



DisAbled Women's Network of Canada

Réseau d'action des femmes
handicapées Canada

Parliamentary Brief

Promising Practices to End Violence Against Women Study

FEWO

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Leadership, Partnership & Networking

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

DisAbled Women's Network (DAWN-RAFH) Canada is a national, feminist, cross-disability organization whose mission is to end the poverty, isolation, discrimination and violence experienced by Canadian women with disabilities and Deaf women. DAWN-RAFH is an organization that works towards the advancement and inclusion of women and girls with disabilities and Deaf women in Canada. Our overarching strategic theme is one of leadership, partnership and networking to engage all levels of government and the wider disability and women's sectors and other stakeholders in addressing our key issues.

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In FOCUS – Bringing women with disabilities and Deaf women into the picture – A community development approach to addressing Violence against women with disabilities and Deaf women

Violence and abuse are significant realities for all women, and especially harsh ones for women with disabilities, as research studies have shown that women with disabilities experience abuse at higher rates than women without disabilities. Studies indicate that 60% of women with disabilities are likely to experience a form of violence during the course of their adult lives,¹ and that women with disabilities are sexually assaulted at a rate at least twice higher than that experienced by the general population of women.²

Women with intellectual disabilities and Deaf women experience violence at even higher rates than those experienced by women with other disabilities. In a study comparing the rates of cases of sexual and physical assault among women with disabilities to those of women without disabilities, it was determined that women with disabilities were four times more likely to have experienced sexual assault than women without disabilities.³

Women with disabilities and Deaf women are at risk of violence in many forms, including neglect, physical abuse, sexual abuse, psychological abuse and financial exploitation.⁴

The long and short term ramifications of this violence are severe and include mental, physical and health problems. Moreover, according to the World Health Organization, the implications of violence and abuse are also social and economic, as women's lives are affected through isolation and a loss of the ability to work, which subsequently engenders a loss of

¹ Roeher Institute (1995), *Harm's Way: The Many Faces of Violence and Abuse Against Persons With Disabilities*. Toronto.

² The Roeher Institute. *Violence Against Women with Disabilities Fact Sheets*. Health Canada. Ottawa: 2004.

³ Martin, S. L., Ray, N., Sotres-Alvarez, D., Kupper, L. L., Moracco, K.E., Dickens, P. A., Scandlin, P., & Gizlice, Z. (2006). Physical and sexual assault of women with disabilities. *Violence Against Women*, 12, 823-837.

⁴ Ortoleva, Stephanie and Lewis, Hope, *Forgotten Sisters- A Report on Violence Against Women with Disabilities: An Overview of its Nature, Scope, Causes and Consequences* (August 21, 2012). Northeastern University School of Law Research Paper No. 104-2012. Available at SSRN: <http://ssrn.com/abstract=2133332>

employment and wages and a decrease in their capacity to take care of themselves and their children.⁵ As a result of abuse, women with disabilities and Deaf women are being further excluded from full participation in society.

While there has been a wealth of research undertaken to identify the occurrence and specificity of abuse experienced by women with disabilities and Deaf women, there has been a striking gap in the development of strategies that effectively address the issue.

The Context

Who are Women with Disabilities and Deaf Women?

According to USAID, women with disabilities make up 10 percent of the population of all women worldwide⁶ and in Canada, one out of five women is living with a disability.⁷ Women with disabilities are highly diverse, both in terms of the kinds of disabilities they are living with, and their individual identities and experiences. Women with disabilities in Canada represent multiple perspectives, because they occupy all strata of society; they are racialized people, immigrants, refugees; they come from First Nations, LGBTQ and many other communities, and they are of all ages, and of various socio-economic and linguistic backgrounds and faiths.

Moreover, the multiplicity of women with disabilities is demonstrated by the variety found in their types of disabilities. Among these we find vision-related disabilities, which range from limited vision to blindness; hearing loss, which includes Deafness, and hardness of hearing; deaf-blindness, which comprises a combined loss of vision and hearing; physical and mobility disabilities; speech, language or communication disabilities; mental health disabilities; intellectual and development disabilities; learning disabilities⁸; episodic disabilities, which consist of periods of good health followed by periods of illness or disability;⁹ and invisible disabilities, which

⁵ Please see the World Health Organization's Violence against women - Intimate partner and sexual violence against women Fact sheet N°239 Updated September 2011. <http://www.who.int/mediacentre/factsheets/fs239/en/>

⁶ Women with Disabilities, 31 May, 2012 <http://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-disabilities>

⁷ Women with Disabilities and Poverty, DAWN-RAFH Canada <http://www.dawncanada.net/issues/issues/fact-sheets-2/poverty/>

⁸ Understanding Disabilities, Making Ontario Accessible, Ministry of Community and Social Services, http://www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/understanding_accessibility/understanding_disabilities.aspx

⁹ Episodic Disabilities, Canadian Working Group on HIV and Rehabilitation http://www.hivandrehab.ca/EN/episodic_disabilities/

may include environmental sensitivities. In addition, women with disabilities may have more than one disability, which may further inform and individualize their experience of disability.

