

Girls Without Barriers:

an intersectional feminist analysis
of girls and young women
with disabilities in Canada

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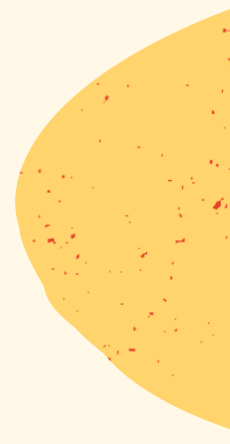
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DAWN Canada recognizes that the lands on which this study was carried out are part of the traditional unceded territory of the Kanien'kehá:ka (also called Mohawks), which was long used as a gathering place for exchange between nations. We offer our respectful thanks to the First Nations communities, their ancestors, their contemporaries and their descendents.



Important Notice

This research report represents the opinions and principles of our organization, which the funder may not share. We also wish to specify that this report is the first step in a process that aims to document the conditions and life experiences of girls and young women with disabilities in Canada.

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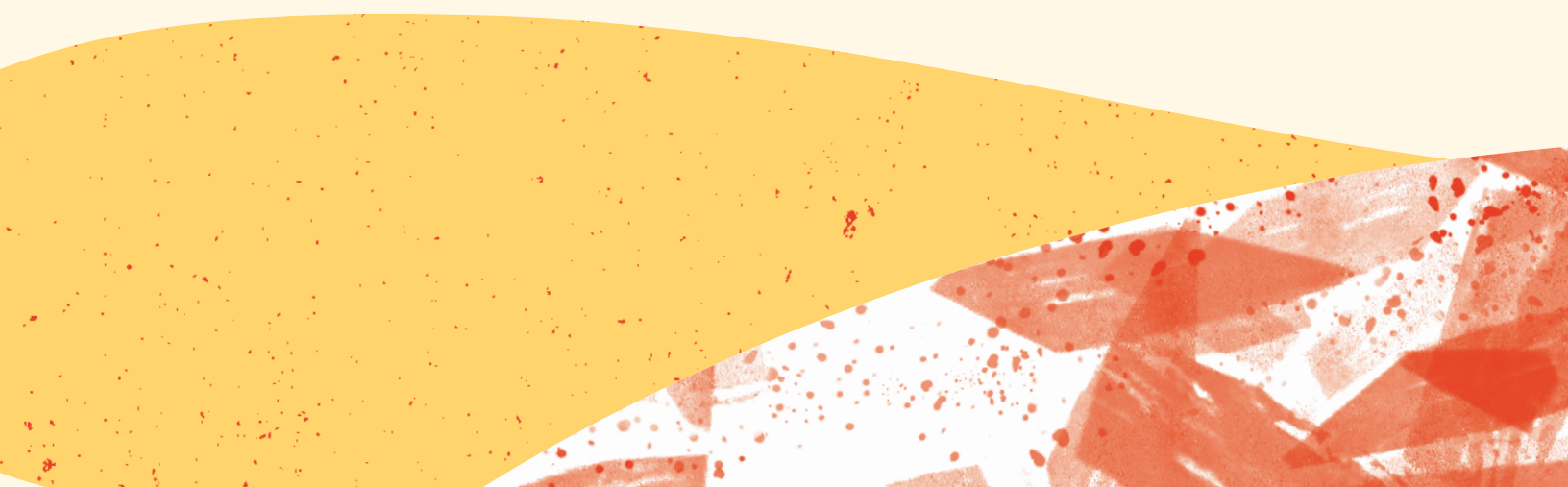
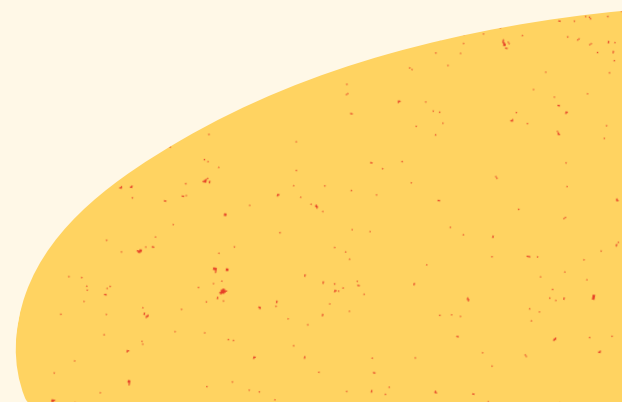
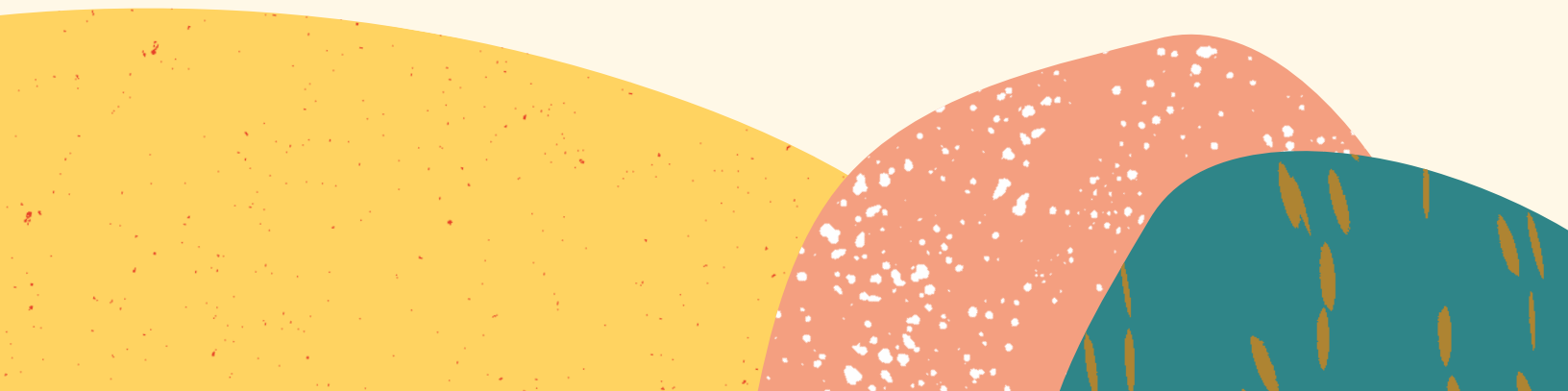


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About DAWN Canada

Founded in 1985, the Réseau d'action des femmes handicapées / DisAbled Women's Network (DAWN) Canada is a national feminist cross-disability organization. Our mission is to end the poverty, isolation, discrimination and violence experienced by women with disabilities and women who are Deaf and hard of hearing. DAWN Canada is an organization that works towards the advancement and inclusion of all women and girls with disabilities and women who are Deaf and hard of hearing in Canada by creating systemic change. This includes building strategic partnerships; producing research reports, education programs and teaching tools; and calling for policy-level change. True to its roots, DAWN Canada lifts up the voices of women with disabilities by ensuring they are represented in spaces where decision-making takes place.

About the Girls Without Barriers project

Girls Without Barriers seeks to identify and address gaps in research regarding the needs of girls with disabilities as well as to increase the participation of girls with disabilities and Deaf girls in girl-serving programs.

Funded by the Canadian Women's Foundation, the initiative also aims to change the culture within girl-serving organizations by fostering careful, diligent and thorough inclusion of the needs of girls with disabilities and Deaf girls. Girls with disabilities and Deaf girls not only benefit from improved accessibility of programs but also get opportunities to develop their confidence and leadership as they witness their ideas and opinions transform into concrete actions.

As part of this initiative, since the summer of 2018, DAWN Canada has partnered with Rock Camp for Girls and Gender Nonconforming Youth in Montreal to give workshops on disability and ableism, during this one-week musical camp for girls and gender non-confirming youth living with and without disabilities. In summer 2019, we also collaborated for the first time with Black Girls Summer Workshops, also to give workshops on disability and ableism.

Next steps include publishing research on girls with disabilities, workshops on ableism for girls with disabilities and non-disabled girls alike, workshops for program organizers, and the development of online resources.



Artist Kay Nau: Girls Without Barriers in images

Image by Camille Gladu-Drouin for [Baron-Mag's coverage of "The Symbol of Resistance."](#)

Kay is a black, queer, non-binary and disabled illustrator focused on representing, empowering and uplifting marginalized voices and bodies. Heavily influenced by comic art, their work is an exploration of line art and negative space. They're currently working on various comics, zines and illustration projects while sometimes freelancing on the side. They are based in Montréal-Nord, Québec, Canada.

The choice to work with an artist like Kay aligns with the principles of our intersectional feminism. We also wanted to support a young artist with a disability living at the crossroads of several identities and above all to honour their artistic talent. By giving free rein to their creativity, they illustrated our report on girls and young women with disabilities by showcasing them in all their complexities, their strengths, and their resilience.

Foreword

From More Than a Footnote to Girls Without Barriers

In April 2018, our organization, under the aegis of researcher Jihan Abbas, published a research report titled *More Than a Footnote*¹ and issued a non-exhaustive overview of the living conditions of women with disabilities in Canada. The data confirms that women with disabilities are among the most marginalized in Canadian society; face multiple social barriers to accessing education, employment, health and reproductive rights; and are also more at risk of experiencing genre-based violence. While that report anchors its approach in a life course analysis, taking into account the full scope of experiences from birth to old age, we noted that it lacks data about girls with disabilities.

At the time we were making this observation, our project *Girls Without Barriers* was beginning. We therefore decided to enrich our *More Than a Footnote* study and dedicate a full report to girls and young women with disabilities.

Over the course of this study—which, we must note, is not exhaustive—we encountered difficulties in gaining access to Canadian statistics about girls with disabilities. Often, studies on the topic started at the age of 15. Still, we know that in 2016, girls represented 9.4% of the Canadian population.² Also, the *Participation and Activity Limitation Survey 2006: Families of Children with Disabilities in Canada* affirms that the number of children with disabilities is increasing year by year.³ These data presume that girls with disabilities represent a significant portion of the Canadian population.



Summary

By starting with a brief overview of the rights of girls and young women with disabilities, we note that despite the Government of Canada's international commitment (by ratification) to respect and apply human rights, girls and young women with disabilities remain underrepresented in the legislative and political spheres.

We then focus on violence and mistreatment against girls and young women with disabilities. Throughout the report, a key observation is that we are lacking studies and Canadian statistical data that would help illuminate the scope of the phenomenon. However, various international studies do confirm that these girls are among the most victimized. Among the various types of violence and mistreatment to which they are subjected, including systemic

Over the course of this study—which, we must note, is not exhaustive—we encountered difficulties in gaining access to Canadian statistics about girls with disabilities.

types, we take the time to examine a subject that's rarely addressed: the steadily increasing incarceration of girls and young women with disabilities. Through the normative and inaccessible school system, we see that racialized girls and young women are especially affected by this issue.

Our analysis of oppressions also leads us to examine the experiences of girls and young women living in rural areas, and, specifically, Indigenous girls and young women with disabilities living on reserves (located far from major urban centres). We see that the colonialist and racist discrimination this population encounters on an everyday basis plays a part in hampering the lives and development of Indigenous girls and young women with disabilities.

In addressing the topic of sexuality, we understand that young women with disabilities are often desexualized or fetishized, and rarely have access to complete and comprehensive sexuality education. Studies show that health professionals dismiss their agency. Their reproductive rights are especially limited. Their gender identities and sexual orientations are also often disrespected. The literature specifically addressing 2SLGBTQIAP+ (refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual/aromatic, pansexual and more) young people with disabilities calls out, among other things, the imposition of gender norms and sexual identities.

The gender, sexual, and physical norms imposed by an ableist society also have major consequences on the self-esteem of girls

It is also important to remember that girls and young women with disabilities are not a homogenous group.



and young women with disabilities. The section discussing body image in fact shows the negative effects of the beauty standards set by an ableist and sexist society.

While the body is a key issue for girls and young women with disabilities, we wanted to shed light on invisible disabilities, particularly chronic pain, mental health and the autism spectrum. Invisible disabilities affect an increasing number of girls and young women. With this focus, we follow the research direction chosen in developing the More Than a Footnote report, for which we “intentionally identified and examined populations that are under the radar in terms of quantifying and identifying who are women and girls with disabilities.”⁴

Lastly, this report also aims to showcase experiences of multiple oppressions. Throughout the various sections, whenever possible, we attempted to address diverse realities. It is also important to remember that girls and young women with disabilities are not a homogenous group. Through these various issues, we also recognize and affirm their strength and resilience.

Limits: This report does not sufficiently include the direct experiences of girls and young women with disabilities. We mainly developed our analysis around literature, focusing on scholarly and community papers as well as on research reports from community and activist organizations for the rights of girls and young women with disabilities. As such, we must specify that we conducted no interviews with the main subjects concerned. This is why we consider this report to be an exploratory research project, a first step toward developing and supporting qualitative studies carried out by and for girls and young women with disabilities in Canada. As such, while we were careful to cite data that reflects the multiplicity of lived-experiences among girls and young women with disabilities, these data are not exhaustive; they do not represent all these girls’ and young women’s experiences and do not represent them globally.


Glossary⁵

Indigenous: First peoples on Canadian land. This generic term refers to the diversity of the Indigenous population and includes Métis, Inuit and First Nations peoples.

