supports should extend to survivors as well as family members, children, and others who have been traumatized by GBV.
- Given that, with respect to disability and abuse, the perpetrators of violence are often close to the victim, (personal care workers, family members etc.) survivors need access to a variety of supports rather than

just relying on one specific caregiver. This can further vulnerabilize individuals as they have to choose between having their needs met or not. This speaks to the need to build communities of support.

LEGAL AND JUSTICE SYSTEMS

Below are key recommendations related to the legal and justice systems. Of note is that these include recommendations aimed at alleviating existing barriers (short-term) and calls for the creation of new justice systems and models. This is critical as existing systems reproduce exclusion and violence.

The Need for New Systems

- Defunding the police and evaluating how resources are allocated in support of GBV. The police have a history of surveillance and violence against marginalized groups, including those who identify as having a disability. As well, those who do report to the police are often not believed and/or lose control of the process, their stories, and their safety. To date, training programs for the police, judges, and lawyers have

failed to yield any real change here. Thus there is a need to rethink what an inclusive and intersectional 'justice process' looks like.

- Funding for legal and justice responses that move away from carceral approaches to addressing GBV. Because of the inherently and intentionally colonial, racist, classist and ableist nature of their design those who live with a disability and are women identifying and non-binary remain overrepresented in carceral settings. Incarceration is a form of state violence and those who are incarcerated are disproportionately targeted for GBV (including reproductive coercion). An intersectional lens is critical here as well as an understanding that carceral solutions divert resources away from sites that effectively address GBV.
- Increased funding for alternative justice approaches and models that recognize punitive measures do not create change or work to address accountability for perpetrators, more options and control for survivors, and peer legal navigators.

Support in Navigating the Existing System

- All levels of government need to work together to understand how different forms of legislation such as the Indian Act, Immigration Act, Accessible Canada Act, provincial disability support programs, etc., may have detrimental impacts and/or improve access in some areas. There is a fragmented and confusing legislative landscape that requires collaboration and clarity.
- There is a need for accessible, plain language information for those who do want to report abuse, and this should be available in both women's and disability organizations.
- Survivors need access to legal advice and legal representation. This must be accessible, affordable and if possible from legal experts who identify as having a disability and/or as members of other marginalized groups.
- Training for judges and other legal actors on sexual assault must incorporate an anti-ableist and

intersectional lens and the unique and complex challenges survivors with disabilities face (with a focus on trauma informed approaches).

- Better coordination between child protective services related to GBV, as many with disabilities who are experiencing GBV are fearful of losing custody to an abusive partner because of ingrained and untrue notions about disability and other intersectional identities. As it stands, child protective services cause numerous intersectional harms (including for Indigenous peoples) rather than promote family reintegration.
- Financial support to allow survivors and families to live in another community for safety reasons when needed.
- Remove the capacity for defense attorneys to use things like intellectual disability against survivors as this is a barrier for many survivors in coming forward and also leads to underreporting.
- There is a need for 'survivor centered-supports.' This can include

coordinating contacts with other services on behalf of a survivor, an approach to minimize the number of disclosures, reducing court, mediation, travel and other costs for survivors, as well as mentoring and peer support.

SOCIAL INFRASTRUCTURE AND ENABLING ENVIRONMENTS

Below are key recommendations related to social infrastructure and enabling environments as they relate to both the risks and the experience of GBV. Social infrastructure and enabling environments are key to prevention and support.

- Poverty alleviation measures including a universal basic income, living wage, employment benefits (particularly for part-time and low-wage workers), and increased disability benefits.
- Accessible and affordable housing and choice for those seeking housing.
- Fully accessible universal childcare (the federal government's commitment to an accessible,

affordable and inclusive child care is welcome).