Women with disabilities are among the poorest populations in Canada, with an unemployment rate of up to 75 percent, while the rate for men with disabilities is 60 percent.¹⁰ High levels of poverty and unemployment put women with disabilities at a disadvantage with respect to meeting their housing and economic needs. Insufficient, inappropriate and inaccessible housing options mean that women with disabilities may find themselves living in precarious situations of violence for lack of options.

Women with disabilities and Deaf women experience gender-based violence as non-disabled and hearing women do, however they are at a higher risk of being targets of violence due to social views and prejudices regarding disability. While all women are at risk of violence and abuse, women with disabilities and Deaf women may experience abuse in different ways. Abuse against women with disabilities and Deaf women may be enacted by a spouse or intimate partner, but it may also often be perpetrated by a caregiver such as an attendant, or social worker or staff at a residential home or by a family member who could also be serving as caregiver.¹¹

1) Issues Experienced by Women with Disabilities and Deaf Women

While there is some variation in terms of experience based on context—most often socio-economic and disability-specific—women’s experiences of abuse overlap significantly. The following excerpt from our current research from our community development projects currently underway in thirteen locations across Canada provide a glimpse of the variety of issues expressed.

For Deaf women, a sense of disconnectedness from family may occur because they are often the lone member of their family who is Deaf.

¹⁰ Women with Disabilities and Poverty, DAWN-RAFH Canada <http://www.dawncanada.net/issues/issues/fact-sheets-2/poverty/>

¹¹ Odette, F. and Rajan, D. (November 2013). Violence Against Women with DisAbilities and Deaf Women: An Overview. Learning Network Brief (12). London, Ontario: Learning Network, Centre for Research and Education on Violence Against Women and Children <http://www.vawlearningnetwork.ca/violence-against-women-disabilities-and-deaf-women-overview>

“Many Deaf come from hearing families and lack a connection to their families because of communication barriers.”

“Deaf people have their own family, and most of us grow up as the only Deaf person in the family and so we can’t communicate to our family as others do. So our Deaf community is our family.”

Several women expressed frustration with not being viewed, treated and communicated with as adults, particularly when seeking services.

“And they don’t talk to people with disabilities, because they presume they don’t understand, and there’s a real misconception of the abilities of people when they have a disability and for me, that’s a real discrimination and abuse...”

“Just recently, when in court, I said to my daughter afterwards, I said that when they asked my education – came in and I had four years of college, and they said, ‘Oh,’ and it was presumed I was on SA [social assistance], and it doesn’t matter if I was or not because I was on disability, and then for me to have any type of schooling and then because I had brought support in with me and stuff, it- I mean, they really thought I was stupid and it was really belittling.”

Deaf women we spoke with discussed the challenge of feeling that they do not have any way of visibly identifying themselves as Deaf the way a person using a wheelchair or a cane or walker may identify themselves, and therefore having people not necessarily be aware of their access needs or understand how to communicate with them.

“A lot of times, people are saying stuff and I can’t hear it and they think I’m being rude... You know, people don’t understand what Deaf means, so it’s like Deaf is invisible, right? You can’t see my disability, with a wheelchair, people can say, ‘Oh, you need help?’ but with being Deaf, it’s something you can’t see, so it’s challenging.”

Women with invisible disabilities spoke about the idea of pre-conceived notions about people who have disabilities that aren't immediately obvious.

“And again, in the field of disability, what’s the word I’m looking for? If you’re going to have a disability other than a physical one—you know, physical disability, they see it, they just think a body part isn’t working but when you look normal but don’t act normal, they think all these things about you, right?...So if I had to be born with a different disability other than the one I’ve got, man, I’d want to make it obvious because I’d still get more respect than I would if it’s hidden.”

These preconceptions follow ableist ideas about what people with disabilities ‘look’ like and what people with disabilities are and should be capable of.

2) Types of Abuse Experienced by Women with Disabilities and Deaf Women

As stated earlier, women with disabilities and Deaf women face multiple forms of abuse; therefore, abuse herein encompasses physical, verbal, sexual, financial, neglect, ageism, ableism, audism and systemic violence (including racism, discrimination, and prejudice).

Caregiver Abuse

As women with disabilities and Deaf women are frequently reliant on others for care and support, they may often find themselves victims of abuse by caregivers and/or partners.