Ableism: A system of oppression that discriminates against people with disabilities due to the fact that they do not correspond to social (Western) standards of physical, physiological, neurotypical capacities, etc. Ableism can take the form of ideas and assumptions, stereotypes, attitudes, practices, physical barriers in the environment, or oppression on a broader scale.

Colonialism: We refer to Western colonial systems of the 15th century, whose logic of dispossessing riches and exploiting the Indigenous peoples living on these lands were enacted together by the establishment of a racial hierarchy between colonizers and colonized people. Through this process, Western colonizers justified and limited violence by inferiorizing (in terms of culture, religion and more) and dehumanizing the Indigenous people on these lands. Our analysis of multiple oppressions shows that this historical process is still underway. As such, we consider Canada as a colonized and unceded territory. We also recognize the past and present genocide of the Indigenous population.

Intersectional feminism: Our analysis falls under the intellectual and activist framework created by African-American women (namely: Combahee River Collective, Patricia Hill Collins, Kimberlé Crenshaw) to describe the enmeshment and articulation of various systems of oppression. We recognize that girls with disabilities may be oppressed because of their class, gender, sexual identity, migrant status and more. We posit no hierarchy between these



various identities and lived experiences of oppression. Our intersectional feminism is political and aimed at the social emancipation of the most marginalized groups.

Girls with disabilities: Primarily refers to girls from birth to age 25.⁶ We do not ascribe to a binary or exclusive understanding of this gender identity. We consider all girls, including those who are trans, gender non-conforming and non-binary.

Cross-disability: Our definition of disability is broad, aims to be inclusive, and includes both visible and invisible disabilities, and also takes into consideration the shifting nature of disability. Without providing an exhaustive list, our understanding of disability includes people who live with learning disabilities (dyslexia, dyscalculia), visual impairments (blindness, vision loss), loss of mobility or reduced mobility, mental health disabilities (anxiety, depression, schizophrenia, bipolar, post-traumatic stress and other trauma), intellectual disabilities, developmental disabilities, speech disorders (stutter, aphasia, dysarthria, apraxia), eating disorders (bulimia, anorexia, orthorexia), chronic and episodic illnesses and pain (diabetes, epilepsy, migraines), environmental hypersensitivity, allergies, traumatic brain injuries, as well as people who are on the autism and neurodiversity spectrum and more. While recognizing that many Deaf people do not identify as having a disability, we nonetheless promote and work toward the inclusion of people who are Deaf and hard of hearing, in full respect of their identities.

Invisible disability: We are inspired here by the definition established by the Invisible Disability Project: “a disability that cannot be easily seen or measured; often discounted or not respected.”⁷ An invisible disability is often not recognized as a disability, and may not be seen as such by society in general or even within the

disability community. The Invisible Disability Project also notes the shifting nature of invisible disability depending on context and environment.⁸

2SLGBTQIAP+: Refers to people who are Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual/aromantic, pansexual and more.

Racialized: Refers to all people who were historically and socially subjected to the process of racialization. This process involved the social construction of differences (physical, physiological) between people and the establishment of a hierarchy of systemic privileges. These privileges vary based on social and political contexts. By “racialized people,” we mean people who are Indigenous, African, Caribbean, South American, Asian, and more. We also recognize the existence of systems of oppression between different racialized groups.

Systemic racism: Alexandra Pierre, for the *Ligue des droits et libertés*, says that “the primary definition of racism talks about the belief in biological, hierarchical races. Today, we have the mistaken idea that racism has disappeared or holds little sway because it’s been proven that races don’t exist. But the misunderstanding and hostility racialized people experience, and their differentiated living conditions and access to resources, persist” (translated from the French).⁹ As such, by systemic racism, we are referring to the systems (institutional, legislative and so on) that hamper the rights, freedoms and dignity of people based on their race (as socially constructed).

Adult domination over children: Our approach considers that girls with disabilities have a unique perspective. As such, we further consider “the idea that childhood, unlike biological immaturity,


might be a social construction.”¹⁰ We believe that children, girls and young women offer a perspective on society and human relations that’s important to take into account. We recognize the existence of an oppressive relationship between adults and children. With this in mind, we reaffirm the importance of an intersectional analysis of girls with disabilities based on their own specific experiences.



Erasure of girls with disabilities


In 2016, Canada's population included 3.4 million girls, or 9.4% of the total population and 18.7% of women.¹¹ The 2011 National Household Survey states that 7% of children in Canada are Indigenous; among Indigenous girls specifically, 65.7% are First Nations, 27% are Métis and 5% are Inuit.¹² Also in 2011, 23.9% of girls, or one out of five, were racialized; of these, 25.9% were South Asian, 19% Black and 16.7% Chinese.¹³ In that same year, 7.7% were immigrant girls who had been granted the right to live in Canada permanently.¹⁴ Lastly, less than 1% of girls and boys were non-permanent residents.¹⁵

In the year 2017–2018, 8,355 people were detained in immigration holding centres.¹⁶ Among them, 151 were under the age of 18, and of this number, 74 were girls.¹⁷ Of the 151 minors detained, 83 were age 0 to 5, 34 were age 6 to 11, and 34 were age 12 to 17.¹⁸ As well, according to Immigration, Refugees and Citizenship Canada, approximately 1,000 people each year receive a medical inadmissibility finding.¹⁹ In July 2017, in one case, a six-year-old girl was refused permanent residency due to her disability. The reason given was that her situation “might cause ‘excessive demand’ on health or social services in Canada.”²⁰



However, in April 2018, the Minister of Immigration, Refugees and Citizenship “announced changes to the medical inadmissibility provision of the *Immigration and Refugee Protection Act*.”²¹ While in 2017 the cost threshold for medical inadmissibility was \$33,275 over five years, or \$6,655 per year, in 2018, the government decided to raise the threshold to \$99,060 over five years, or \$19,812 per year.

Specifically in regard to children with disabilities, the Participation and Activity Limitation Survey 2006: Families of Children with Disabilities in Canada shows that 3.7% of Canadian children under the age of 15 “were reported as having one or more disabilities.”²² Of these children, 4.6% are boys and 2.7% are girls.²³ The study also shows that the rate of disability increases for each age category. As such, it is 1.7% for children age 0 to 4, 4.2% for children age 5 to 9, and 4.9% for children age 10 to 14.²⁴



Despite these many data, we found no recent data about girls with disabilities. There was a similar absence when we attempted to gather data about girls at the intersection of various social categories. For instance, the Native Women’s Association of Canada states that “upwards of 450,000 Indigenous people identify as having a disability, functional, or activity limitation, but it is unknown how many of those people are women, girls, or gender diverse because of inaccurate and insufficient data.”²⁵



The rights of girls with disabilities

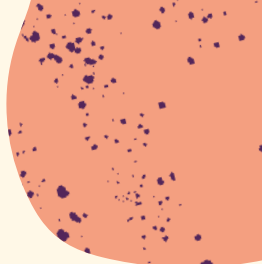
International rights

Canada ratified the United Nations Convention on the Rights of the Child in 1991.²⁶ We would like to recall some elements:

Definition of the child (Article 1): This principle defines a child as a person below the age of 18, unless the laws of a particular country set a younger legal age for adulthood.

Non-discrimination (Article 2): This principle states that no child should be treated unfairly on any basis. Children should not be discriminated against based on their race, religion or abilities; what they think or say; the type of family they come from; where they live, what language they speak, what their parents do, what gender they identify with, what their culture is, whether they have a disability or whether they are rich or poor.

Best interests of the child (Article 3): This principle places the best interests of children as the primary concern in making decisions that may affect them. All adults, including those who are involved in making decisions related to budgets, policy and the law, should do what is best for children. When adults make decisions, they should think about how their decisions will affect children.²⁷



Some other elements of the Convention also bear mentioning for our purposes. Articles 4 and 26 discuss the government’s responsibility: “The government has a responsibility to make sure [the] rights [of children] are protected” and must provide help if they “are poor or in need.”²⁸ Article 6 on the right to life, survival and development states that “children have the right to live. Governments should ensure that children survive and develop in healthy ways.”²⁹ Article 22 discusses the right to special protection for refugee children, and Article 23 states that children with disabilities have the right to special education and care.³⁰ As well, Article 30 states that children “have the right to practice [their] own culture, language and religion – or any [they] choose. Minority and indigenous groups need special protection of this right.”³¹

Canada also adopted two of the three optional protocols: the Optional Protocol on the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.³² The third protocol, which the government did not ratify, “sets out an international complaints procedure for child rights violations.”³³

Canadian girls and boys are also protected by the six other human rights treaties. The Canadian government has also ratified international conventions on human rights.³⁴

Lastly, it is the responsibility of the Interdepartmental Working Group on Children’s Rights, co-chaired by the Public Health Agency of Canada and the Department of Justice Canada, “to promote a whole-of-government approach to children’s rights and to encourage linkages among departments with policies that affect children.”³⁵


Canadian Rights

In Canada, the Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act of 1977 protect people with disabilities, including women and girls.

The Canadian Charter of Rights and Freedoms does not mention girls. The term “children” appears only in Article 23 regarding the right to education in the minority language, and the term “girl” is not used. The term “female persons” appears in Article 28, about equality between men and women. Lastly, Article 15 states that “every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.”³⁶

The Canadian Human Rights Act of 1977 guarantees rights to Canadian citizens protecting them from discrimination in the workplace and when receiving services. Among other things, “the Act prohibits discrimination based upon physical or mental disability.”³⁷

We note that nothing specific exists regarding girls with disabilities in Canada. They were represented only at the moment Canada ratified the Convention on the Rights of Persons with Disabilities (CRPD). In its preamble, the Convention recognizes that “discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,” and that people with disabilities are diverse.³⁸ It also recognizes that “women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse,



neglect or negligent treatment, maltreatment or exploitation.”³⁹ Further, it recognizes that children with disabilities “should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child.”⁴⁰

In Article 6, about women with disabilities, girls with disabilities are mentioned in paragraph 1: “States Parties recognize that women and girls with disabilities are subject to multiple discriminations, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.”⁴¹

Article 7, about children with disabilities, reads:

1. States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.
2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.
3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.⁴²

Lastly, Article 28, about adequate standard of living and social protection, in paragraph 2 (b), requires States Parties “to ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes.”⁴³

In summary, in Canada, girls with disabilities are barely taken into account. The literature shows that they are often reduced to the categories of underage women or children, which renders them invisible and marginalizes them.⁴⁴ While the CRPD, ratified by Canada in 2010, mentions girls with disabilities in Article 6 and recognizes their increased risk of violence and discrimination, “disabled girls and boys have been almost absent from its remaining text.”⁴⁵ In the texts that set out the rights of Canadian children, the lack of a gender-based perspective contributes to erasure. The experience of childhood is conveyed as a universal one, and girls with disabilities “as an invisible Other.”⁴⁶

Girls with disabilities: civil society’s forgotten people


It’s urgent to remember that within feminist social movements and those fighting for the rights of people with disabilities, adults form the starting point for demands, and in this sense, take part in the erasure of girls with disabilities.⁴⁷ A 2007 study from the UK shows that in fact the social model of disability⁴⁸ pays scant attention to children with disabilities.⁴⁹ It adds that girls’ experiences are particularly “devalued and ignored.”⁵⁰ Girls with disabilities are at the intersection of various oppressions, specifically those related to adult/child or minor/major relations.⁵¹

For this reason, our approach considers “the idea that childhood, unlike biological immaturity, might be a social construction.”⁵² As such, we respect the perspective of girls and we affirm the importance of an analysis conducted by and for them.





Violence




In 2018, the United Nations Population Fund stated that “cultural, legal, and institutional barriers render girls and young women with disabilities the victims of two-fold discrimination: as a consequence of both their gender and their disability.”⁵³ In 2017, UN Women stated that some 15 million girls in the world, “have experienced forced sex (forced sexual intercourse or other sexual acts) at some point in their life.”⁵⁴ UN Women also notes that three out of four child trafficking victims are girls.⁵⁵ Specifically concerning girls with disabilities, it reports that an investigation conducted in Uganda in 2014 showed that 24% of girls with disabilities age 11 to 14 said they had been subjected to sexual violence at school, compared to 12% of girls without disabilities.⁵⁶ A 2016 study confirms that girls with disabilities are exposed to double violence resulting from the vulnerability associated with their young age and with their disability.⁵⁷ Violence includes “forced or coerced sterilization [...] and being refused assistance with personal hygiene from caregivers and assistants, who may also withhold assistive devices that these girls need for mobility and/or communication as part of attempts to control the individual.”⁵⁸

In our literature review, we did not find Canadian statistical data indicating the rate of girls with disabilities subjected to violence.

However, we know that in Canada, in 2014:

- 1) "Among victims of violent crime, women with a disability were almost twice as likely as women without one to have been victimized more than once in the 12 months preceding the survey."⁵⁹ But also, "Women with a disability were nearly twice as likely as women without a disability to have been sexually assaulted in the past 12 months."⁶⁰
- 2) Age remained the principal factor associated with being subjected to violence. "The rate of violent victimization was highest among people aged 20 to 24 (170 incidents per 1,000 population) and then dropped considerably beginning at age 30."⁶¹ This rate was particularly high among Indigenous women.⁶²



From these various data, we can infer that girls with disabilities are at particularly high risk of being subjected to violence in Canada. An American study from 2012 estimates that girls and boys with disabilities are at 1.4 times the risk of being subjected to various forms of mistreatment compared to girls and boys without disabilities.⁶³ An American study on sexual violence against girls and boys with disabilities, conducted in 2013, also shows this prevalence.⁶⁴ Yet another American study, this one from 2010, affirms that teens with long-term physical disabilities are more likely to have been forced to have sexual relations than those without physical disabilities.⁶⁵ These various studies also demonstrate the lack of institutional resources aimed at addressing this issue.