- Universal pharma care (including a Rare Disease Drug Strategy).
- Folding long term care into the Canada Health Act along with national standards and the removal of private profit from care. This should happen alongside efforts to support people with disabilities so they can age in place.
- Accessibility built into programs, resources, and all aspects of the built environment. Accessibility must also be defined broadly here (plain language, interpretation, technology, etc.) and it must reflect intersectional and cross-disability needs and it must be centered as a necessary tool in reducing GBV and supporting survivors with disabilities.
- Targeted efforts to support intersectional work and disabled and marginalized groups with respect to GBV and this should include efforts to support those with invisible disabilities (like brain injury or environmental

sensitivities, etc.) as well as those who remain without a formal diagnosis.

- Systemic barriers must be prioritized. This requires a long-term commitment to change systems responding to GBV (like legal and justice systems) as well as short term efforts to alleviate barriers. These short-term efforts could include reducing eligibility requirements, critical analysis of legislation and policies (led by survivors), funding for safe and accessible shelters, etc.
- Greater access to necessary supports like free access to assistive devices, and free and fully accessible public transportation.
- An overall commitment to deinstitutionalization (in all forms), a rejection of the growing carceral state (including a rejection of women's shelter surveillance and related relationships with the police), and the decriminalization of things like sex work to better protect and ensure safe labour.
- Policy approaches that reflect the diversity of users with disabilities and



their needs as well as their geography and how this shapes access and experiences.

Context of GBV Experienced by Deaf Women, Girls, and Non-binary people

In addition to the examples of GBV outlined in the general guide used throughout this process, the following forms of GBV were noted as essential considerations that should inform strategies to address GBV. The topics are listed in the order of experience - from birth-childhood to being an elder.

- **Language Deprivation:** Language Deprivation is the harm that results when a Deaf child does not receive sufficient language input to acquire or learn any language or readily develop cognitive capabilities. The consequences of language deprivation have long-lasting implications that make Deaf and Deaf-Blind individuals at higher risk of all types of abuse. Language deprivation results in the inability to identify and seek help for many common problems or issues unique to the Deaf community.
- **Education Abuse:** Language deprivation (above) may lead to Education Abuse, as the Deaf child or youth struggles to gain the necessary literacy, numeracy, and

personal skills to function in the school setting. Education Abuse may be described as a child, youth, or adult experiencing barriers or outright denial of their rights to accessible education by being placed in an inappropriate classroom or learning environment. Educational abuse of a Deaf, Deaf-Blind, or hard-of-hearing student includes positioning in an academic setting without the correct supports needed for their Individual Education Plan (IEP) or according to their learning style and abilities.

- **Communication Abuse:** includes situations where the rights of a Deaf, Deaf-Blind, or hard-of-hearing person are denied the ability to use their preferred language. This form of abuse happens when access is denied based on systemic attitudes that hearing and speech are the standards for communication in society. One example of "systemic communication abuse" is when a Deaf person is denied a sign language interpreter to gain services

or benefits available to the general public.

- **Leadership Abuse:** This is defined as being perpetrated mainly, but not entirely, by men in leadership positions that use their power and privilege to "keep down" those who wish to bring their enthusiasm, commitment, and skills to improve their communities and organizations. Gaslighting, rudeness, bullying, and other oppressive behaviour and language practices are ways this abuse is done, and damage to individuals can be long-lasting and traumatic. This behaviour is often a systemic form of abuse for Deaf women, girls, non-binary and 2SLGBTQIA+ persons.
- **Elder Abuse and Elder Neglect:** This form of abuse has even more negative impacts on Deaf, Deaf-Blind, and Hard of Hearing seniors. There are numerous anecdotal examples where DDBHH seniors have been taken advantage of in their need for communication and companionship. These forms of

abuse often involve other types of abuse.

Key Recommendations from Deaf Working Group

This summary of key recommendations from the Ad-Hoc Deaf Committee is a part of DAWN's more extensive work in developing the NAP. We provide critical recommendations that have not come up elsewhere in our consultations with other subject matter experts.