“Because we are dependent on men or agencies, you end up giving up these hard parts of yourself...you end up putting up with it for six years.”

Abuse at the hands of caregivers comes in many forms, including psychological and emotional abuse.

“It is hard to move forward and do things. My mother has told me that based on the way I look, no one will want to be married to me...She compares me to others with Asperger’s. I have too much going on in my life

but I cannot do much at this point. My mother doesn't have work. It is kind of this situation where I don't know how to move forward and I cannot take the pressure. She says if I can't work, she will find papers to put me in an institution."

Several women who experienced abuse as adults also noted abuse by family members starting at a young age.

"My primary perpetrator was my mother. I cannot exercise because locker rooms are not safe places for me."

"From infancy, from as long as I could walk I was slapped around. I was an unwanted child. I experienced incest."

"Many years ago I was raped by my brother. I was devastated by my brother raping me. I do not understand why he would do something like that. I still have bad dreams. I have had physical and emotional abuse. My mom never loved me, no one ever helped me."

"I actually have had abuse from conception. My mother never wanted me. Always told me she should have had an abortion; said that all the time. As I got older, the beatings started – hands, wooden spoon, steel ladle, switches- she broke a wooden spoon on me."

For many, the abuse often progressed and carried on for numerous years, setting off a pattern of abuse in various forms for much of their lives.

The following quotes are all from the same woman:

"I was three or so when my grandfather abused me. It was a reward or punishment situation. I was threatened to show my body parts, then encouraged to do other things but I don't know if I did other things or not."

"At about age 15, I was babysitting for about two weeks to help foster parents. The man pinned me down and touched me in my private area."

"The last incident was reported. I was married with two kids. I went to a doctor for a physical because I was bleeding off-cycle. The doctor

examined me; no one else was in the room. He pressed himself against the table and was saying dirty things and assaulted me. I told my husband right away. He just said forget it, so I did for 20 years and then I got PTSD later.”

Another woman stated:

“Well, I’ve been abused when I was a little girl from family members. I was always dirty and made fun of at school because I was different, and it turned out I was abused. As life went on, I took bad relationships that resulted in sexual, physical violence and abuse.”

Multiple Disability Abuse

For Deaf women who also have another disability, the abuse is compounded:

“Deaf plus’ – a term that refers to someone who is Deaf plus has another disability. This group tends to see more abuse and have more complicated needs. For example they may require both an ASL and a DI (Deaf Interpreter).”

Women who are not Deaf but who have multiple disabilities are also at a higher risk of abuse. ¹²

Disability As Result of Abuse

For some women, their disability was brought on due to the abuse they experienced, and they continued to experience abuse in other forms once they were disabled.

“What happened to me, I had abusive childhood ...and ended up in very abusive relationship. It took nine attempts to leave this relationship. Finally left ex four years ago-damage is so big that I am mentally ill now from all the abuse.”

“As a child I suffered emotional, sexual, physical abuse, some of which caused my hearing loss.”

¹² Myers, Leslie, People with Disabilities and Abuse,
http://www.ilru.net/html/publications/readings_in_IL/abuse.html

“I was missing time through migraines and vomiting for 4 years and missing school. I got in trouble for truancy. I had to get a doctor’s note to say I’m mentally incompetent. I ended up in an insane asylum, I was 13.”

While physical abuse may lead to disability, all forms of abuse cause emotional trauma and can result in lifelong psychological scarring.¹³

Intimate Partner Abuse

For many of the women we spoke with, intimate partner violence was not their first experience of abuse, and this particular form of abuse often involved multiple abusive behaviors from their partners.

“As a young adult I experienced physical, sexual verbal abuse mostly in one long-term relationship. I hid the abuse for a long time, and finally was kicked out.”

Financial Abuse

Many people with disabilities live with family or other caregivers for support, which can lead to financial abuse as family members or other caregivers may financially exploit them.

In some cases, intimate partner abuse and financial abuse converge, with women experiencing abuse from their partners as a means of maintaining control over them and their finances.

“I was a victim of domestic abuse for two years. I was living with a man whom I met – he was nice at first. I was worried, but I gathered up my courage and decided to live with him. He would beat me and ridicule me every time I would refuse, for example, to give him money. At first he would just threaten me and I would give him what he wanted, but when I started saying no, when I had no money, for example, he would get angry. He would scream at me and ended up hitting me. During intimate moments, he was also violent; I remember one time, we saw each other during lunch break and when it came time to say bye, he kissed me so violently by biting my lip. I even went back to work with my lip completely swollen.” N.B. Translated from French.