Violence against girls with disabilities at the intersection of oppressions

Recent data on the experiences of violence against girls with disabilities are rare, and few studies take a perspective that interrogates the enmeshment of various systems of oppression. Still, a British study that looks at various cases of Black girls with disabilities who were sexually assaulted affirms that these girls are more likely to be subjected to violence than non-racialized girls.⁶⁶ In the Canadian colonial context, a 2016 article highlights similar facts, and states that Indigenous girls and women with disabilities are “particularly vulnerable and thus even bigger targets of sexual predators.”⁶⁷ Another study, in 2017, unequivocally declared that “Indigenous children with disabilities are one of the most oppressed and marginalised groups in Canada.”⁶⁸ The risk of being victimized is increased because of ableism, racism, sexism and neocolonialism.

Refugee girls are also at high risk because of their migrant status. The Canadian Council for Refugees informs us that

application processing time and the lack of laws ensuring their protection increase risk of violence for these girls, particularly in the form of human trafficking.⁶⁹ Lastly, an Austrian study from 2018, also dealing with girls with disabilities who hold refugee status, corroborates the statement that the many “prejudices and discriminations” they encounter place them at a higher risk of violence.⁷⁰


In 2017, UN Women stated that some 15 million girls in the world, “have experienced forced sex (forced sexual intercourse or other sexual acts) at some point in their life.”



The study mentioned earlier on Black girls with disabilities also states:

The simultaneous effects of disability, race and gender oppression are in operation here to construct a particular response that denies and negates her experience. These factors should be understood not as separate entities, but as interlocking within the complex set of power relationships that black disabled children have to negotiate, to gain support and protection.⁷¹

Let's remember that these girls grow up in families that are themselves also subjected to structural racism. Their violence comes in addition to that experienced by their loved ones.

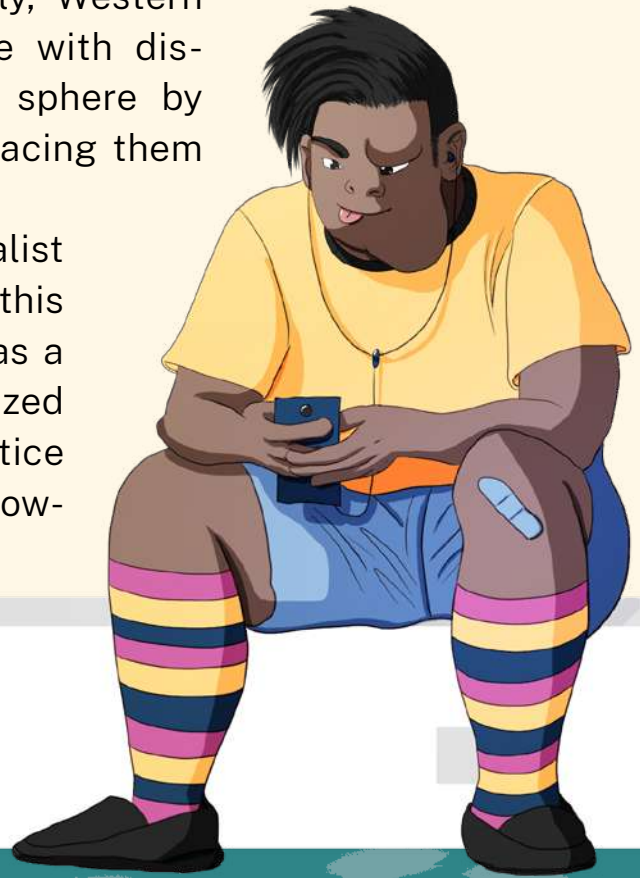


Incarceration of girls and young women with disabilities

In 2019, Alter Justice stated that “the fastest-growing prison population in Canada is racialized women.”

In an ableist society, disability is intrinsically linked with incarceration. Within our organization, we consider that incarceration is not limited to the imprisonment of people following court decisions. We broaden the definition of incarceration to include the placement of people, consenting or otherwise, into institutions that limit their human rights, their living conditions and their dignity. Let’s not forget that historically, Western societies excluded people with disabilities from the public sphere by limiting their access or placing them in institutions.⁷²


In a racist and colonialist society, incarceration, in this case via court decision, has a singular impact on racialized women. In 2019, Alter Justice stated that “the fastest-growing prison population in Canada is racialized women.”⁷³ The group specifies



that Indigenous, Black and South Asian women are the most heavily represented in incarcerated populations.⁷⁴ Alter Justice added that Canadian systemic racism contributes to further criminalizing them.⁷⁵

Young women and girls are unfortunately not spared these types of institutional violence. An American study conducted in 2018 shows that by categorizing students as being unable to absorb knowledge and respect authority, based on a norm established around the figure of the able-bodied white man, school systems already criminalize and categorize children and teens who could potentially be dangers to society.⁷⁶ These young people then find themselves expelled from the school system and directed toward the school-to-prison pipeline. In other words, the school system identifies “bodies as unwanted and in need of redistribution in less visible spaces.”⁷⁷ The study also reveals that this phenomenon particularly affects racialized girls with disabilities.

In other words, the school system identifies “bodies as unwanted and in need of redistribution in less visible spaces.” The study also reveals that this phenomenon particularly affects racialized girls with disabilities.



The 2019 report of the United States Commission on Civil Rights also denounces this discriminatory practice.⁷⁸ The report notes that “in a longitudinal study of nearly one million middle school students in Texas [...] black students had a 31 percent higher likelihood of a school disciplinary action, compared to otherwise identical rates for Latinx and white students.”⁷⁹ The study adds that, country-wide, Black students with disabilities are four times more likely to be suspended and twice as likely to be expelled as white students with disabilities.⁸⁰ The study also looked at the prevalence of Indigenous students with disabilities, who are “almost 3.5 times more likely to receive multiple out-of-school suspensions and three times more likely to be expelled compared to white students with disabilities.”⁸¹ These young people, once expelled, are often oriented toward the school-to-prison pipeline. The criminalization of young racialized people is a practice that’s also common in Canada. A Canadian study on state racism and violence against Black people, conducted in 2018, mentions the case of a six-year-old Black girl in Mississauga who was handcuffed by police at school because she was deemed too violent.⁸² This work shows how Black people, living in a racist society, are criminalized from a very young age.


Incarceration related to the tensions surrounding immigration also affects migrant and non-status girls and young women. The Canadian Council for Refugees decries the presence of children in detention centres.⁸³ They specify that in the year 2018–2019, Canada detained more than 118 children.⁸⁴ They also denounce a practice not reflected in the statistics, but nevertheless increasingly common, which is “the increasingly common practice of family separation as a result of immigration detention.”⁸⁵ These children, criminalized because of their migrant status, are

increasingly detained in especially violent and traumatizing conditions. An open letter signed by more than 2,000 health professionals in Canada points out that these detention conditions will have harmful consequences on their health and may result in them living with disabilities.⁸⁶ The letter declares that

In Canada, immigration detention of both adults and children, and family separation, have been a long-standing and grave concern. Canadian research and reports have repeatedly shown the severe mental health impacts of even short-term detention on both adults and children, including elevated rates of depression, anxiety and PTSD symptoms in adults. Children also suffer severe symptoms such as regression of developmental milestones, sleep disruption, anxiety and depression.⁸⁷

Their observation shows that the Canadian state's treatment of non-status people voluntarily compromises the international rights of children and knowingly produces disabilities that particularly affect children from within the most marginalized groups of people.

The incarceration of girls and young women with disabilities, or who become disabled because of their experiences, is thus an important issue. However, it remains invisibilized and only oc-




the Canadian state's treatment of non-status people voluntarily compromises the international rights of children and knowingly produces disabilities that particularly affect children from within the most marginalized groups of people.

asionally considered by civil society, political entities and researchers. Let's also note that in a racist, colonial and anti-migrant system, girls and young women who are Indigenous, Black and racialized are at greater risk of being subjected to these discriminatory practices.

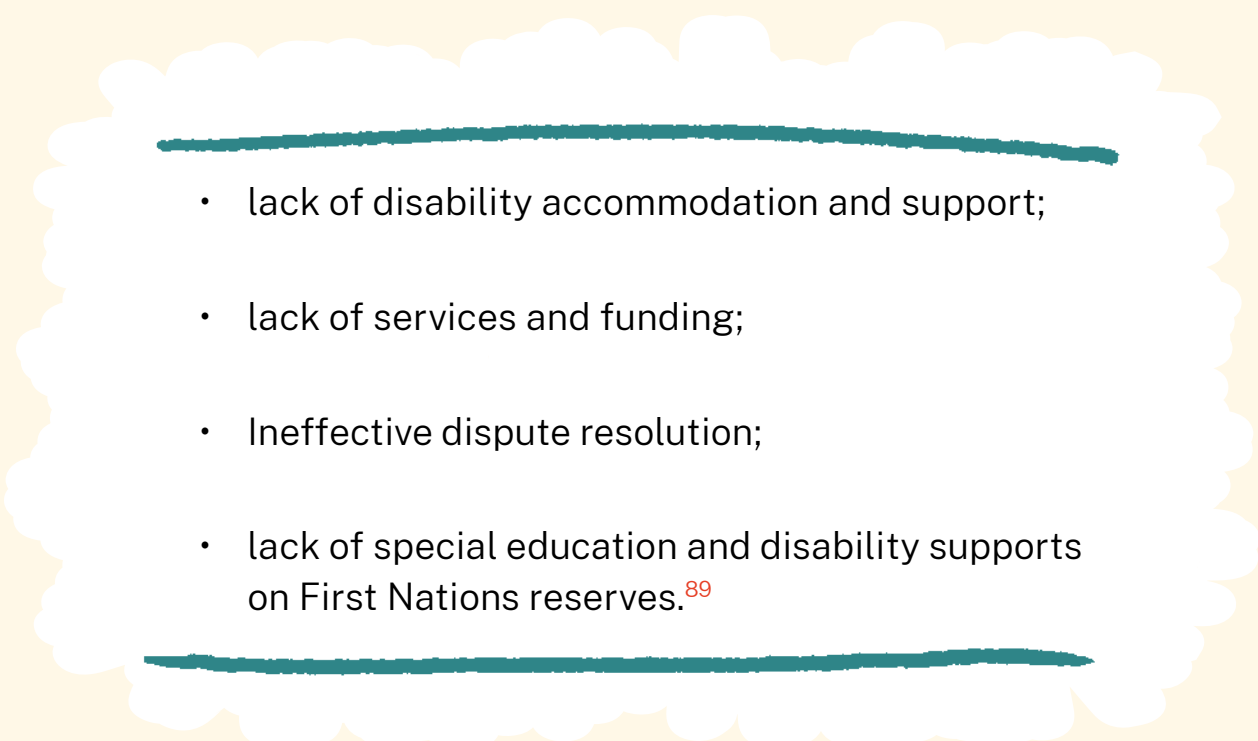
Schooling for girls and young women with disabilities





In our report, *More Than A Footnote: A Research Report on Women and Girls with Disabilities in Canada*, we state that schooling is a priority for girls and young women with disabilities because it has a concrete effect on their adult lives. The specific obstacles faced by some groups of girls and young women with disabilities during their schooling contribute to marginalizing them in their adult lives. We specifically see these effects in girls and young women with intellectual disabilities and episodic disabilities. A 2011 Canadian study shows that girls with disabilities face obstacles in pursuing their post-secondary studies because of their gender and disability.⁸⁸

In Canada, schooling is inaccessible to girls with disabilities. The Canadian Human Rights Commission (CHRC) has set out four obstacles that hinder their participation:

- 
- lack of disability accommodation and support;
 - lack of services and funding;
 - Ineffective dispute resolution;
 - lack of special education and disability supports on First Nations reserves.⁸⁹

Many girls and young women with disabilities are thus constrained, unable to take the courses of their choosing and unable to use their full potential.

Many infrastructures remain inaccessible, and accommodation measures are few and far between. Many girls and young women with disabilities are thus constrained, unable to take the courses of their choosing and unable to use their full potential.

The 2011 study also shows that school staff behaviours can be an obstacle to the schooling of young women with disabilities.