Throughout the consultation process, subject matter experts highlighted the need for systemic change to alleviate barriers. The recommendations reflect a mix of concrete suggestions and parallel recommendations to address systemic barriers and abuse. It is important to note that the NAP must also be open to a similar process that commits to dismantling systemic barriers that make many vulnerable to GBV.

PREVENTION

Language deprivation has resulted in many Deaf adults and youth struggling with written language and conceptual understanding. Solutions proposed to provide information to women, girls, and those who identify as non-binary must be accessible in all modalities.

The following have been identified by the subject matter experts as GBV prevention strategies:

- The members of the Ad-Hoc Deaf Committee believe that the key to the prevention of abuse is access to language and learning as early as possible for Deaf persons. Deaf children and their families must have access to sign language in their earliest childhood and youth.
- Teaching concepts of personal privacy, safety, and autonomy to children as early as possible. Teach proper vocabulary words and signs for one's body and bodily functions, done best using visual language. Deaf role models and mentors are essential to guide Deaf children and their families. Parents and family members should be encouraged to learn sign language to ensure full access for the Deaf member of the family.
- For older Deaf youth, necessary support services should include counselling, life skills preparation,

understanding the law, citizens' rights and responsibilities.

- Provide access to all language options, including ASL (American Sign Language), English, LSQ (Langue des signes québécoise), French, and Indigenous Sign Languages.
- For Deaf-Blind persons who cannot see a video, producers must provide transcripts of the dialogue as a Word document, with descriptive background details.
- There is the need for parallel or specially designed programs for older DDBHH adults and seniors. Such programs can include life skills related to housing, transportation, health care needs, laws and other regulations, financial supports, disability benefits etc. Access to holistic services and support is a critical component in prevention efforts around GBV, so these must be fully inclusive.

Needing Funding and Partnership

Mechanisms:

There must be adequate funding to create and distribute information on abuse prevention, materials in multiple modalities. In particular, assured funds to pay Deaf, Deaf-Blind, and Hard of Hearing individuals for their time and skills. If social media is a mode of service delivery, hiring experienced technical support staff and developers is essential.

- There is a need for partnerships between stakeholders, including all levels of government, civic society, disability organizations, professional organizations, and agencies and organizations supporting DDBHH persons. These partnerships must reflect inclusion, intersectionality, and center lived experience. Allied organizations can support DDBHH persons through 'in-kind' assistance, such as grant-writing workshops, providing letters of support, and other approaches. Concerning GBV, the ad-hoc committee noted the importance of future work with DAWN to develop Deaf organizations' capacity and support each other's efforts.

- There is also a need for long-term actions by the government and service providers, including programs to help support DDBHH persons in education and training, etc.
- There is a need for training in those working and supporting GBV initiatives and programs. While the general consultations identified some training needs and gaps, specific actions are needed to include Deaf culture and emphasize intersectional issues for the Deaf community. Topics needed include audism, racism, Deaf white privilege, etc.

SUPPORT FOR SURVIVORS AND FAMILIES

The following reflects feedback on the kinds of additional supports survivors of GBV and families need:

- Specially trained sign language interpreters, victim support counsellors and therapists – all fluent in the sign language preferred by clients.

- Deaf-centered “Deaf-space” supportive housing where all staff can sign and the building has good emergency alert and communication devices. Such housing would include emergency shelter and housing for women and families waiting for more stable housing.
- Small private room(s) for video relay calls or direct video calls with family using a computer or laptop provided by the agency or shelter.
- Peer support workers are trained to support and accompany clients to appointments and court sessions if needed.
- Child-care and child-centered therapy if needed.
- Deaf-run businesses are ‘social enterprises’ that can support clients for employment in their community or where they wish to live.