¹³ Family Violence Against Women with Disabilities, DAWN Ontario
http://dawn.thot.net/violence_wwd.html

"I experienced sexual and physical abuse as a child. Now I have a different kind, hard to explain, a different form of abuse- being taken financially. Also, I guess the abuse I experience in a relationship is kind of controlling...where I can work, who I can see. And I don't know, I don't have a name for it. It's about power and control but I don't have words for it yet."

Isolation as Abuse

Some women spoke of isolation from family and society because of their disability, with people distancing themselves from them and treating them as though they were invisible; causing them to feel isolated and alone.

"Now today, it's family abuse. Being neglected, shunned."

"You know, when people start to avoid you or avoid your fear of...you sort of have to wonder, yeah. I do. What did I do?"

For older women with disabilities and older Deaf women, aging and disability intersect to cause even further isolation.

"If I could just suggest that aging presents isolation as a natural part of the picture for everybody, and certainly any disability within a senior's life again isolates them even further. So, if I could suggest, it's not just certain impairments that cause isolation. It's aging in general and aging with disabilities even further."

Sexual Abuse

Many of the women we spoke to experienced sexual abuse and for several, it occurred numerous times during their lives.

"I was abused two times. The first time at the age of 18 and it was at school. Some kids forced me to take off all my clothes in the locker room of the gym, there was a group of them and one of them who used to bother me all the time went even further and started touching me while the others filmed it. Luckily a teacher came in and forced them to stop and took the video from them. Another time, it was during Christmas dinner at my father's house, I think I was over 20 years old at the time. One of my uncles followed me and assaulted me. He hurt me very much and when I denounced him, he tried to lie

and say that I invented it and it wasn't true." N.B. Translated from French

Psychological Abuse

For some women, abuse came in the form of psychological manipulation and control, ultimately leading to disability.

"I have experienced abuse, not physical abuse but definitely mental and psychological and emotional. I had a friendship that was extreme control, I could not trust my own decision abilities – never experienced that before in a spousal experience and I had a breakdown because of it."

Systemic Abuse

A few women noted experiences with workplace discrimination as they were fired due to their disabilities.

Immigrant and racialized women with disabilities and Deaf racialized women spoke about the difficulties they face when race and ethnicity intersect with disability.

"I feel like I have experienced some psychological oppression being a black woman. That is one of the frustrations I have. I am looking into psychological abuse and how I am a victim, and those barriers." N.B. This participant is also Deaf.

"...My disability, the language barrier, the fact that I did not know much about my new country and having a son with Autism. Not knowing how to read and write well. My fear and lack of self-esteem, I didn't know how to ask for what I needed." N.B. Translated from French.

"Arriving in Canada, my experience was no better than in my native country. Help was hard to find from immigration authorities." N.B. Translated from French.

"Many people categorize newcomers and do not give them a chance here."

First Nations women discussed systemic discrimination when reporting abuse, as prejudices against First Nations communities have prevented them from receiving assistance when in situations of abuse:

“There were at least three locations where I have called 911 and the police do not come. Several incidents where I have been beaten knocked out – I am Muslim and Aboriginal, another hit against me...Because I am First Nations, in regards to violence, sexual abuse, we are not even worth an investigation.”

Several women told us how they felt abused and oppressed by systems and system representatives (such as social workers, psychiatrists) controlling and restricting their behaviors because of their disabilities and/or because of the way those within these systems view their disabilities.

“I have a psychiatrist who I no longer see. He said I would never be able to live on my own because I got myself into financial debt, because I spent thousands of dollars on DVDs when I found out my father had died and I maxed out my credit cards. He thought I could not move out or live on my own because of that.”

“It is an abusive relationship with the power struggle. There is no compassion in the system, they tell you what disability you are and how disabled you are and given the supports according to a box that you are defined in.”

When discussing having lost custody of her daughter due to mental health struggles, one woman said:

“I feel like my hands are tied, even if I get her back, so observed by the system—social and family services and the school—like I don’t know how to behave anymore, it’s terrible. It’s no life, no life at all...”

Another woman shared some information about the treatment of her daughter—who has intellectual and physical disabilities—within the social service system, stating that there was a lack of regard for her daughter’s personal safety in the residential options in which she was placed. She

experienced mental, physical and sexual abuse in these residences, and is now suffering from PTSD as a result.

Incorrect societal ideas about people with disabilities and what constitutes disability can also lead to abuse. Women we spoke to talked about the ways in which they felt disrespected and harassed because they did not fit a certain image of a disabled person. One woman with an invisible disability discussed being verbally abused when she parks her car, because she has a disability parking permit to accommodate her disability but does not use a mobility assistive device.

The abuse of caregivers themselves by the system was also an issue that came up during our focus group discussions, as many caregivers are working to provide care to people with disabilities without compensation and are providing care and assistance that simply is not being made readily available to people with disabilities and Deaf people. The overtaxing of caregivers may also lead to abuse, as caregivers may begin to abuse the person in their care due to resentment and a lack of the respite and care that they need.