Compared to “their peers who do not have disabilities, students also reported that they felt misunderstood by their professors”; study participants said that school staff should be “more sensitive towards disability issues. Accepting differences and treating all students equally by breaking free from certain prejudices and stereotypes were seen as crucial points that needed to be addressed to overcome hidden attitudinal barriers.”⁹⁰

The lack of funding for public services has notable consequences on the accessibility of schools. It’s also important to note the lack of funding mechanisms and accommodations for girls and boys with disabilities. While these costs vary depending on the person and the disability, it remains that additional expenses must often be incurred for tutoring services, transportation and note-taking, as well as interpreters, readers and Braille translators.⁹¹

As for access to programs and services provided on Indigenous community reserves, our report shows that their funding is inequi-

Concretely, this means that students with disabilities who live on reserve do not have access to support and services to the same degree as students who live off-reserve.

table and discriminatory as compared to the funding for the same programs and services off-reserve, particularly when it comes to special support for schooling and for disabilities. Concretely, this means that students with disabilities who live on reserve do not have access to support and services to the same degree as students who live off-reserve.⁹²

It's important to note the federal government's role in providing schooling support on reserves. Recent measures taken by the government to enhance the schooling of First Nations children (from kindergarten to grade 12) shed light on this obstacle. The main results from the consultation process were the determination of priority issues such as increased funding, including for programs to support people with disabilities, and increased support for students, particularly students with disabilities. Some elements are of particular interest; for instance, the need to help First Nations children who are dealing with trauma, the availability of mental health support, anti-bullying efforts, and suicide prevention.⁹³

For geographic reasons, in the Canadian context, girls and boys with disabilities say they have more difficulty accessing special support for their schooling in rural settings than in urban ones.⁹⁴

When it comes to girls and boys with disabilities in Canada, it's important to note the lack of national tools that would make it possible to monitor the progress and experiences of children with disabilities. This is a serious gap that we must address, both in general and from a gendered perspective. What we do know shows us that we need more research to explore the experiences of children with disabilities. For example, among children with intellectual disabilities, 22.5% must attend school outside their communities, and 30% say that separate schools and classes are their only options.⁹⁵

There are obvious gaps in the literature when it comes to taking a gendered perspective to analyze the question of schooling, there are even more gaps when we want to understand the realities of girls and young women with disabilities who find themselves at the crossroads of multiple systems of oppression.⁹⁶ As we saw in the previous section, the research shows that racialized students are more likely than white students to be punished in school.⁹⁷ This factor must absolutely be taken into account, because it highlights the other ways in which the intersections of different systems of oppression (racism, colonialism, sexism, etc.) contribute to policies and programs that marginalize the most vulnerable girls and young women with disabilities in Canadian society.



Bullying

The Canadian Human Rights Commission has determined that in Canada, one out of four people with disabilities say they have been bullied because of their disability, and 25% of people with disabilities say they've been avoided or left out in school because of their disability.⁹⁸

While people with disabilities in general report bullying and exclusion, if we examine the reports made specifically by girls, we note that girls have unique needs. There are no works published on children, victimization, bullying and minority status, but Canadian research shows an intensification of incidents targeting girls and boys with disabilities in junior high school, more specifically children on the autism spectrum who are pushed and assaulted in various ways.⁹⁹ We must also underscore that victimization may be intensified due to intersectional characteristics. For example, in a Canadian study, an autistic girl of Sri Lankan descent was targeted by bullies because of her perceived intelligence and abilities, but also because of her physical appearance, her language and the colour of her skin.¹⁰⁰ This case, far from being an isolated case, illustrates how girls with disabilities are victimized and girls who belong to more than one minority group can be victimized on multiple grounds.

Repercussions on post-secondary studies

Again according to the research, we carried out for our More than a Footnote report, if we look more closely at post-secondary studies, we note that the oppressions demonstrated in the previous sections have repercussions: .

- From a demographic point of view, we know that university students with disabilities in Canada are more likely to be women and are less likely to identify as Indigenous than students with disabilities at other levels of schooling.¹⁰¹
- In Canada, women with disabilities age 25 to 54 are more likely (18.3%) to report they have no certificate, diploma or degree as compared to women without disabilities (8.3%)¹⁰².
- Women and men with intellectual disabilities are also four times more likely (53.6%) to not have finished their high school studies than adults who have no intellectual disabilities, while only 18.9% of people with intellectual disabilities report having a high school diploma.¹⁰³
- Women with disabilities in Canada also indicate that their experience of post-secondary studies is different because of their disabilities. As such, according to Statistics Canada in 2017, “among women with disabilities aged 25 to 34 who had attended school in the past five years, half reported that they took fewer courses or subjects (50.6%), that it took them longer to achieve their present level of education (50.2%), and that their choice of courses or career was influenced (49.6%) because of their condition.”¹⁰⁴

Research from the Canadian Human Rights Commission also notes that most women with disabilities had done part-time studies because of their disability (38.2% of women with disabilities), experienced lengthy breaks from their studies because of their disability (29.3% of women with disabilities), and were obliged to take correspondence courses (16.7% of women with disabilities).¹⁰⁵

Existing policies can create particular disadvantages for people who have episodic disabilities. A reduced course load, necessary during periods of disability, can lead to major financial repercussions, because often people who engage in part-time studies are not eligible for student bursaries, other types of funding or placement services; this in turn can have consequences on their job opportunities.

Research shows that access to educational institutions and to hands-on experience is different for girls and women with disabilities.¹⁰⁶ Their experiences show the need to put into place policies and programs that take gender and intersectionality into consideration, especially because schooling is a key determinant of health, which in turn has a strong correlation with other positive results in life. Schooling, including post-secondary studies, is thus of critical importance to people with disabilities.

An illustration of a muscular woman with long dark hair, wearing a purple and green sports top and shorts, striking a bodybuilding pose with her arms raised. She is standing on a pink curved shape against a teal background with a white geometric pattern on the left.

Rural areas: focus on Indigenous girls and young women with disabilities

The intersectional analysis that structures this report leads us to take an interest in the most marginalized girls and young women in rural environments: Indigenous girls and young women with disabilities living on reserves, far from major urban centres. In 2016, Statistics Canada indicated that more than one third of First Nations women lived on reserves and nearly three quarters of Inuit women lived on traditional territories.¹⁰⁷ The study also specified that Métis women and girls are more likely to live in rural areas: 27% of Métis women compared to 17% of non-Indigenous women.¹⁰⁸ As well, the study showed that the median age of Indigenous women is younger than that of non-Indigenous women. Lastly, it showed that Indigenous women are more likely to have a diagnosed chronic health problem than non-Indigenous women; according to the Canadian Survey on Disability, 22% of Indigenous women age 15 and over (excluding those on reserve) “reported having a disability that limited their daily activities,” compared to 15% of non-Indigenous women.¹⁰⁹

According to the Native Women’s Association of Canada (NWAC) report entitled *Accessibility and Disability for Indigenous Women, Girls, and Gender Diverse People*, the colonial system of oppression and the experience of disability cannot be understood outside structures of domination: “Indigenous people are more susceptible to living with a disability because of the current social and political atmosphere and the impact colonization has had and continues to have on Indigenous communities.”¹¹⁰ As well, in the words of one NWAC survey participant, “The current approach to accessibility erases difference. Those of us who need a kind of accessibility that cannot be universalized are left out, penalized, or the burden to accommodate is on us.”¹¹¹

Indigenous girls and young women with disabilities living on reserves experience the consequences of ongoing colonial oppression on the part of the current Canadian government. According to

the NWAC report, these areas are particularly affected by poverty and malnutrition.¹¹² Statistics Canada confirms that the median income of Indigenous women is lower than that of their non-Indigenous counterparts.¹¹³ NWAC also denounces precarious housing conditions: in 2011, 11% of Indigenous women and girls lived in an overcrowded home, while that was only true for 4% of non-Indigenous women and girls.¹¹⁴

NWAC also shows how climate has consequences on their overall health and contributes to developing disabilities.¹¹⁵ As well, reserves located far from urban centres face a serious lack of nearby public services, and the NWAC report previously cited showcases the lack of “access to quality health care systems and affordable specialized equipment, especially mental health services and programming” that oblige people who need health care to leave their family and home environments.¹¹⁶

Various studies show how the lack of hospitals and specialized health services on reserves help reproduce historic colonial oppression, in particular forcing children with disabilities who need care to be hospitalized in institutions far from their homes, which can have disastrous consequences.¹¹⁷ Recall the story of the young Indigenous boy, Jordan River Andersen, born in 1999 with severe health complications.¹¹⁸ From birth, he was hospitalized far from his family, because no hospital was located near the reserve where his parents lived. Two years after his hospitalization, the doctors judged that he was healthy enough to receive in-home care. But disagreements between the provincial and federal governments on coverage for the costs of this home care prevented young Jordan from living with his family for two additional years. Jordan died at the age of five in the hospital, without his parents and having never lived with his family. This scandalous story gave rise to Motion 296, Jordan’s Principle, adopted unanimously in 2007 in the House of Commons. According to Indigenous Services Canada, “Jordan’s Principle makes sure

all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can

In light of all these elements, we understand that Indigenous girls and young women with disabilities living on reserves far from urban centres experience major systemic barriers.

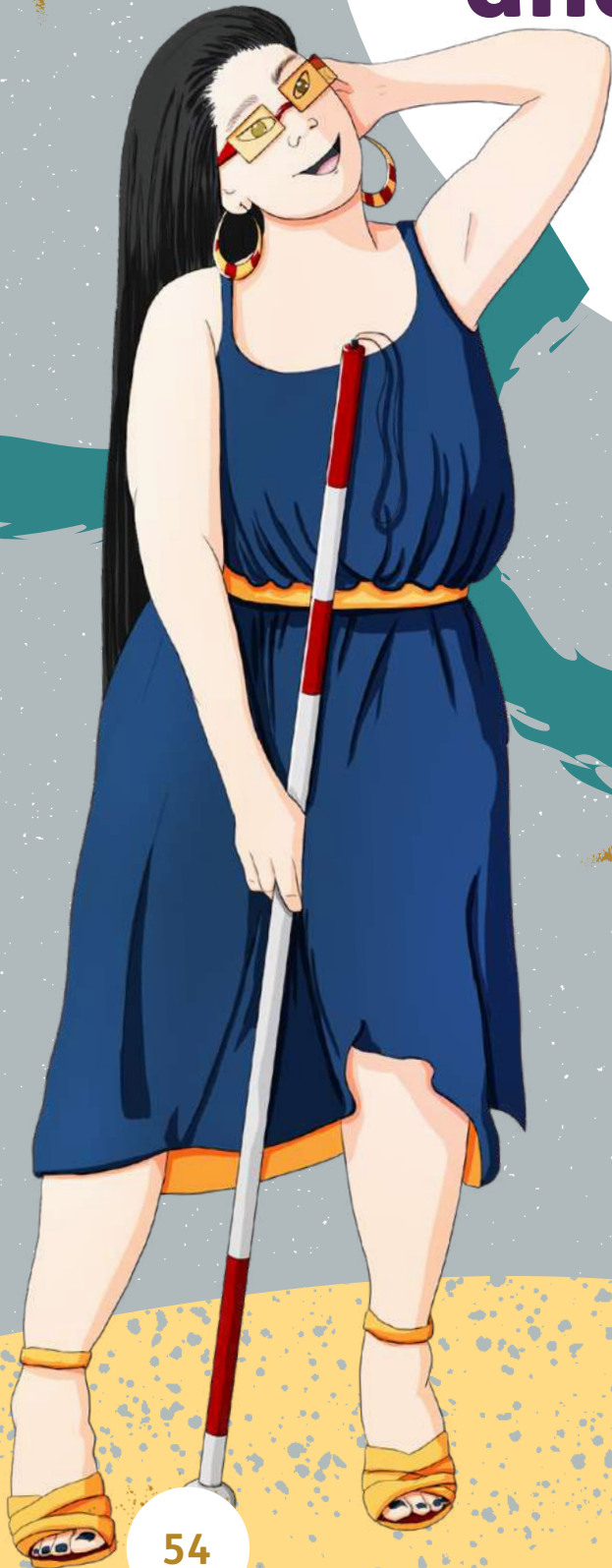
help with a wide range of health, social and educational needs.”¹¹⁹


However, the National Enquiry into Missing and Murdered Indigenous Women and Girls specifically recommends developing health systems based on their ancestral knowledge and on the expertise of Indigenous women’s organizations to help hospitalized girls and boys avoid family separation and its consequences.¹²⁰

In light of all these elements, we understand that Indigenous girls and young women with disabilities living on reserves far from urban centres experience major systemic barriers. Disability is heavily bound up with the historic process of colonization, and systemic discrimination against Indigenous populations

living on reserves perpetuates this process by keeping these populations in precarious conditions due to government choices that impact their socio-ecological environments and due to lack of access to public services. While the data about girls and young women with disabilities living on reserves is sparse, we believe it is urgent to learn about their experiences and realities and to consider them in mechanisms that support access to rights.