Needed Funding and Partnership

Mechanisms:

- National level grants to train provincial and local Deaf community organizations led by women, non-binary and 2SLGBTQIA+ people. Training should include critical skills needed to develop programs that address GBV and training for potential leaders to enable them to maintain programs and services.
- Partnerships and sponsorship from allied organizations, including disability organizations, women's organizations, disability organizations (including DAWN), and Deaf organizations. These partnerships can happen at all levels (local, regional, provincial and territorial).

LEGAL AND JUSTICE SYSTEMS

Many Deaf persons may not have a clear understanding of the justice system, the rights and responsibilities of citizens and residents of Canada, and the roles and responsibilities of government. They may not understand the meaning of "human rights." There are many reasons for this lack of knowledge or understanding. Clients may lack language skills and accessible

communication in their family environments. They may lack formal instruction in their school curriculum from teachers and education assistants who can communicate the information in sign language. These gaps are in addition to systemic barriers in the judicial system, which the following suggestions may reduce.

Recommendations for additional legal and justice supports are outlined below:

- Accessible victim supports – peer support workers who themselves are Deaf, Deaf-Blind, or hard of hearing, can communicate with the survivors in their preferred language. These supports should be intersectional, safe, and inclusive.
- Having lawyers and paralegal staff knowledgeable about accessibility requirements and understanding the impacts of being Deaf, Deaf-Blind, hard of hearing, or deaf with additional disabilities.
 - Encourage DDBHH persons to take legal studies and be

employed at community legal services and law clinics.

- o Law societies & bar associations to have mandatory Continuing Legal Education (CLE) courses on providing accessible legal services to persons with disabilities and Deaf, Deaf-Blind, and Hard of Hearing clients.
- Address systemic issues in separation, divorce, and related child custody disputes. In a family dispute where one partner/spouse is hearing, the courts often have ruled for them instead of the Deaf partner/spouse. An example is the hearing spouse arguing that the child (most often hearing) would have "a more normal life" and learn the dominant society's spoken language and culture. Additionally, Deaf partners/spouses may have fewer employable skills because of systemic barriers that limit education and training in ways that disadvantage them economically. Legal costs remain a

barrier here, and fears of poverty if they leave a spouse or partner.

- DDBHH parents are at risk of having children apprehended by child welfare services for many reasons. These parents need to have parenting classes, support from mental health services and medical assistance in a Deaf-friendly way, with full access through sign language. Indigenous Deaf and hard-of-hearing parents need culturally appropriate services from their Indigenous community. These services should be provided by those who can sign or through sign language interpreters who are Indigenous.
- Mental health-related issues can result in inappropriate behaviours or arrests for 'criminal activity.' A lack of existing and accessible support complicates this (i.e. addiction programming available in sign language). So, in addition to accessible GBV support, there also needs to be comprehensive, accessible, and freely available mental health programming, ideally

established, funded, and staffed with Deaf, Deaf-Blind, and hard-of-hearing persons. The development of resources around mental health, including materials at appropriate language levels – plain English and French, ASL, and LSQ. There should also be opportunities for Indigenous people requesting access to their cultural health and elders' advice. Newcomers to Canada (immigrants) must have culturally appropriate and accessible services and programs, including Deaf Interpreters and other staff or volunteers able to communicate in respectful and relevant ways.

Needed Funding and Partnership

Mechanisms:

- Legal aid programs inclusive of different types of legal issues and accessibility requirements – having consistent standards from province to province to allow for the mobility rights of Canadian citizens and residents. As the Charter of Rights

and Freedoms specifies that all participants in legal proceedings have the right to sign language interpretation, this standard should be consistent across all provinces and territories. Interpreter costs should not be the responsibility of the Deaf person(s).

- Partnership with Law Schools to have no-fee legal clinics, with local agencies and provincial interpreting associations making their services affordable by offering lower rates or pro-bono.
- Legal Societies and Bar Associations to work with Deaf organizations around access in the judicial system. Grants are needed to Deaf organizations for their work above.
- Core funding for non-profit organizations to set up services like several agencies in the United States (ADWAS – Abused Deaf Women's Advocacy Services, in Seattle³) and

³ <https://www.adwas.org/core-values/>

in Canada (MFSM – La Maison des Femmes Sourds de Montreal).