Neglect

Women with disabilities may also experience abuse in the form of neglect, which can happen when a caregiver does not properly care for and/or attend to a senior who cannot fully look after him or herself. Abuse of this kind includes neglecting personal hygiene, health services, withholding food and other forms of personal care. Older women with disabilities frequently experience this form of elder abuse as age and disability meet to increase vulnerability.

“When I think of elder abuse, I think of the lack of-for a person who is physically unable I think of the lack of personal care like changing of the diaper or the bathing or the doing of the hair. Just a little personal touches that make all the difference in the world.”

Impact of Abuse

Many women stated that their self-esteem suffered as a result of abuse, which in turn led to more acceptance of abusive behavior from others. Women believed that they did not deserve a life free of abuse.

“I learned early to accept a lot of bad treatment.”

“I abuse myself though, all the time. I punish myself, think bad things of myself. I’m my worst abuser.”

“I still struggle with trying to feel good about myself and trying to manage my life.”

“And I had low self-esteem. I suffered with thoughts. Thought, what’s the purpose? Why am I here? How do I get out of it? And I carried that into relationships.”

“But as I’ve gotten older, the situations I’ve gotten into - it’s really downplayed my self-esteem. I didn’t have to have anyone put me down, I had me. I’ve become depressed to the point I don’t want to get out of bed. The abuse set the groundwork for the way I was thinking - about anything human in my life.”

In some cases, abuse has led to caustic behaviours, including alcoholism, drug and food addictions and destructive relationship choices.

“But I do know that all through my adulthood I’ve had addictive behavior that was a result of it. Alcoholism and more so food and looking for comfort there. What I find most – I’m eating so I don’t have to face what I don’t want to face.”

“That led me to alcoholism, drug addiction.”

“As I got older I had problems because of substance abuse. I think I was trying to make it go away...”

“I took it [abuse] in as I got into relationships took wrong men. And these slashes on my arm aren’t me trying to kill myself. It was trying to prove my love to him.”

“In later relationships, I was just partying and promiscuous. I would look in the mirror and say I hate myself and I’m ugly.”

“My mother made me feel unloved. I was always looking for someone to pay attention to me. It was like a domino effect and now I’m in an abusive situation.”

For others, abuse has caused severe anger issues:

“I don’t hear a lot about anger and I have a ton. And it doesn’t take much and I get set off.”

“I’ve taken anger management about four times.”

For women for whom abuse began at a young age, mistrust of others set in early and followed them throughout their lives:

“As a child I didn’t understand, but as I got older I did. It was not trusting adults and not knowing who to trust.”

“I had this big emptiness inside...I grew up fast. I didn’t trust anyone. I couldn’t tell anyone and when I did, I was silenced.”

“I find it very hard to trust. My husband and I have been married for 30 years and it’s only lately that I’ve been able to think we’re in it for the long haul.”

“Sexual abuse as a child, so I learned to not trust and became promiscuous and hated myself.”

“For me, I do not think that I could live with a partner. I am often very scared to find myself alone or walk alone at night. I’m afraid he’ll come back and attack me or harass me.” N.B Translated from French.

“I don’t let men get close to me. I’ve had relationships but I don’t trust.”

3) Barriers to Getting Help

Through all of the provinces and territories and all of the focus groups, the women we spoke to named the following barriers as those preventing them from seeking help and reporting abuse:

✚ **Difficulty recognizing abuse:** As the abuse experienced by women with disabilities and Deaf women has many faces, they may have difficulty understanding the situation they are in as one of abuse and may not be able to identify and express it as such.

✚ **Fear:**

- Fear of confiding in people because of experiences with being taken advantage of
- Concern about reporting poor or abusive treatment with sectors for fear of repercussions, being labeled difficult and/or not being able to receive the care needed afterwards
- Fear of more abuse at home if reported
- When the abuser is also the caregiver: fear of no longer having any support whatsoever if abuse is reported or of being removed from their home
- Fear of people thinking they are overreacting and not being believed when they report abuse
- Fear of police and other official authorities
- Fear of being separated from their children

✚ **Lack of supports:**

- Inability to leave an abusive situation due to lack of sufficient financial supports and a support system to provide necessary assistance

✚ **Lack of appropriate and accessible services:**

- Not enough home care support available to them, and therefore not wanting to be institutionalized or having to leave home if home abuse is reported