Sexualities and reproductive rights





In the 2018 DAWN Canada More Than a Footnote report, we affirm that “girls with disabilities remain the group least likely to have access to sexual and reproductive rights.”¹²¹ They are “perceived largely as both asexual and undesirable,” and seen as fetish objects.¹²² As such, according to the UNFPA’s 2018 international report, Young Persons with Disabilities: Global Study on Ending Gender-based Violence and Realizing Sexual and Reproductive Health and Rights, it’s considered unnecessary to inform and educate these girls on the topic; and worse, their decisions are considered not credible and are not respected.¹²³

Still, the report affirms that they have the same needs as non-disabled people and are just as concerned with sexuality, romantic relationships, and questions of identity as any other young person. The report also found:

- That teens with disabilities “feel socially isolated and lack social confidence and sexual self-esteem.”¹²⁴ The stigma of disability has a major impact on the self-esteem of girls and young women with disabilities. According to the literature, many teenage girls with disabilities report that “the need to be loved was more important for them than was practicing safe sex.”¹²⁵
- Girls and young women with disabilities have the least knowledge about their reproductive rights and sexuality.¹²⁶
- Their level of knowledge varies depending on the disability.¹²⁷
- They have a low level of sex education about HIV transmission and risky sexual behaviours.¹²⁸
- Teens with disabilities have a low level of use of condoms and contraception.¹²⁹
- Despite the risk, teens with disabilities have a lower incidence of STI testing than their non-disabled peers and have lower access to family planning services.¹³⁰

An Australian study from 2017 found that, the social isolation of teens with intellectual disabilities contributes to their lack of knowledge about sexuality.¹³¹ This study also found that the existing sex education resources addressed sexuality in a conservative, biological, ableist and heteronormative way for these teens. Subjects such as “sexual pleasure, love, intimacy, and desire” were mostly absent.¹³² As well, a 2017 literature review report commissioned by the United Nations Office of the Special Rapporteur on the Rights of Persons with Disabilities about the reproductive rights of girls with disabilities states that the topics mainly addressed in sex education programs in schools are “personal hygiene, sexual abstinence and sexual abuse [...], while other topics related to contraception, sexual activity and sexual identity are relatively neglected.”¹³³ This same report informs us that young people with disabilities would prefer to have sex education on topics such as friendships and intimate and sexual relationships.¹³⁴

We also learn that various professionals lack the appropriate resources and training to meet the needs of girls and young women with disabilities.¹³⁵ As well, young women and young men with disabilities,

Young people with disabilities would prefer to have sex education on topics such as friendships and intimate and sexual relationships.

particularly intellectual disabilities, are overprotected by their carers.¹³⁶ Carers consider them to be “eternal children” and underestimate their emotional, romantic and sexual agency.¹³⁷ As a result, young women and young men with intellectual disabilities are subjected to increased control, which as a consequence hinders their access to private and intimate spaces and as such limits their opportunity to develop their sexualities in a safe way.¹³⁸

This discomfort around the sexuality of girls and young women with disabilities is also addressed in the 2018 UNFPA report, which indicates that “parents, teachers, and health-care providers report feeling anxious, untrained, and unconfident about discussing sexuality with children and adolescents with disabilities, particularly children and adolescents with intellectual disabilities.”¹³⁹ As such, many parents, supported by care workers, want their children to have platonic relationships and even go so far as to think “they should not be sexual at all.”¹⁴⁰ But as a South African study from 2014 attests, young women and men with disabilities perceive themselves as “capable of experiencing romantic love and forming loving relationships.”¹⁴¹

Comprehensive sexuality education

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO), “there is an urgent need for quality comprehensive sex education.”¹⁴² As such, it goes further than simply conveying knowledge about reproduction, risky behaviours and sexually transmissible infections (STIs); it also addresses the “cognitive, emotional, physical and social dimensions of sexuality.”¹⁴³ The Fédération du Québec pour le planning des naissances (FQPN), Québec’s family planning federation, in fact states that comprehensive sexuality education is an education about interpersonal relationships, positive personal development and risk prevention.¹⁴⁴

According to UNESCO, the objective of comprehensive sex education is to help girls and boys, and young women and men, to acquire knowledge that will

empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.¹⁴⁵

The FQPN's research work shows that comprehensive and inclusive sex education provides concrete results. Here are a few:

- A significant reduction in risky sexual behaviours;
- Better ability to make one's own choices regardless of social pressure;
- More frequent use of protection (condom);
- A reduced prevalence of STIs and human immunodeficiency virus (HIV) among young people;
- Better quality (satisfaction) reported by young people regarding their first sexual experiences.¹⁴⁶

Comprehensive sex education provides teaching tailored to the teens receiving it. As such, it takes a different approach than a moralizing discourse, and provides a nuanced perspective on what sexuality is. It aims to “present sexuality with a positive approach, emphasizing values such as respect, inclusion, non-discrimination, equality, empathy, responsibility and reciprocity.”¹⁴⁷ It helps young people become autonomous by improving their sexuality-related analysis skills and, above all, by taking their opinions into account.

Reproductive rights and sexual health

Our last report, *More Than a Footnote*, indicates that in Alberta, 1,154 women with disabilities were sterilized for eugenics reasons, and nearly 40% of these sterilizations were performed after 1955.¹⁴⁸ A significant number of women with disabilities were thus sterilized only with parental consent, and this historical legacy still has consequences on girls and young women with disabilities.¹⁴⁹

On the international scale, the 2018 UNFPA report corroborates this state of affairs, and says that women and girls with disabilities

are disproportionately forced into sterilization.¹⁵⁰ Parents, caregivers and professionals see this as an attempt to “reduce the added care burden caused by management of menstruation and as an effort to prevent pregnancy.”¹⁵¹ The study even shows that one of the reasons given to justify this practice is to “protect them from becoming pregnant if they are raped.”¹⁵² Contraception for young women with disabilities is often done by injection or intra-uterine device, irrespective of their consent and foremost in order to facilitate the work of caregivers.¹⁵³ Some are also subjected to non-consensual abortions.¹⁵⁴

In DAWN Canada’s speech before the Senate Standing Committee on Human Rights, we also shared our concern with the use of products prescribed to women with disabilities before they are approved as contraceptive methods in Canada.¹⁵⁵ One of the most troubling things we have encountered is the practice that consists of applying “treatments” to hinder growth, commonly called Ashley treatments, to children with complex disabilities and health problems in the aim of keeping them small. The Ashley treatment includes procedures such as administering high doses of estrogen, hysterectomies and the surgical removal of breast buds. While this practice seems more frequent in the United States, it has spread to other countries, and it’s difficult to assess the situation in Canada. However, we know that in 1986, the Supreme Court of Canada encountered an unprecedented case on this subject. Mrs. E. asked the Supreme Court of Prince Edward Island to authorize her to consent to the sterilization of her adult daughter Eve, who was mentally and intellectually disabled. The sterilization request

was not for therapeutic purposes, but because “Eve might innocently become pregnant and consequently force Mrs. E., who was widowed and approaching sixty, to assume responsibility for the child”; it was rejected.¹⁵⁶

Forced sterilization and systems of oppression

In 2007, a Canadian study revealed that Depo-Provera, a contraceptive injection, was regularly prescribed to young women with intellectual disabilities in response to family members’ and care workers’ concerns about unwanted pregnancies and menstrual hygiene.¹⁵⁷ The study also showed that more Indigenous, Black, racialized and immigrant women were given this product than white women.

It’s important to note that forced sterilization is closely linked to eugenics and aims to organize types of individuals into hierarchies and determine who gets to exist. As such, it is based on the oppressive logics of ableism that created the concept of deviance, focusing on what is lacking in terms of physical, physiological and other abilities; on bodies considered to be against nature, meaning that don’t match Western physical standards; and thus on who can be oppressed and limited. As a result, DAWN considers forced sterilization as a concrete expression of the ableist system that also makes it possible to implement practices that are racist, colonialist, cisnormative and more.

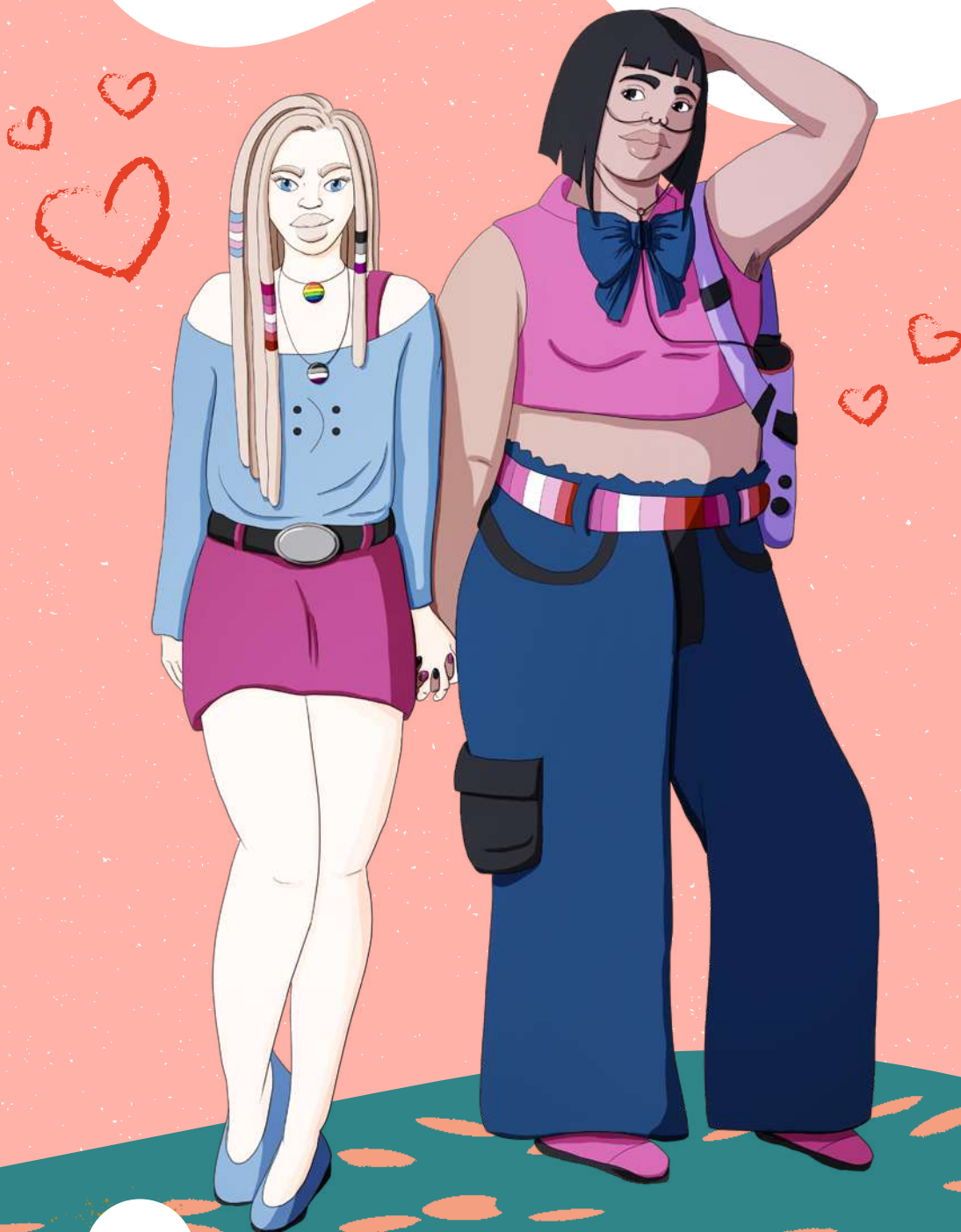
We know that racism and ableism are deeply entwined with one another. It’s very useful here to recall that the eugenics movement, in the United States and Canada, was related to the white supremacist idea of the “degeneration of the white race,” among other things causing an unthinkable number of Black women to undergo non-consensual sterilizations in the time of slavery and colonization; these practices still persist today. The researcher Shamera Threadcraft, in her 2016 work on intimate justice and Black women’s bodies in the United States, shows the prevalence


of these practices.¹⁵⁸ The Canadian situation is unfortunately no better, as reported by Professor Josephine Etowa before the Senate Standing Committee on Human Rights on May 15, 2019. She shared a study that was conducted on the health of Black women in Nova Scotia that brought together 237 personal narratives and revealed that hysterectomies are still being practiced at concerning rates. She said, “They started telling us their personal stories of how women in their community, especially those with dark skin colour, every time they went to the doctor, even in their early 20s, hysterectomy was one of the answers to whatever problem they went to the doctor for.”¹⁵⁹

Forced sterilization is also a problem faced by trans and intersex people. Alexandre Baril, a professor at the University of Ottawa, reported in 2013 that the Canadian state was forcing trans people who wished to have their gender recognized on official documents (passports, driver’s licenses and so on) to undergo modifications to their genital organs that necessarily result in the suppression of their reproductive capacities.¹⁶⁰ In her speech, also on May 15, 2019, before the Senate Standing Committee on Human Rights, sociologist and anthropologist Morgan Holmes, a representative of the anti-homophobia, biophobia and transphobia group Egale Canada Human Rights Trust, also spoke out against the forced sterilization of intersex people, particularly children.¹⁶¹ She denounced the paradox of paragraph 268(3) of the Criminal Code, which, while forbidding female genital mutilation, authorizes surgical practices on intersex children that remove their reproductive abilities without consent and with impunity.

Given these various data, we can see that girls with disabilities facing various systems of oppression are at higher risk of having their reproductive rights limited and are more likely to be subjected to forced sterilization.

Gender identity and sexual orientation





In a Canadian study conducted in Toronto in 2012, people from the ages 17 to 26 with intellectual disabilities and who identified as 2SLGBTQIAP+ spoke of how parents and health professionals controlled this aspect of their lives, and told of the resulting negative impacts on their private, romantic and sexual lives.¹⁶² Just as with sexuality, family caregivers and health professionals were uncomfortable discussing gender identity. This discomfort has major consequences, as it becomes an obstacle to building safe and healthy spaces for youth with disabilities. The lack of information resulting from this taboo can lead people to adopt behaviours that are less safe for their health and well-being. This same study also showed that the individuals under study are at higher risk of contracting HIV. For these many reasons, it is important to consider the various identities of young people with disabilities and to be especially attentive to their specific needs.