- Grants, scholarships, bursaries for Deaf, Deaf-Blind, and hard-of-hearing persons enabling them to pursue education and training in law, advocacy, or mental health services for the DDBHH population.

SOCIAL INFRASTRUCTURE AND ENABLING ENVIRONMENTS

Social infrastructure is primarily based on colonial, European, male-dominated expectations. For Deaf, Deaf-Blind, and hard-of-hearing women, girls, non-binary and 2SLGBTQIA+ people, it has been a struggle over centuries to have society respect the beliefs, preferences, and needs. Accessible services have been presented as "given" or "provided on request" instead of built into the plans for the organization as "Deaf human rights."

With this context in mind, the following are recommendations reflect needed measures to address GBV:

- Positive Deaf-Centered agencies and institutions, with inclusive "Deaf

Space." Deaf Space is more than just putting in building features or having flashing light alerting systems. Deaf Space means actually including Deaf persons in the planning and decision-making design process and include:

- The environment, placement of flashing alert lights, having the office and living spaces set up to ensure the safety of Deaf staff and clients.
- Setting communication guidelines – e.g., if there is a Deaf person in the room, all staff should be signing or take their spoken conversation out of the room.
- Housing – Accessible housing – safety features for DDBHH persons, added options to make the housing units adaptable for elders and those with mobility or sight disabilities. Public housing information should be "Deaf-friendly" to access, with staff taught how to use communication options.

- Classes offered as part of a program or in a community centre should be accessible via interpreters. Videos or movies should be captioned.
- Interpreter Agencies and Associations could train Deaf Interpreters, especially IBPOC individuals, to increase the pool of interpreters working with socially inclusive programs. They could also offer training for Deaf and hearing persons as Intervenors for Deaf-Blind community members.

Needed Funding and Partnership

Mechanisms:

- Provinces should have a central commission or department that focuses on Deaf, Deaf-Blind, and hard-of-hearing matters. There are State Commissions for Deaf and hard of hearing in the USA, often with a Deaf Commissioner who reports directly to the State's Governor.
- Provincial or municipal health authorities that train mental health peer support workers should make their training available to members in

the Deaf community after the appropriate screening.

OTHER RECOMMENDATIONS

The following captures other recommendations that should be in the NAP:

- Intersectionality within the Deaf Community
 - Obligation to include the Deaf 2SLGBTQIA+ community at all times.
 - IBPOC with multiple identities also must be included.
 - Support services geared to the Deaf community – how inclusive are they?
- Lack of access to services for Deaf Seniors
 - Many Senior programs for hearing are not accessible to DDBHH.
 - Where agencies provide programs for Deaf seniors, are

they included in planning and decision making?

- Addressing the "-isms" = Audism, Ageism, Racism, Sexism, etc.
 - More research and feedback from the community are needed.
- Healthcare neglect and abuse due to communication barriers.
- Creating a Deaf Women's organizational structure – with stable core funding will enable staff to do the majority of the work. Community volunteers will feel they can contribute without overwhelming themselves.

Context Informing GBV Against Indigenous Women, Girls, and Non-binary people

Colonialism has shaped support and the justice and legal system in ways that lead to systemic oppression and GBV. As such the historic and continued impacts of colonization are important aspects that must inform the NAP. Here intergenerational trauma and how this impacts families and communities are an important aspect that shapes GBV and need to inform the NAP. Ant-Indigenous racism, white supremacy, colonialism, ableism, and other forms of violence and discrimination based on intersectionality and GBV shape lived experiences of Indigenous peoples and reflect deep and systemic injustices that persist. There are also unique aspects here like treaty rights etc. that must inform how the NAP addresses action and support for Indigenous peoples. As such, the need for systemic change and decolonization are important parts of this process and should inform all work related to both the NAP as well as the existing legislative and policy landscape.