- Feel that there are too many barriers to accessing the services required, such as long waiting lists for services
- Inability to pay for services that are needed but unaffordable
- Language and communication:
 - Deaf people: a lack of ASL interpreters available to assist them when needed
 - Immigrants and newcomers: not being able to communicate in English or French and a lack of sufficient interpreters in other languages
 - People with disabilities with speech differences and communication styles (eg. Deaf-Blind people) that require very specialized services
- Lack of understanding of access needs of people with disabilities and Deaf people by service providers. People may find themselves moved from their current living situation to one that does not meet their access needs because of this lack of understanding.
- People with multiple disabilities not seeking assistance because their access needs are very specific and will likely not be met
- Inaccessible shelters and transition houses
- Encountering racism, sexism, ableism and/or audism when seeking help or other forms of systemic abuse

✚ **Lack of transportation:** People with disabilities may be reliant on outside forces for transportation such as adapted transit or may need an attendant or family member or other caregiver to assist them, a factor which may prevent them from leaving an abusive situation.

✚ **Lasting effects of abuse:**

- Abuse is coming from loved ones; not knowing how or wanting to deal with the feelings this brings up

- Talking about abuse is too triggering. It feels like reliving it and/or it brings up old, unresolved feelings that they are not prepared or equipped enough to address
- Mistrust of the system and authority figures
- Shame and embarrassment
- Self-blame and low self-esteem

Lack of information:

- A lack of knowledge about accessible services and resources available to them in their communities
- Immigrants and newcomers not having knowledge of laws, services and systems and therefore not knowing where to go and how seek help
- Lack of information on the part of service providers about people with disabilities and Deaf people and the issues they face, making it difficult to seek assistance in cases of abuse

4) Experiences with Sectors

One of the most common ways in which the women we spoke to characterized their interactions with service providers was mistrust, followed closely by fear. We spoke to a wide array of women, and many of those with whom we spoke experienced abuse beginning at a young age. As a result of these initial abuses, mistrust of others was sown at an early age, and in particular, a mistrust of authority figures, as many of the women were initially abused by an adult family member.

The following quotes highlight some of the issues women with disabilities and Deaf women have experienced with these sectors

Communication

Deaf women participants we spoke to stated that communication barriers were among the biggest obstructions they faced when dealing with service providers. A lack of understanding around Deaf culture and the ways in which Deaf people communicate has meant that Deaf women haven't been able to communicate and be communicated with in a manner that is accessible to them, such as using ASL or other forms of sign language for women who do not use ASL.

“There was one time at the regional hospital, 5-7 months ago and it was an emergency- I was having pain in my stomach and it was a great deal of pain. My daughter called for an interpreter and we were doing triage and that was finished, the interpreter arrived and I went in with the interpreter. And there weren’t a lot of people there. They were busy but not too bad. The interpreter left. Everyone was chatting and I was lonely. I was trying to text a friend and a nurse came and told me to come and I said no, I need the interpreter. They then called everyone else [waiting] in there. And that was 3-5 hours later. So 2 hours later after that they were calling others in, they weren’t serious. I was in so much pain and waiting and they wouldn’t call the interpreter.”

“One time I took a number and sat down and after a while I was told they were just going to call out the number. But sometimes an interpreter has to leave for an important phone call. And they call our number and we don’t know. And we miss our turn.”

“The police cannot wait to do a Breathalyzer on someone because the timing is important, but often they would have to wait awhile for an interpreter to arrive. This creates a lot of problems and tensions between all parties involved. It is the law versus human rights. Sometimes the police get upset and threatening towards the Deaf individual. Reporting rape has the same problem: delays aren’t good, but may be required to accommodate when an interpreter arrives.”

Lack of Information about People with Disabilities and Deaf People

The communication issues expressed above are part of the larger issue the women we spoke to discussed: a lack of information as well as misinformation on the part of service providers about people with disabilities and Deaf people.

“The people who are in many positions are not educated about the abuse that you suffer as a result of a disability. It affects you forever. Most normal people don’t have hurdles every day.”

“Because of the domestic violence, me and my husband had to go to mediation. She got us to get back together. They don’t understand. They need more information about it.”

“I have an experience with a psychiatrist. Part of my condition - depression comes along with it. I had a bad bout of depression and my family doctor referred me to mental health services. If you’re low income you have to go to mental health because you can’t afford to get a good psychologist. After one visit to the psychologist he referred me to the social worker up there and pretty much the only thing she was doing for me was trying to give me relaxation techniques and my body is in constant motion so I couldn’t do it because part of it was physical. The social worker couldn’t understand why I couldn’t use the techniques that she was trying to show me. Unless I’m lying in bed I can’t physically relax my body...It was like that’s what she does with everybody else and she expected it to work for me. But stuff that works for everyone else won’t work for me.”

Inaccessible Services

Some Deaf women discussed the issue of being unable to seek help because of having to pay for and book their own interpreters, as the service is not always provided and/or not subsidized, making it inaccessible and unaffordable for them.