It is also critical to be attentive to their experiences. An American study carried out in 2011 analyzing about a dozen studies on young people with disabilities who identify as LGBT, set out that LGBT young people with disabilities experience discrimination based on their sexuality, gender, sexual identity and disability.¹⁶³ This discrimination is experienced in various spaces, including at “school, in the workplace, in supported living programs, within the LGBT community, and in general society.”¹⁶⁴

This same study showed that specialized education programs for teens with disabilities rarely include subjects related to LGBT people. The study also revealed a lack of positive LGBT role models with disabilities.

As well, in keeping with information mentioned earlier, the study says that many students with intellectual disabilities and multiple disabilities receive sex education that does not match their actual needs; that some are even excluded from this education entirely; and that when education programs exist, only the heterosexual model is considered. The analysis shows that this lack of information has consequences on the sexual health of the people in question.

Lastly, the study also shows that innovative aid and specialized education programs that are inclusive and LGBT-friendly help LGBT young people with disabilities to develop their identities in positive ways. These programs also help to “develop positive queer identities, resist “normalizing” pressures applied by heterosexist and/or homophobic educators, caregivers, and disability service providers, and actively participate in LGBT communities.”¹⁶⁵

Lastly, the study also shows that innovative aid and specialized education programs that are inclusive and LGBT-friendly help LGBT young people with disabilities to develop their identities in positive ways.



Self-esteem and body image

According to Raya AlJadir, in a 2015 Disability Horizons essay,

Confidence issues can apply to everyone, disabled or not. But there is a very different dilemma that many disabled people endure. It is a natural human instinct to love yourself, but what happens when your body shape or image fails to meet the idea of what is supposed to be “liked,” let alone loved[?] You become trapped in [a duel] of dislike and love — an internal conflict within you that eventually destroys your self-confidence, leading to possible isolation even when surrounded by many.¹⁶⁶

Historically, the bodies of women and girls with disabilities, whose bodies may be different from the “social norm”, have been inferiorized, and they continue to be within contemporary Western societies.¹⁶⁷

The quote above also showcases how the ableist system produces negative representations of the bodies of girls and young women with disabilities.¹⁶⁸ Forced to manage living in bodies that are both desexualized and hypersexualized via fetishization, girls and young women with disabilities encounter problems with developing a positive body image.¹⁶⁹ The Western construction that dictates how women’s bodies should be is in fact established around the figure, established by the white patriarchy, of a woman who is “white, thin, tall, young, and full-breasted, with some visible muscle tone.”¹⁷⁰ This body norm, seen as an ideal to be reached, is broadly disseminated in Western popular culture.¹⁷¹ The propaga-

tion of these images contributes to conveying the stereotyped representation of a “normal’ female body” as including “the presence of high cheekbones, even skin tones, long legs, and the absence of fat, wrinkles, physical disabilities, and deformities.”¹⁷²

A Canadian study shows that body image holds a central role for pre-adolescent girls, and that these girls develop anxiety and dissatisfaction with their own bodily development.¹⁷³ The 2011 report of the Girls Action Foundation corroborates these observations, saying that Canadian girls are more dissatisfied with their bodies when they become teenagers and that 59% of girls in grade 7, 75% of girls in grade 9 and 77% of girls in grade 10 would like to change their bodies.¹⁷⁴

"Forced to manage living in bodies that are both desexualized and hypersexualized via fetishization, girls and young women with disabilities encounter problems with developing a positive body image."



We can see that being socialized in an environment that's unlikely to put forth positive messages about bodies that don't correspond to the norm, girls and young women with disabilities have a low chance of developing strong self-esteem. An American study from 2003 analyzing body image among young women with disabilities notes that considering these women's bodies as "asexual, unfeminine and childlike" implicitly conveys the message that they cannot and should not have a place in various social spheres (athletic activities, for instance).¹⁷⁵ As such, we can see that their body image, taken hostage by ableist societies, will be defined and evaluated by people other than themselves. As well, this study shows that girls and young women with disabilities have difficulty finding models in Western popular culture that would help them counter these negative representations. It is no surprise, then, that by internalizing Western bodily beauty standards, most of them will consider their bodies as a "source of pain, guilt, and embarrassment."¹⁷⁶

Negative representations and mental health consequences

A study showed that "girls, boys and adolescents with minor physical disabilities perceive themselves less competent not only in their physical abilities, but also [...] in their physical appearance and social life."¹⁷⁷ This study also shows that the sense of body dissatisfaction experienced in adolescence can have serious consequences when they reach adulthood. This sense of inferiority creates "a poor body self-concept" which limits their social interactions, isolates them and influences their mental health.¹⁷⁸ A study in fact shows that young teenage girls who are dissatisfied

with their bodies are at greater risk of experiencing depression as adults.¹⁷⁹ It also says that they can easily fall into a negative spiral, where body dissatisfaction can lead to a depressive state which in turn provokes or exacerbates the dissatisfaction they feel toward their bodies.

Girls with disabilities at the intersection of oppressions: specific consequences

In studying these data from an intersectional perspective, we come to the realization that racialized girls and young women with disabilities (living in the West) are at a higher risk of devaluing themselves. An American study looking at self-esteem among Black girls effectively shows that some of them “depend on white standards to define themselves, feel negatively about being Black and [have] low self-esteem.”¹⁸⁰ It’s also important to note that trans children who feel a conflict between their bodily appearance and their identity are also at higher risk of developing disabilities related to their mental health. A 2016 American study specifically on this topic states that trans children are highly prone to anxiety and depression.¹⁸¹

In a societal context where numerous systemic oppressions are at play, we can conclude that girls with disabilities who have multiple identities will have the lowest chances of developing a positive self-image and strong self-esteem.

Girls, boys and adolescents with minor physical disabilities perceive themselves less competent not only in their physical abilities, but also [...] in their physical appearance and social life.”

Eating disorders

This lack of self-esteem also has repercussions on psychic well-being and can lead young people to develop risky behaviours. Research shows that young women with disabilities are the group with the highest prevalence of eating disorders.¹⁸² As well, research indicates that the transition from adolescence to

young adulthood is the period of highest risk for young women.¹⁸³ The sense of dissatisfaction with their bodies, along with the many changes associated with this period, leads girls in particular to experience depressive episodes, because their bodies are most marked by a social ideal they strive to attain and are more highly socially scrutinized.¹⁸⁴

While there is almost no data about girls with disabilities and eating disorders, we know that in Canada, there is a high prevalence of eating disorders among girls from the ages 5 to 12.¹⁸⁵ In fact, for a total of 161 cases, 138 were girls, 22 were boys and one child indicated no sex.¹⁸⁶ As well, an American study shows that young women with disabilities run an increased risk of being affected by this issue; the study in fact reveals that of the 71 young women with physical disabilities (average age of 23) surveyed, 8% had symptoms of eating disorders.¹⁸⁷

As well, research indicates that the transition from adolescence to young adulthood is the period of highest risk for young women.

Leisure and athletic activities and the valorization of girls and young women with disabilities

The literature review reveals that the notion of a positive body image includes the feeling of becoming one with one's body or feeling embodied. According to scholar Emma Halliwell, "this state of embodiment involves feeling competent, free to act and express individuality through the body, and free to challenge sociocultural standards."¹⁸⁸ Studies on leisure, more precisely on athletic activities for teens with disabilities, show the positive impact of such activities on body image and self-esteem.

According to Anderson et al (2008), while girls and young women remain underrepresented¹⁸⁹ in leisure activities and programs due to lack of accessibility measures, girls with disabilities are all the more underrepresented. For example, in September 2019, a seven-year-old British Columbian girl with a motor disability was refused access to dance activities (which she had been attending for four years) because the school scaled back their welcoming policies for leisure activities for girls and boys with disabilities.¹⁹⁰ Anderson et al (2008) also show that girls with disabilities do not have the same parental support as boys when it comes to taking part in athletic and leisure activities.¹⁹¹

However, research shows that girls who take part in leisure activities develop greater self-esteem. A Norwegian study about leisure and athletic activities for girls and boys with intellectual

However, research shows that girls who take part in leisure activities develop greater self-esteem.

disabilities in fact indicates that such activities give them “an increased perception of self-efficacy and social competence” and, in this sense, “contribute to enhancing the quality of life of people with disabilities.”¹⁹² Anderson et al (2008) also reveal that when teenage girls with disabilities take part in leisure and athletics programs, it helps develop their empowerment.¹⁹³

Athletic activities also help develop a social network beyond the family and institutional frameworks. Anderson et al (2008) affirm that one of the top reasons that girls and boys with disabilities want to take part in leisure activities is to be with their friends.¹⁹⁴ This allows them to develop a peer support network and a reparative sense of belonging.¹⁹⁵ For teenage girls with disabilities, leisure

activities also help them find positive models. The study about teenage girls with disabilities taking part in athletic activities shows that they have more opportunities to be in contact with older women with disabilities, who often play a positive role as mentors. This interview excerpt helps showcase the importance of such models:



For example, Morgan, when talking about the sports camp she attended, referred to one of the older adults who also had a disability as her role model. She stated:

They're big role models for, uh, younger people, you know, the older people with disabilities that not necessarily have had their disability from birth but you know they're dealing with it right now... My basketball coach is in a wheelchair... and she's in her forties. She's active. She's actually the one that really got me interested in it. I mean, yeah, I know I said that my friends were the ones that got me to go out for the team, but she's the one that really got me loving the sport you know.¹⁹⁶

Surpassing beauty norms and valuing all bodies

To conclude this section, we find it relevant to reference activist, writer, educator and community organizer Mia Mingus, who defines herself as a “queer physically disabled korean transracial and transnational adoptee raised in the Caribbean.”¹⁹⁷ Her ideas take us beyond the limits of what we have set out above and showcase how bodies that do not match beauty norms in fact expand the limits of what Western societies have established as being “beautiful.” This flipping of beauty codes, from the perspective of self-acceptance and self-valuing, seems relevant when it comes to developing programs that aim to improve the self-esteem of girls and young women with disabilities:

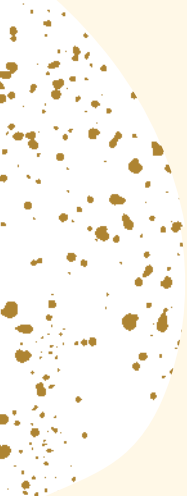
The magnificence of a body that shakes, spills out, takes up space, needs help, moseys, slinks, limps, drools, rocks, curls over on itself. The magnificence of a body that doesn't get to choose when to go to the bathroom, let alone which bathroom to use. A body that doesn't get to choose what to wear in the morning, what hairstyle to sport, how they're going to move or stand, or what time they're going to bed. The magnificence of bodies that have been coded, not just undesirable and ugly, but un-human. The magnificence of bodies that are understanding gender in far more complex ways than I could explain in an hour. Moving beyond a politic of desirability to loving the ugly. Respecting Ugly for how it has shaped us and been exiled. Seeing its power and magic, seeing the reasons it has been feared. Seeing it for what it is: some of our greatest strength.

Because we all do it. We all run from the ugly. And the farther we run from it, the more we stigmatize it and the more power we give beauty. Our communities are obsessed with being beautiful and gorgeous and hot. What would it mean if we were ugly? What would it mean if we didn't run from our own ugliness or each other's? How do we take the sting out of "ugly?" What would it mean to acknowledge our ugliness for all it has given us, how it has shaped our brilliance and taught us about how we never want to make anyone else feel? What would it take for us to be able to risk being ugly, in whatever that means for us[?] What would happen if we stopped apologizing for our ugly, stopped being ashamed of it? What if we let go of being beautiful, stopped chasing "pretty," stopped sucking in and shrinking and spending enormous amounts of money and time on things that don't make us magnificent?¹⁹⁸

Mia Mingus affirms, here, that not fitting the standard is a positive thing. It opens up the possibility of creating oneself outside society's expectations. It means defining your own framework. It is a strength.



Invisible disabilities



In an ableist society, the image of the “limited” body is often used to designate what a person with a disability is. Disability is often reduced to “impairments” that are essentially motor, visual or auditory. In other terms, in Western societies where ableism (among other things) imposes its standards, difference (socially constructed) must be identifiable and apparent in order to be considered as such.

If we extrapolate from recent Canadian statistical studies, we can posit that for a large portion of people with disabilities, the disabilities are likely not visible according to standard perceptions. A study undertaken by Statistics Canada in 2017 shows that the number of people with disabilities that involve pain, flexibility, mental health, hearing, learning and memory and development — taken as a whole — is higher than the number of people with mobility-related disabilities.¹⁹⁹ The Statistics Canada study also reveals that “the most prevalent disability type among youth was mental health-related (8%). This represented approximately 60% of the over half a million (546,410) youth aged 15 to 24 years with disabilities.” Young women are overrepresented among this number; of 325,670 young people, 213,630 were young women, or 65% of the sample. Unfortunately, in our literature review, we found no Canadian data about young girls under the age of 15.