Key Recommendations from Indigenous Working Group

While DAWN used the NAP framework as a guide in collecting feedback, we recognize that this framework does not reflect an Indigenous lens, as the NAP pillars themselves are not an appropriate cultural tool. We also recognize that Indigenous experiences reflect a variety of views (and many nations) and our conversations here reflect only a small group of experts (who do not reflect Metis or Inuit peoples).

We have chosen not to group the recommendations together here. In part this is because the NAP framework is not holistic and does not capture the unique standpoint that informed this process. As such, we have tried to be as specific as possible with the recommendations below and highlight the systemic nature of barriers and need for change.

- In terms of the NAP's support for survivors and families this needs to include aspects that acknowledge that some don't survive GBV and the needs of those families. Here we reference the ongoing work around the national action plan around Missing and Murdered Indigenous Women and Girls (MMIWG) and Families, Survivors and Two-Spirit,

Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, Intersex and Asexual (2SLGBTQQIA) and the need for commitment and action here. Related to this point, the government must respect existing commitments. Here, our experts noted the failures of reconciliation as well as other failures with respect to the government's commitments, legal responsibilities, and overall treatment of Indigenous peoples. Here, GBV is linked to a legacy of historic injustice and genocide.

- One theme that emerged in the feedback we received was the need to address the family when addressing GBV (i.e. whole-family healing programs). These kinds of support should not just be in response to GBV but should be preventative in nature and address intergenerational violence and trauma. Here, experts noted the importance of this being a part of the prevention lens. As well here, there are systemic issues that shape these experiences that need to be addressed through a de-colonial lens.


- In terms of the NAP and recommendations that may come from it, our experts also highlighted the need to understand safety in ways that were inclusive of the knowledge that leaving “an abusive situation” still leaves many in danger. Thus the approaches to preventing GBV must take into consideration danger that may persist as well as the systemic nature of these harms and risk for Indigenous women, girls, non-binary and 2SLGBTQIA+ peoples with disabilities. This includes a lack of accessible housing that may force those with disabilities to stay in abusive situations.⁴
- While the need to reform and educate medical professionals came through in DAWN’s general work in the areas of disability and GBV, there are important considerations here through an Indigenous lens. Our experts reminded us of [Joyce Echagaun’s](#) story and the intersections of gender

and race. The prevalence of medical violence experienced by Indigenous peoples speaks to the needs for systemic action that goes beyond simply education and training for medical professionals.

- The service and support landscape in which GBV is addressed needs to include differences in availability in urban, rural, reserves etc. As an example, women’s shelters came up frequently in our general work here (and in GBV support in general) but there are a lack of shelters on reserve and an overall lack of shelters that are accessible to those with disabilities. There is also the reality that this may mean having to leave a reserve for services which can also place one in an unfamiliar and unsafe environment (i.e. when someone needs to leave their community because they need GBV services they are also leaving their culture and a sense of community behind). This requires specific and

⁴ Accessibility, and a lack of accessible support and services, was a strong theme throughout our consultation process. Building accessibility

into GBV supports, as well as cultural competency, is critical. This includes the need to address attitudinal barriers.



targeted action led by and informed by those with lived experience. This must be a priority in the NAP.

- In terms of programs these must be culturally safe, trauma informed, intersectional, inclusive, and accessible (accessibility also includes anti-ableism practices). Inclusivity, intersectionality, and accessibility must be defined broadly to ensure there are no exclusions. As an example, with respect to disability, this needs to be conceptualized in ways that include invisible disabilities (mental health, neurodivergent, intellectual disability, traumatic brain injury etc.) and accessibility should be conceptualized in ways that move beyond only the built environment and include plain language resource, interpretation, communication support, accessible formats, etc. GBV services must also recognize the needs of status and non-status Inuit and Metis peoples.
- With respect to education and awareness this is important but it will not address GBV without a parallel

commitment to addressing systemic barriers. Yet, there is still the need for education and awareness around disability to both destigmatize and help support efforts to be more inclusive. Here we should note that disability is a colonial concept and may not be thought of in the same ways through an Indigenous lens. Conversely, there may still be barriers for those with disabilities if their accommodation needs are not understood. Thus there is a need for education and awareness that is led by Indigenous peoples with lived experience.