“It is a huge barrier if a Deaf person has to pay for their own interpreter as they may have limited funds.”

“The court system will not hire interpreters for Deaf family members in a court room.”

Deaf women also discussed the inaccessibility of points of entry when seeking assistance.

“Trying to contact a clinic to get on their list to get contacted is impossible. There are very specific hours to call and get on the

list...Once you do get through, you won't have an interpreter present. You have to call and that calling is a huge barrier for the Deaf."

"...Once I had to contact the cops, and he's on the phone and we couldn't communicate...There's nothing, nowhere, I can't talk on the phone right."

"711 for Deaf people, told them they need a special number on that, but it's the same number, it'll ring over and over again, no one picks up. It didn't work."

Women with disabilities told us about the obstacles they faced in securing services for their needs because their disability did not meet certain requirements or parameters.

"If you're bipolar they're willing to help. If you're borderline personality or depression and anxiety or a combination thereof, you're acute and therefore don't need the long-term services and therefore you will have to keep going through intake and keep telling your story."

"One thing I struggle with is getting funding with what I have, being a young person, having a certain amount of ability, not a certain amount, I have a lot of abilities and one of those is being able to find myself work and looking like I'm able to do it. And on paper, because of my experience and other things that have happened, you can't get social assistance or you can't get help because you can get it on your own."

A shortage of appropriate housing options have meant that women with disabilities have found themselves living in settings that are not relevant to their needs and circumstances. We heard examples of young people with disabilities being forced to live in nursing homes, because of no other alternative for accessible and appropriate housing, as well as people with intellectual disabilities and learning disabilities living in facilities meant for persons with mental health issues.

In addition to this, women told us about their experiences with passing through the system from one agency to another, with few able to meet their needs due to a lack of individualized and person-centric approaches from service providers.

“And you tell your story and the intake will say ‘why haven’t you had counselling for this?’ And you tell them it’s because they’re not giving me counselling for this and they refer you into someone for an assessment. And you go in for the assessment and the assessment refers you back to the team that you saw before the acute team...”

A lack of knowledge on the part of service providers about people with disabilities and their needs has meant that service providers themselves are not necessarily well-informed regarding accessible services available to people with disabilities and Deaf people in their communities. The women we spoke to expressed that this lack of clarity from service providers about appropriate support services has made navigating the system challenging.

For women in northern and remote areas, experiences with long wait times and scarce services are common.

“Only one psychiatrist in Whitehorse and he’s so busy...See him every six weeks.

“I’ve been waiting four months.”

“Agencies that helped, there was really nothing; nothing from the band office. When I was on the reserve, the health center-because their obligation was to do home care- I was on bed rest for a month. I had a bed in there, they didn’t even show up. My carriers cut me off, I was stuck... and to this day my treaty health care coverage, which is definitely not what it is on paper; we can’t get counselling, acupuncture, anything unless you find a counselor who will accept Indian Affairs coverage.”

For women with disabilities and Deaf women who have experienced abuse, certain acts can trigger memories of the abuse and can feel as though they are reliving the incident. Service providers may not necessarily understand

the triggering nature of some of their actions and may therefore not be aware of the need for additional explanations of their actions and procedures.

“I did not like the doctor on call in emergency; he was checking my private area and did not explain what was happening to me like my own doctor does.”

“Because of my former experiences, I requested that I have no male staff while in the hospital, but that was ignored sometimes.”

5) Things That Would Help

What women with disabilities and Deaf women need

Women with disabilities and Deaf women with whom we spoke had numerous thoughts and ideas regarding the types of services and resources that would be helpful to them, including:

- Knowledge of where to get help and information in the community
- Peer support groups to provide social support and combat isolation
- Strategies and support for building self-esteem, empowerment and self-determination
- Having well-trained advocates to help navigate the system
- Senior women:
 - Designated staff person in nursing or group homes to watch out for signs of abuse (Ombudsman of sorts)
- First Nations elder women: elders gatherings for people to share their experiences and have it be confidential and for people to More counsellors and therapists who are immigrants and racialized people so that immigrant and racialized women with disabilities and Deaf women can feel cultural commonalities when seeking help
- Deaf women: access to subsidized interpreter service
- Access to greater supports and subsidized services

What the broader community needs

Improved Knowledge and Information about People with Disabilities :

In order for the violence prevention and response sectors to truly benefit women with disabilities and Deaf women, they must understand the lived experiences of members of these communities as well as the manifold challenges they face—particularly when it comes to violence and abuse, which they experience in high numbers. Increased knowledge about women with disabilities and Deaf women can and should lead to more relevant, efficient and meaningful policies and practices that can be put in place to reach target groups; practices which include trainings, workshops, outreach and resource development for increased community access and inclusion of women with disabilities and Deaf women.