While the data suggest that invisible disabilities potentially affect a large portion of the Canadian population, it is nonetheless difficult to establish a non-limiting definition, because invisible disabilities, as the name indicates, are of course not apparent in various environmental, social and other situations. An American study from 2015 points to issues with categorization.²⁰⁰ Many people with invisible disabilities may choose not to talk about their disability in order to strategically avoid systemic barriers and their consequences.²⁰¹ Others, however — particularly in Western societies where biocertification is prevalent — will see their status as people with disabilities invalidated, and consequently may be refused

access to social programs.²⁰²

The notion of “biocertification” here refers to the way in which the medical-legal framework of Western societies aims to determine whether or not a person belongs to a given bodily category, such as disability, for example, which can open social rights (financial aid for example).

The Invisible Disability Project proposes the following definition:

An “invisible,” “non-visible,” “hidden,” “non-apparent,” or “unseen” disability is any physical, mental, or emotional impairment that goes largely unnoticed. An invisible disability can include, but is not limited to: cognitive impairment and brain injury; the autism spectrum; chronic illnesses like multiple sclerosis, chronic fatigue, chronic pain, and fibromyalgia; d/Deaf and/or hard of hearing; blindness and/or low vision; anxiety, depression, PTSD, and many more. We understand the body as always changing, so disability and chronic illness may be unstable or periodic throughout one’s life.²⁰³

This definition, which extends what we have set out previously, foregrounds the “changing” character of invisible disability, meaning it is not apparent, but can become so depending on the situation. As well, invisible disabilities can also be linked to other disabilities. The Canadian Survey on Disability, 2017 in fact says that 63% of people living with mental health disabilities also suffer from pain-related disabilities.²⁰⁴ As such, the complexity of defining what an invisible disability is showcases the difficulties these people encounter living in an ableist society. This flaw in categorization can affect their access to health care, recreation and social life, which, as we have seen, can have major consequences in preadolescence. Ableist Western societies’ poor understanding of invisible disability can create a sense of isolation which, as we examined in the section about the body, can itself engender disability. Clearly, various systems of domination are deployed within these societies, and can impose increased disadvantages on girls and young women living at the intersections of oppressions.

In this report on girls and young women with disabilities, we have chosen to focus on two main areas of invisible disability: mental health (anxiety, depression, suicide) and the autism spectrum.


Mental health: Anxiety, depression, suicide

Statistical data about anxiety and depression among girls aged 15 and under are rare or difficult to access. However, our literature review does tell us that preadolescence and adolescence are high-risk times for mental health. A Canadian study published in 2017 shows that the age range most affected by mood and anxiety disorders is that of people aged 15 to 24.²⁰⁵ The study also reveals that one out of five teens say they have had suicidal thoughts during the year preceding the study, and that adolescence is one of the highest-risk periods. The study further notes that suicide is the second leading cause of death among young Canadians.

When it comes to young women, the study confirms they are the most affected by depression. These data are corroborated by the Canadian Survey on Disability, 2017, which affirms that among young people age 14 to 24, young women are twice as likely as young men to have a mental health disability.²⁰⁶ One of the reasons that could explain these data is that girls and young women are more subject to self-objectification due to social media, and at higher risk of feeling social pressure regarding their being and their bodies. A study conducted in 2015 in the UK surveyed 204 11-year-old preadolescent girls and concluded that social pressure regarding their bodies by means of advertising, social media and so on has direct consequences on their self-objectification and, as such, on their mental health.²⁰⁷

It is also important to remember that colonialism, still active today in Canada, has direct consequences on the Indigenous population, whose suicide rate is higher than that of the rest of the Canadian population.²⁰⁸ In

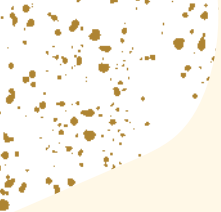
We understand the body as always changing, so disability and chronic illness may be unstable or periodic throughout one's life.



2007, the Aboriginal Healing Foundation reported that 22% of deaths among Inuit youth from the ages of 10 to 19 were due to suicide.²⁰⁹ A recent American study also shows that the consequences of racism particularly affect the mental health of racialized girls and boys.²¹⁰ The study shows that, compared to white girls and boys from the ages of 5 to 10, African-American girls and boys are more affected by suicide.²¹¹ The 2017 Statistics Canada study also shows a higher prevalence among teens who face “more negative social interactions”; which suggests that visible minorities (racialized people, immigrants, people who wear religious symbols, 2SLGBTQIAP+ people, fat people, and so on) are at highest risk. As we established in previous sections, anxiety and depression are more frequent among 2SLGBTQIAP+ children and teens than among heterosexual youth.²¹² As well, a German study conducted in 2018 shows that the mental health of refugee girls and boys is more vulnerable than that of non-refugees. Many refugees suffer from post-traumatic stress disorder, among other things.²¹³ A 2017 report from the UK further informs us that economic disadvantages also have consequences on girls’ mental health.²¹⁴

We also need to remind ourselves that the data corresponding to different identities can overlap. However, no study surveying girls and young women about mental health has taken this perspective. Nevertheless, an American study from 2016 analyzing mental health issues through the lens of race, sexual orientation, economic status and gender identity indicates that visible minorities live with major chronic anxiety and worry. This study affirms that multiple experiences of discrimination and social violence, playing out in various forms, have direct consequences on the mental health of the people who are subjected to them. This leads us to infer that girls and young women living at the intersection of various systems of oppression suffer the same consequences, and allows us to reaffirm the importance of taking these elements into consideration. An American study on mental health as seen through the lens of race, ethnicity and sexual orientation, carried out in 2015, shows the consequences when health care services fail to take these elements into account.²¹⁵ This study shows that health care services that are not trained about the issues and consequences of racism, ableism, transphobia and so





on, are themselves vectors for systemic violence. An American study from 2018 adds that negative social representations, targeting racialized people among others, often lead them to deny their mental health needs.²¹⁶ As such, people find themselves caught between a society whose power structures have a real impact on their mental health, and health services that are poorly tailored or that reproduce systemic violence all over again.

In light of these various elements, even if these studies do not directly address girls and young women, they nonetheless allow us to affirm the importance of an intersectional approach in understanding mental health.

It is also important to remember that colonialism, still active today in Canada, has direct consequences on the Indigenous population, whose suicide rate is higher than that of the rest of the Canadian population.

Preventing anxiety and depression among girls and young women with disabilities

A Canadian study from 2017 shows that friendship security helps preadolescents better manage experiences of anxiety and depression.²¹⁷ The study thus corroborates what we have also set out in the previous sections about the importance of peer support in preventing anxiety and depression. An American study from 2005 specifically states that positive friendships and emotional and romantic relationships play a protective role against feelings of anxiety and depression, in contrast to negative relationships.²¹⁸

In regard to anxiety prevention programs, a German study conducted in 2012 analyzed the effects of FRIENDS, an Australian universal program, on girls and boys from the ages of 9 to 12. The FRIENDS program was created in 2007 by Australian clinical psychologist Paula Barrett. This universal program aims to “promote resilience and aid in the prevention of anxiety in 4-to-7-year-olds” and has been used in some twenty countries.²¹⁹ What sets it apart is as follows:

FRIENDS is an acronym that helps children remember the strategies taught that can be used to effectively manage their

A Canadian study from 2017 shows that friendship security helps preadolescents better manage experiences of anxiety and depression.

anxiety: F = feeling worried?; R = relax and feel good; I = inner thoughts; E = explore plans; N = nice work, reward yourself; D = don't forget to practice; S = stay calm.²²⁰

For ten sessions, girls and boys become agents in managing their anxiety. The program is led in groups, without distinguishing between those who are already anxious and those who are at risk of anxiety. The program's success rests on its inclusivity; it invites all children to learn about their own anxiety, while helping them accept others' anxiety. The program also aims to be fun and to use various supports to meet the specific needs of the children who are part of the group. Lastly, it includes sessions for parents without the children present.



As such, even if the universal character may seem limiting and distant from the realities present in various countries, it is worth noting that this universality can be summed up in the idea of empowering children, parents and society as a whole around mental health issues. The study shows that this program has been successful specifically with girls, where prevention has a much higher impact than with boys.²²¹

The study shows that this program has been successful specifically with girls, where prevention has a much higher impact than with boys.

Autism spectrum

In the book *All the Weight of Our Dreams: On Living Racialized Autism*, Gzhibaeassigaekwe (Jen) Meunier writes:

Why are we the ones who are suddenly deficient because our brains are neurologically wired not to be so readily adaptable to social systems which are so uncritically accepted as normal? Why not put that normalcy to the test, instead of subjecting us to a constant battery of investigation that demands a cure for our nonconforming brains? What is it about autistic brains, and specifically our immunity to social conventions, that is so threatening that it demands “therapies” that are designed solely to make us conform to white western norms? [...] we must question and name more deeply the violence of what is being prescribed as normal when it is itself so steeped in narratives of violence and racism.²²²

According to the Canadian report on autism spectrum disorders published in 2018, among the 40% of Canadians surveyed from the ages of 5 to 17, one in 66 present an autism spectrum disorder.²²³ The study also says that the rate of diagnosis is higher among boys (one in 42) than among girls (one in 165). The report also informs us that 56% of diagnoses were made by the age of 6, 72% by age 8, and 10% after age 12. The study includes no data about race, gender identity, immigration status or class.

Specifically in regard to the comparison between boys' and girls' diagnoses, a 2017 study from the Netherlands provides some explanations about the factors that may be behind the difference between these two groups.²²⁴ Since girls are diagnosed later than boys, the analysis suggests that there may be limits in the diagnostic methods, which have been established around androcentric analyses and that mostly rely on the cases of men.²²⁵ As such, in the diagnostic grids for the autism spectrum, gendered social factors have been poorly considered. Stereotypes about social expectations for girls' behaviour may thus have an effect on diagnosis.²²⁶

As well, the study showcases the importance of identifying compensatory behaviours, which may be more common among girls than among boys. A 2017 English study about the "social camouflaging" of autism notes that this behaviour is more

Stereotypes about social expectations for girls' behaviour may thus have an effect on diagnosis.

prevalent among girls.²²⁷ The analysis also reveals that compensatory behaviours are not without consequence, as they may lead to and exacerbate feelings of anxiety.

Furthermore, when teenage girls are diagnosed, they encounter obstacles because of their gender. An Australian study conducted in 2014 shows that social expectations that women should be sensitive, understanding and so on have specific consequences on young women on the autism spectrum who do not match these norms, unlike autistic young men for whom the social expectations associated with their gender require them to be emotionally detached.²²⁸

Through an intersectional analysis, an American report from the AADM Network also states that African-American and Latino/a-American girls and boys are the least diagnosed.²²⁹ According to the Network, this can be explained by “stigma, lack of access to healthcare services due to non-citizenship or low

“Growing up as a Black Autistic person, I learned a lot of destructive beliefs through this cultural indoctrination. I was constantly told, either directly or indirectly, that my existence was worth less than that of white people or non-autistic people.”

income, and non-English primary language.”²³⁰ When it comes to the stigma surrounding difference, it is also more difficult, especially for racialized parents experiencing multiple oppressions, to admit and identify autism-spectrum symptoms in their children. An American study from 2019 shows that racialized parents report autism-spectrum disorder symptoms to medical authorities at a lower rate than non-racialized parents.²³¹ It’s important to recall here that ableism is incorporated within the mechanisms of racism, that determine what groups are inferior when they do not correspond to mental, physical and physiological norms. This could explain racialized parents’ reluctance to acknowledge that their children, living in a racist society, must also suffer under ableist violence.

Finn Gardiner, a Black man on the autism spectrum, writes about the consequences of this imbrication of racism and ableism: “Growing up as a Black Autistic person, I learned a lot of destructive beliefs through this cultural indoctrination. I was constantly told, either directly or indirectly, that my existence was worth less than that of white people or non-autistic people.”²³²

On another note, studies also show that a higher number of 2SLGBTQIAP+ youth may also be on the autism spectrum.²³³ DAWN Canada does not wish to address this data from a medicalized perspective as so many others do, but we do wish to underscore the importance of considering girls and boys with disabilities in a non-homogenized way. This means it’s important to take these elements into consideration with a view to creating responses that are the best fit for young people’s needs.

Adapting to the needs of girls and young women on the autism spectrum

Our literature review shows that support programs for people on the autism spectrum rarely take into account the specificities

of gender, as boys and young men are heavily represented in studies that analyze the impact of such programs.²³⁴ However, an American study from 2017 looks at the Girls Night Out program, which sees a high satisfaction rate among the people it targets. The program was designed based on the specific needs of teenage girls from the ages of 13 to 18 on the autism spectrum, in the aim of supporting their socio-emotional health. It aims to boost their self-esteem and self-confidence. To do this, it operates on three principles: “(1) Relating to others, (2) Self-care, and (3) Self-determination in social competence and self-perception.”²³⁵ The program runs for 12 to 16 weeks, with two-hour meetings once a week. The program can be modified based on feedback from the young women who attend it.

To meet its objectives, the program asks girls to take part in various recreational activities.²³⁶ Based on teen girls’ autonomy, the program is set up around group discussions that determine the activities that will then be explored.²³⁷ In a spirit of sisterhood, it aims to develop strong relationships of trust and solidarity between the participants. Here we can see that inclusion, the development of knowledge about disability, and the valuing of a spirit of sisterhood foster an approach that specifically meets the needs of girls and young women on the autism spectrum.

