



LearningNetwork

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Violence Against Women with DisAbilities and Deaf Women

We are pleased to have partnered with [DAWN-RAFH Canada](#) for this extended, accessible newsletter that focuses on the under-recognized, under-researched and under-resourced social concern -- violence against women with disAbilities and Deaf women. We highlight the intersectional context of violence experienced by women with disAbilities, draw on lived experience, and provide statistics and resources.

Ableism – A Form of Violence Against Women

By Fran Odette

Ableism and ableist views are ideas/beliefs that are based on the assumption that the ‘able-body’ is favoured/preferred over the disabled body.^{1,2} Similar to the experience of racism, homophobia/transphobia and sexism, socially constructed characteristics of disAbility position people with disAbilities as an ‘inferior’ group to non-disabled people.^{2,3} Disabled people have abilities that differ from the majority. This doesn’t mean that we minimize or ignore the impairment, but for the most part, if the right supports are in place, all people can contribute to their community.

Ableism adheres to the “medical model” whereby people/women are defined by their disAbility and where the focus is on the individual’s deviation from the “norm”, rather than recognizing everyone’s individuality and specific sets of experiences. One of the problems with the medical model is that we are encouraged to define people by their impairment rather than seeing the person first. “Similarly, audism can be defined as the devaluation of people who are Deaf, deafened or hard of hearing. An example of this would be assuming that sign language is an inferior language and/or the cultural ways of Deaf people are somehow inferior”.⁴

Mythologies about disAbility and gendered violence abound for women living with impairments and ableism dictates the kinds of services women with disAbilities have available and are able to access. For example, limited access to sexual health information for women with disAbilities is based on the belief that disabled women

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¹ Disability Studies for Teachers, “Reassigning Meaning”, Center on Human Policy, pg. 1, <http://www.disabilitystudiesforteachers.org/files/ReassigningMeaning.pdf>

² Linton, S. (1998). *Claiming Disability*. New York, NY: NYU Press.

³ “Reassigning Meaning”, pg. 1

⁴ Nellie’s Position Paper on Accessibility: Women with Disabilities and Deaf Women (March 2013), pg. 1 <http://dev.innovachannel.info/nellies.org/wp-content/uploads/2013/03/Nellies-Position-Paper.pdf>

Betty Anne Gagnon

In October 2013, the Edmonton Court of the Queen's Bench announced the sentencing in the case of Betty Anne Gagnon, a woman with an intellectual disability and visual impairment who died under the "care" of her sister and brother-in-law in November 2009. Both faced multiple charges including manslaughter, failure to provide the necessities of life, criminal negligence causing death, unlawful confinement and assault, and conspiracy to commit extortion. Betty Anne's experience exemplifies systemic and individual ableism in relation to her treatment by her family prior to her death in 2009. Betty Anne died because her caregivers failed to provide her with the necessities of life – to see her life as one worth living. Disability activists identify this as a travesty of justice for a young woman who had no voice. Despite calls made by Betty Anne's niece regarding her safety and wellbeing, the system that is there to serve and protect us all, failed her.

ABLEISM CONTINUED

will not be sexually active and therefore, do not need reliable sexual health and reproductive health information. This increases our risk for sexual and physical abuse.

Ableism significantly impacts debates regarding euthanasia, which has received a great deal of media attention recently, because the experience of living with a disAbility is at worst de-valued and misunderstood and at best, ignored in these discussions. In Quebec, efforts by disAbility organizations, including *Toujours Vivant-Not Dead Yet (TVNDY)*, joined together to oppose the legalization of euthanasia. Our society is 'disAbility-phobic' and sees little value in living a life where one is disabled. Amy Hasbrouck, TVNDY Director says that "[p]eople with disAbilities are the populations most directly affected, since nearly everyone who asks for euthanasia has a disability."⁵ Ableism as a form of violence occurs when someone living with a disAbility comes to the decision to end their life and that decision is not considered a 'suicide'. Yet, we actively engage with others living without disAbility to support them to see living as a viable option. Ableist and sexist beliefs influence which lives are more valued; more often, the lives of women with disAbilities are considered lives not worth living.