- In terms of front-line support, there is also a need for better representation here. Counsellors or culturally appropriate people that represent the communities they support are important and there should be efforts made here in terms of both recruitment and training.
- Trauma-informed approaches that shift the GBV conversation in ways that do not blame or stigmatize but instead are centered on empowerment are needed. These

supports should be free, accessible, long-term, intersectional, and no-cost. This can include peer support groups and networks, counseling (including the choice in who provides counsel), intergenerational support (to support families), etc.

- When accessing support, like counselors, individuals should be able to choose their counselor versus being matched with one who is available. Considerations like accessible transportation should also be included (free and/or subsidized) so that this is not a barrier.
- As trauma is a serious issue, support should also include a holistic approach which reflects opportunities to heal one's whole self (including spiritual, physical, and emotional healing). The need for support to be holistic was a strong theme in the recommendations.
- Attitudinal barriers remain a significant barrier, especially when an intersectional lens is applied. Survivors and their families who encounter these attitudinal barriers within GBV services may carry blame

and shame that prevents them from accessing the support they need.


- Indigenous healers, knowledge keepers, Elders, Chiefs and band offices also need access to education and training around disability issues.
- Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities have been failed at multiple levels. Disability, Indigenous peoples and women's organizations have failed to work in ways that are inclusive of their unique needs. This has led to underservice and exclusion as well as a complex network of service silos that are difficult to navigate. There is a need here for partnerships between allied groups to support each other in doing this work. This includes developing circles/round tables for GBV that allow for collaboration to address issues together rather than working in silos. This could also include support with system navigation so that survivors and families are assisted as they navigate complex systems and service silos.

While there was not consensus around what this might look like, there was consensus that Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities lead these efforts. As such, existing organizations need to work collaboratively with those with lived experience to identify what these relationships should look like. There is also the need to support and build on those projects and organizations that have begun this work. Here it is important that funding models support smaller groups with lived experience (this is not how many existing funding models are structured).

- On the note of funding, funders need to start applying a de-colonial lens to their process and practice. More than one expert noted frustration with the funding process as timelines as unrealistic, ableist, rushed etc. The process itself reflects colonial structures and can inflict harm. As an example, funding is often announced and released in ways where organizations do not have advanced notice that money is

coming and cannot engage communities and adequately plan for how it will be used. A slower, more respectful, and culturally informed process is required.

- There is also a need for research around this issue that is carried out by Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities. This work may include needs assessments (i.e. gathering stories) or other Indigenous research methods, to better inform how supports are designed and delivered in various communities. These efforts can help build capacity in communities and ensure research is grounded in lived experience and meets the stated needs of individuals and communities.
- A lens that centers Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities is needed in all work related to GBV. One theme that emerged was the Accessible Canada Act (ACA) and dynamics here that resulted in Indigenous peoples and leaders not being as active in this process as was



needed. This speaks to a tension that has come up in this process around the variety of views around disability throughout the many nations and how the colonial roots of disability as a concept complicate work here. There is a need for collaborative work, at all levels of government, with all nations, to ensure relationship building here.

- In terms of funding there is also the need for core funding, specifically permanent funding for grassroots organizations and agencies that reflect lived experience and that can provide safe environments.
- There is the need to create and facilitate opportunities for leadership and leadership networks. It has been suggested that while this work is traditionally carried out by Elders, there is a need for leadership that also reflects representation in terms of disability. In part, this reflects peer support and the opportunities it may provide, but this also goes beyond that and speaks to a unique need for Indigenous women, girls, non-binary


and 2SLGBTQIA+ people with disabilities.