Improved Access to Social Services: Many of the women with disabilities and Deaf women with whom we spoke stated that they hesitated to seek assistance because the social services system was inaccessible to them in multiple ways. Deaf women noted that securing interpretation when they needed it was both unaffordable and difficult, as there is a shortage of qualified interpreters available and they do not have the means to hire them. Women with disabilities discussed physical, attitudinal, communication and practical barriers to access that hindered their use of services. Improved availability of qualified interpreters and services that are disability and culturally sensitive would increase access for women with disabilities and Deaf women.

Improved Transportation Services: Women with disabilities are often reliant on public transportation services, including adapted transit. More reliable, extensive and efficient transportation services will increase access and independence for women with disabilities and Deaf women.

Increased Access to Income Support: Several of the women we spoke to mentioned the desire for employment and financial stability. As women with disabilities are among the poorest populations in Canada, an increase in employment opportunities would be extremely beneficial. Access to employment would serve to increase financial well-being, self-esteem and independence as well as encourage inclusion of women with disabilities

and Deaf women in society as a whole and in their own local communities, more specifically.

Recommendations

Program Development for Women with Disabilities and Deaf Women

As a result of our work to date, we would like to make recommendation in three key areas:

1) programs that need to be developed for women with disabilities and Deaf women; 2) programs that are needed for the broader local community, and 3) specific reforms to governmental policies, programs and funding

- 1. Information and Educational Sessions** - Where women with disabilities and Deaf women can learn about:
 - What constitutes abuse and their rights and entitlements
 - Accessible resources and services in their community
- 2. Peer groups**- These groups would provide a means of social support and serve to fight isolation.
- 3. Family and caregiver Support Groups** - These groups would focus on building healthy relationships between family members and caregivers in the lives of women with disabilities and Deaf women and would include education and information on violence and abuse and the law.
- 4. Individual and family counseling** - Must be grounded in disability and cultural knowledge, be language-specific and entrenched in an anti-oppression framework that includes an understanding of systemic barriers to inclusion experienced by women with disabilities and Deaf women. Counselling expertise in the area of Post-Traumatic Stress Disorder and violence against women is also important.

5. Volunteer Roster - For home visits, to drive women to appointments and take them to events and activities.

6. Resource Development - Develop disability, culturally and linguistically sensitive protocol and plan for safety for women with disabilities and Deaf women so that they know what to do and where to seek assistance in cases of abuse.

7. Services for Immigrants and Newcomers: Orientation services for new immigrants with disabilities and Deaf immigrants so that they know the system and can navigate their way through it.

In addition disability-specific agencies should work with mainstream social service organizations to develop disability-relevant and accessible resources about their services, and offer ideas on how to engage in effective outreach to women with disabilities and Deaf women.

Program Development for the Broader Community

Front-line service providers involved in violence prevention and response would benefit from participating in educational trainings and workshops that will provide them with information on:

- Who the population of women with disabilities and Deaf women in their community are;
- The challenges and issues they face;
- The specific nature of abuse faced by women with disabilities and Deaf women;
- Promising practices and more effective and creative outreach strategies;
- The agencies serving women with disabilities in their community and the services they provide, for referral and for the development of better protocols to work more effectively across agencies;

- Examining their workplace with the goal of increasing their accessibility of service for women with disabilities and Deaf women to include culturally and disability appropriate information dissemination so that women with disabilities and Deaf women know about the services available to them
- Combatting preconceived ideas about disability and people with disabilities and Deaf people that adversely affect members of these communities, as well as the understanding of isolation as a natural part of the aging process, because people with disabilities are then doubly isolated as they age with a disability or as they become disabled with age

Policy and Funding Reforms

Funding to support disability-specific social service agencies – While the inclusivity and accessibility of all sectors involved in violence prevention and response is essential, the findings of this report demonstrate the need for further support to allow disability-specific organizations to work alongside mainstream services to provide the expertise necessary for the development and delivery of specific programs, supports and services for women with disabilities and Deaf women that are truly inclusive and accessible.

Increase Access to Employment for women with disabilities and Deaf women - More government support is needed for women with disabilities and Deaf women, including immigrants and newcomers, to secure and maintain full time employment and living wages.

Increased Access to Income Supports – Reduce obstacles to securing income supports for women with disabilities and Deaf women.

Housing – Increase availability and access to affordable and accessible housing for women with disabilities and Deaf women with and without children.

Government Support for Family Caregivers - Access to regular respite services and outside caregiving support for families of women with

disabilities and Deaf women and for women with disabilities who are caregivers.