Accessibility



Within the DisAbled Women's Network of Canada, our definition of accessibility is integrated with our definition of inclusion.

In other words, we think about accessibility not only in terms of the ergonomic and architectural options for accessing a space, but also in that spaces must be accessible to people of many different cultures, faiths, family situations, financial situations and so on. As such, our understanding of accessibility entails a project of equitable social inclusion and social participation for all.

Throughout this report, we have observed that girls and young women with disabilities are particularly limited in their access in various areas of their lives.

Education : Access to education is a right that's especially curtailed for girls and young women with disabilities living in Canada. As we saw in the section on this topic, studies show that many school spaces remain inaccessible. Studies also reveal that few accommodation measures exist. The consequences are serious: it is important to remember that schools are important spaces for socialization. Access problems limit both girls' access to knowledge and their use of their full potential, as well as their opportunity to create strong relationships with friends. The inaccessibility of education contributes to isolating girls with disabilities and hampering their professional and social opportunities. This report has highlighted how school staff behaviours can also be obstacles to the schooling of young women with disabilities. Compared to students without disabilities, students with disabilities report a lack of understanding on the part of teachers. A lack of training and awareness on various disabilities leads teachers to act inequitably.

Leisure activities, social life: Our work has shown that the participation of girls and young women with disabilities in leisure and athletic activities has major effects on their self-esteem. It helps reduce the stigma associated with disability, forge strong ties with teammates, and build peer support networks. However, our work also shows that despite the importance of taking part in such activities, girls and young women with disabilities remain underrepresented. Accessibility remains unconsidered; our collaborative work toward making girls' programs inclusive has shown us that a great deal of awareness-raising work on ableism and the needs of girls with disabilities remains to be done.

Social relationships: We also consider that girls and young women with disabilities are limited in building social and emotional relationships. Our work has helped us show that the physical and

symbolic spaces that make it possible to build such ties are particularly limited for these girls. We have also observed the taboos surrounding romantic and sexual relationships for young women with disabilities, which particularly hinder their access to inclusive sex education.

Positive representation: We consider that seeing positive images and models in various media and in the arts is also an accessibility issue. Our work shows that girls and young women with disabilities are rarely represented in a positive light. Beauty standards remain very present, and particularly affect girls and young women with disabilities. Our Girls Without Barriers project is, among other things, developing a collection of books for girls with disabilities, because we have seen that it's difficult to find children's books that illustrate disabilities in a positive way. It is also difficult to make visible the many elements of diversity these girls embody, as they are not only girls with disabilities, but are also racialized, non-binary and much more.



Strength, resiliency and action among girls and young women with disabilities



I like my Deafblind world.
It's comfortable, familiar.
It doesn't feel small or limited.
It's all I've known;
it's my normal.

Haben Girma,

Haben: The Deafblind Woman Who Conquered Harvard Law

The topics addressed in our report underscore how girls and young women with disabilities face many issues and social barriers. The various data we gathered confirm that their experiences are rarely observed and they are often kept out of public spaces and decision-making structures. As such, we can affirm that girls with disabilities are one of the most marginalized groups in the world and within Canadian society.

This report also shows that girls and young women with disabilities living at the intersection of various systems of oppression are at particularly high risk of experiencing various forms of violence. It demonstrates the urgency of quickly taking action to ensure their rights and dignity are respected, especially those of Indigenous girls with disabilities, non-status girls with disabilities and racialized girls and young women with disabilities.

While we summarize here the multiple difficulties these girls and young women face, it's also necessary to reaffirm that these girls and young women must not be considered only through this lens. They are strong and resilient. As we saw in our More than a Footnote report, despite their difficult lives as children and ex-

tending into adulthood, they take action and mobilize against the oppressions they have experienced in the past and continue to experience in the present.

We can confirm that, thanks to these strengths, these girls and young women offer possibilities for change toward justice and equity. Consider, for example, Jordan Reeves, a 13-year-old girl with a disability from Columbia, Missouri. She created the Unicorn Project, through which she invented a prosthetic arm shaped like a unicorn horn that shoots glitter. Through her non-profit organization *Born Just Right*, she helps girls and boys with disabilities to design innovative products that celebrate their differences.²³⁸

We can also look to young environmental activist Greta Thunberg, who has become a star figure in fighting for the planet. This 16-year-old activist has shared with millions of people her message on the need for urgent action on climate change, despite a media campaign aiming to discredit her political message by noting she is on the autism spectrum and thus is being manipulated by the adults around her. Despite these media attacks, Greta Thunberg speaks about her autism as being her “superpower.” She has also clearly said many times that she is not successful in spite of her neurodivergence, but because of it. While Greta has held a great deal of this media space, it is important to remember that other girls and young women are taking part in this struggle surrounding environmental issues

through the lenses of racism and colonialism. For instance, we can think, of the young Indigenous girl Autumn Pelletier, who has been fighting for many years to protect drinking water in Indigenous communities in Canada.²³⁹ We can also highlight the activism of Hannah Tooktoo, a young Inuk woman from Kuujuaq, who spent eight weeks traveling to various Indigenous communities to lead suicide prevention campaigns.²⁴⁰ On the topic of social justice in regard to disability, let's also note the activist work of Sarah Jama, who co-founded, along with Shanthiya Baheerathan and Eminent Dagnachew, the Disability Justice Network of Ontario:

I realized that to make change, my only option was to try and learn what I could about the societal institutions and systems that continued to isolate those who were deemed to be different, and then use that knowledge to make change outside of the confines of men in suits sitting at tables, making decisions around me instead of with me.²⁴¹

Lastly, social media networks are making it possible to boost the visibility of a new generation of girls and young women working to raise awareness and educate about disability. For instance, Sadaya Paige, a seven-year-old racialized girl uses her Instagram page to raise awareness about visual disabilities.²⁴² Through their ways of seeing, living and interrogating the violence of an ableist society, girls and young women with disabilities teach us as adults. Since they are one of the most marginalized groups, it is incumbent upon us to stop, listen and share their messages.

Recommendations for action

Data from this report shows that the journey of girls and young women with disabilities is hampered by many systemic barriers. Through the various themes that we have addressed, we set out below, a non-exhaustive list of actions that government, advocacy groups and human rights organizations in Canada can take action on in order to ensure that girls are at the center of their concerns when it comes to disability.

General

For government :

- ④ Collect data on girls in Canada using intersectional feminist and cross-disability analyses and make the data publically available
- ④ Consult girls with disabilities and guarantee their self-representation in the decision-making spheres and research of which they are the subjects
- ④ Provide financial support for feminist organizations, disability rights and other human rights defense organizations to develop mechanisms that respect the needs and choices of girls with disabilities.

- ⑤ Respect and uphold the commitments made when ratifying the various international conventions and protocols in favor of the rights of girls with disabilities.
- ⑤ Financially support organizations such as DAWN Canada to develop studies and mechanisms by and for girls with disabilities, particularly those that live at the intersection of various systems of oppression.

For groups and human rights organizations :

- ⑤ Listen to and uplift girls and young women with disabilities, by developing strategies to place them at the center of concerns and decisions that affect them.
- ⑤ Help create and financially support groups by and for girls and young women with disabilities, allowing them to self-organize and make their needs, opinions and analyses count.

Accessibility

For government :

- ⑤ Ensure that the current Accessible Canada Act takes into account the experiences of girls and young women with disabilities and especially those living at the intersection of oppressions

For groups and human rights organizations:

- ⑤ Work with disability rights groups like DAWN Canada to ensure that civil society groups' understanding of accessibility goes beyond the adult experience, to include the experiences and needs of girls and young women with disabilities.

Violence

For government :

- ⑤ Fund and develop violence awareness and prevention campaigns for girls with disabilities to educate them about their specific rights.
- ⑤ Provide funds to develop training aimed at parents, caregivers, health / school professionals about violence against girls and young women with disabilities.

For groups and human rights organizations:

- ③ Develop specific services for girls and young women with disabilities who are victims of violence.

Incarceration

For government :

- ③ End the incarceration / institutionalization of girls and young women with disabilities, so that their rights to life, security, dignity are respected.
- ③ Develop immigration policies that respect the human rights and dignity of migrants, in order to stop producing disabling situations that particularly affect girls and young women from the most marginalized groups.
- ③ Develop national policies to combat systemic discrimination (such as ableism, colonialism, racism) within educational establishments, with regard to the role played by schools in the incarceration that particularly affects young Indigenous and Black adolescents with disabilities.

Education

For government :

- ⤵ Make teaching establishments universally accessible.
- ⤵ Develop national awareness and training programs for teachers and students to educate them about various systems of oppression, including ableism.

Sexuality and gender identity

For government :

- ⤵ Develop and standardize positive, inclusive and emancipatory sex education in Canada that moves away from the adult perspective, in order to center the experiences and realities of girls and young women with disabilities.
- ⤵ Subsidize the development of educational materials for parents and health/school professionals on the sexual and reproductive rights of girls and young women with disabilities.
- ⤵ Create mechanisms to ensure the full respect of reproductive rights of girls and young women with disabilities, particularly those at the intersections of various systems of oppression.

Gender identity

For government :

- ③ Subsidize the development of trainings on gender identity aimed at parents and health professionals.
- ③ Establish monitoring mechanisms that guarantee the human rights of young 2SLGBTQIAP+ people with disabilities, ensuring that their lived-experiences are centered in the establishment of these mechanisms.

Self-esteem

For government :

- ③ Fund projects that give visibility to positive models of girls and young women with disabilities in media, school materials and more.
- ③ Fund the development of athletic and leisure activities for girls and young women with disabilities.

Programs

For groups and human rights organizations:

- ⑤ Develop programs that are created and led by and for girls and young women with disabilities.
- ⑤ Develop inclusive, anti-oppressive programs, respectful of the different realities experienced by girls and young women with disabilities, in consultation with the girls themselves.
- ⑤ Develop and facilitate trainings about ableism and different systems of oppression for boards, senior executives and other professionals of organizations that runs girls' programs, in collaboration with women's disability rights and youth with disabilities advocacy groups, such as DAWN Canada and DJNO.





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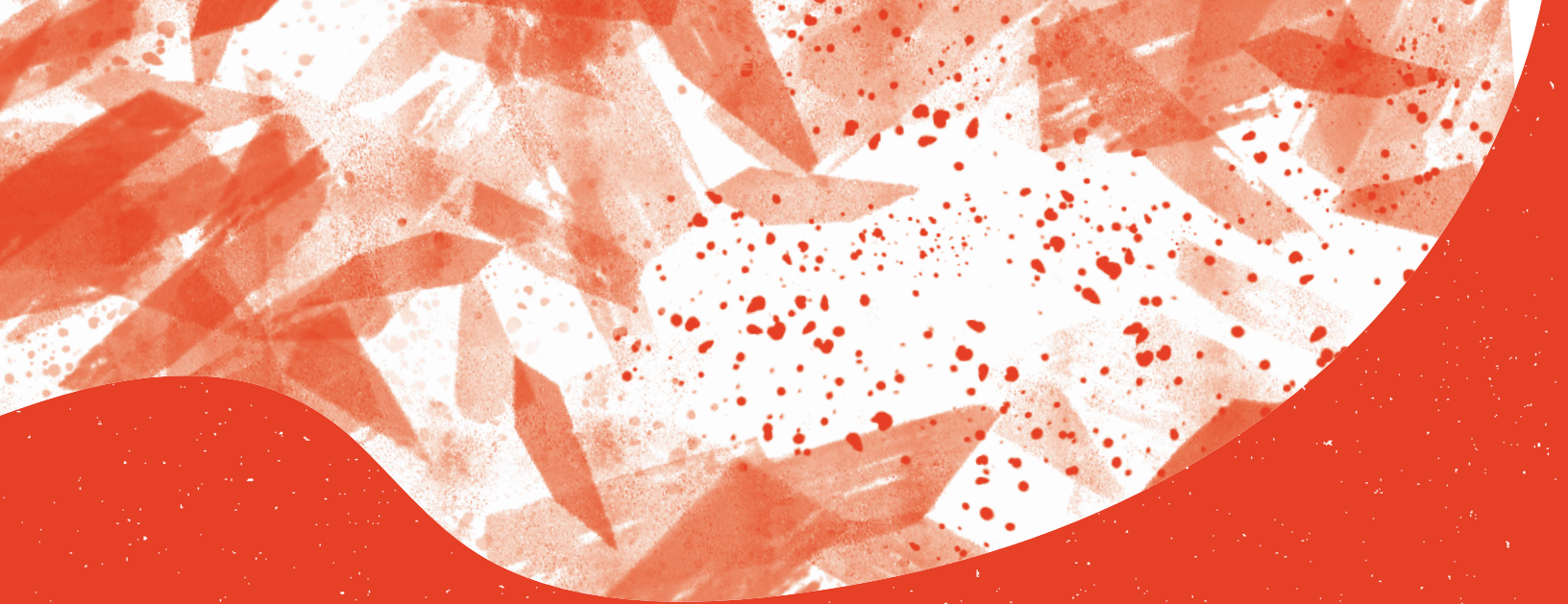
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