- Peer support programs can help reduce feelings of isolation and build and/or re-build self-esteem, self-determination, and self-empowerment. Peer support programs should be anti-ableist, anti-colonial, anti-racist, culturally safe, trauma-informed, and sex work affirming.
- Systemic issues must be addressed to reduce vulnerable-ization. This includes access to free and accessible public transit, elimination of poverty, safe accessible and affordable housing, universal child care, etc.
- One theme that emerged was the need for clean drinking water. Unsafe drinking water creates disability and is creating disability in places that already lack adequate support. This is unacceptable and one of the systemic issues that must be addressed. This also speaks to the ongoing erasing of Indigenous peoples.

- Reproductive rights are human rights, including rights around decisions on having children. Things like forced sterilization and reproductive coercion continue and must be seen as forms of GBV. On a related note, information about reproductive rights should be accessible and freely available.
- Agencies that offer addictions services should be seen as a parallel support in efforts to address GBV and should be accessible, inclusive, intersectional, culturally-safe, trauma-informed, and sex work affirming.
- Serious tensions came up around the legal and justice systems. While this was true for all experts it is especially true for Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities. The existing system is rooted in colonialism. Indigenous women, girls, non-binary and 2SLGBTQIA+ people with disabilities face higher rates of incarceration and victims are often criminalized in the existing system. Legal reforms and training programs have not

addressed the systemic nature of the problem. There are systemic issues that need to be addressed here including calls for a complete overhaul of the existing system. While there are some short term actions that were noted (i.e. better representation among legal and justice professionals) it is clear that the existing legal and justice system are perpetuating harm.

- Survivors with disabilities and families need access to support and funding. Communities should be consulted on the kinds of funding and support needed.
- There is a need to support efforts to make all buildings and supports accessible, including those in First Nations communities.
- There is a need to meet the needs of youth and their intersections with GBV.
- There is a need for Indigenous people with disabilities to have knowledge of where they can find help in their community. Because systems of support can be so



fragmented, there is also a need for system navigation support (people who can assist a person with accessing various supports and navigating the support system). This support must be anti-colonial, anti-racist, culturally safe and brave space, trauma-informed and sex work affirming.

Conclusion and Next Steps

We have outlined key themes and recommendations that emerged from the three expert groups. As we noted, this is only a first step and the NAP needs to be an ongoing process that engages community stakeholders in meaningful ways so that the response to GBV is rooted in community needs, existing gaps, and transformative change. This is especially true in terms of addressing the many barriers women, girls, non-binary and 2SLGBTQIA+ people with disabilities face. As such the points below reiterate feedback and concerns that should continue to shape the NAP.

- Awareness campaigns around GBV are only a part of a more holistic solution. These will not prevent or reduce GBV. This will take funding commitments as well as commitments to fully dismantle systemic barriers.
- A disability justice framework must inform the NAP in order to fully integrate intersectional and GBA+ practice into the federal National

Action Plan and a meaningful response to GBV.

- The current climate has illustrated how closely linked misogyny is to rising hate crimes and emboldened white supremacy movements. There are deep links here to colonial histories, austerity, and systems that protect and uphold these actions. This fuels ableism, trans-antagonism and misgendering, racism, and ultimately violence. A commitment to GBV cannot be made without addressing these realities.

Intersectional discrimination is intrinsically tied to gender-based violence, but how do we fix that? Our resiliency is not the only thing we share, but it binds us to one another. Our pain, our losses, our rage, our sadness and our fears, animate our stories. But as we listen to one another, it is in our attention, in our kindness, in our solidarity and in our humility that we illuminate our resilience and begin to affect change.

Root resilience, root change, and root justice!