Ableism as a form of violence is seen in decision making surrounding DNR (do not resuscitate) orders. People with disAbilities are often coerced to sign these orders before going into the hospital (e.g., by family/caregiver), or to sign under conditions where limited options for ensuring access to medical care and supports are presented (e.g., deny surgery/treatment that would enhance quality of life/extend life). When looking at the lives of women with disAbilities and decision making surrounding DNR, it is critical to understand that we are the ones who are left behind or neglected in our families of origin, and seen as burdens on the system because we fail to live up to or conform to gender-role stereotypes of what it means to be 'female' in this culture. The underlying message surrounding 'assisted suicide', 'DNR' directives and the denial of medical care for women with disAbilities, reflects larger systemic prejudices and other barriers that influence perceptions about whose life is valued, which in turn, influences who has responsibility for decisions about "ending life" and how those decisions are made. The binary between disabled and able-bodied is leverage for the *suicide celebration versus suicide prevention* dichotomy. The real question is, "**Who** benefits?" – is it the woman with disAbilities OR her 'caregivers', service providers, and the state?

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⁵ Newsletter, "Euthanasia, No Thanks!", *Toujours Vivant-Not Dead Yet*, April 2013, pg. 1.

Over ½ billion women and girls in the world have a disability



More than 1 out of 6 women in Canada lives with a disability* (15 years and older)



Most often the abusive person is a caregiver

Over 75%

of incidents of sexual assault of women with mental disabilities involve recurring episodes



Women living with disabilities* are more likely to be victims of the most severe forms of spousal violence



42% of homeless women living in Toronto have a history of traumatic brain injury



1 in 10

women residing in shelters on April 16, 2008 lived with some form of disability



Availability of accessible services as reported by Canadian Shelters in 2008:

- 2/3 of shelters had wheelchair-accessible bedrooms
- 22% provided TTY/TDD equipment (i.e., specially equipped telephones) for women with hearing impairments
- 17% provided sign language or interpretation services
- 17% provided large print reading materials for women who are visually impaired
- 5% provided Braille reading materials

Experiences of Violence

While all women experience violence differently, there are commonalities between the experiences of women with and without disAbilities. However, violence against women with disAbilities may be related to their disAbility support needs and is rooted in ableism and other forms of discrimination. Abusive persons are often caregivers, which can be a family member, health care worker, or an intimate partner/spouse. Abuse includes:

- **psychological & verbal**
(e.g., name calling related to disAbility; threatening harm to assistive device or service animal; threatening to withhold essential care supports)
- **systems abuse**
(e.g., unwillingness to provide service and support; rude and disrespectful treatment)
- **destruction of property**
(e.g., damaging hearing aid or other assistive devices)
- **denial of services and/or inappropriate treatment by caregivers** (e.g., forced to live in inaccessible homes)
- **discrimination on the basis of their disAbility**
(e.g., refused service or couldn't be accommodated at a shelter because of mental health disAbility)
- **racism and ableism**
(e.g., fearing the revoking of sponsorship for immigration because of relationship violence and disclosure of one's disAbility status)
- **financial**
(e.g., controlling bank accounts; stealing disAbility social assistance cheques)
- **physical**
(e.g., violently transferring a woman to and from her wheelchair; withholding or denying services; using severe violence that can cause brain injuries)
- **sexual**
(e.g., forced sex; forced sterilization or abortions; violations of privacy; sexual touching during primary care)
- **technology-related violence**
(e.g., impersonating a Deaf woman by using their teletypewriter; cyber-bullying)

Myths and Realities

MYTHS

- Women with disAbilities are seen as sexually undesirable or asexual and can't be sexually violated
- Women with disAbilities are most often abused by strangers especially given that no person who commits their life to caring for someone with a disAbility would abuse them

REALITIES

- Women with disAbilities experience rates of sexual violence that are higher than women living without disabilities. Sexual violence is about power and control and not sexual attractiveness and desirability of the victim
- Perpetrators most often include family members, intimate partner, peers, and caregivers (e.g., institutional staff, doctor)

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Potential Consequences

Women with disAbilities experience a range of consequences shaped by such factors as race, ability, sexual orientation and gender identity, income level, and the social inequities related to such factors. Impacts include:

- fear of removal/destruction of service animals or assistive devices (e.g., disabling teletypewriter, breaking cane)
- fearful of leaving the house
- chronic health conditions linked to the long term stress of living with abuse by caregivers/partners
- experiencing additional disAbility caused by abuse (e.g., cognitive impairment due to traumatic brain injury)
- very low self-esteem
- isolation
- alcoholism
- engaging in other destructive relationships or behaviour

Barriers to Disclosure and Accessing Support

All women experience barriers to disclosure (e.g., shame, embarrassment). Some barriers are related to social location and personal experience (e.g., immigrant woman living with disAbility, poverty and violence). Women with disAbilities may experience some of the following barriers:

- ableism and other forms of oppression
- not knowing that what they were experiencing was abuse
- lack of money
- lack of accessible services and outreach efforts
- not knowing where to seek help or not seeing themselves represented in services
- not being believed or having the abuse minimized
- needing caregiving support the abusive person provides
- lack of accessible/affordable transportation to leave an abusive situation or to access services in the community

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Learning from Women with Lived Experience

Women with disAbilities have shared strategies that helped them heal and move forward from their lived experiences of violence.

For Service Providers...

- non-judgmental listening
- believing disclosures
- treating women with compassion & respect
- asking about abuse and providing a supportive setting for discussion
- connecting the woman to the larger community (e.g., volunteering, recreational activities)
- addressing woman's health concerns

For women with disAbilities...

- establishing financial security
- information, awareness, and empowerment
- holistic health services
- informal and formal supports
- woman-centred collaborative services
- getting connected to the larger community
- abuse awareness education

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Resources

Leading the way –

DAWN-RAFH Canada and our Partners

DAWN-RAFH Canada, the DisAbled Women’s Network (DAWN) of Canada/Réseau d’action de femmes handicapées (RAFH) Canada, established in 1985 is the only national organization for women with disAbilities and Deaf women – woman abuse has been THE central focus of our work since our inception. DAWN’s organizational **mantra** is LEADERSHIP, PARTNERSHIP and NETWORKING and is the way we are working to ‘transform’ our world to one that includes. In naming ableism as a form of violence we are indeed calling upon you as a Leader in your work, in your world, to identify it, name it and work with your Partners to change it. www.dawncanada.net

A mantra is a sound, syllable, word, or group of words that is considered capable of “creating transformation”.

A First Nations Woman with DisAbilities: “Listen to what I am saying!”

This exploratory and qualitative study describes the courageous story of Hope, a First Nations woman living with severe disAbilities in an urban city. Hope experiences grief, racism, verbal and sexual abuse, healthcare concerns, isolation, poverty, and resisting child welfare. Hope’s story is a learning opportunity for all health and social service providers.

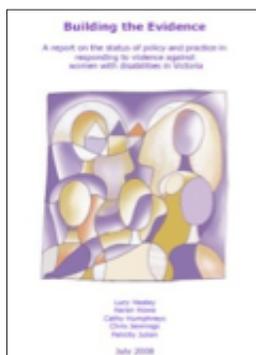
Urban Aboriginal Persons with Disabilities: Triple Jeopardy!

This resource focuses on challenges of First Nations, urban, disabled persons and solutions to overcome obstacles. Aboriginal persons living with disAbilities and service providers share their experiences.



World Report on Disability

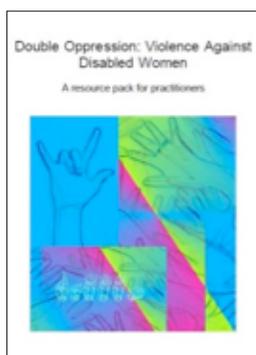
This 2011 World Health Organization report provides a global picture of disAbility. Topics include: prevalence, health care, rehabilitation, enabling environments, education, employment and recommendations focused on alleviating barriers.



Building the Evidence.

A report on the status of policy and practice in responding to violence against women with disabilities in Victoria.

This 2008 Australian report discusses how current policies and practices recognize and provide for women with disAbilities experiencing violence. Recommendations include: collaboration between disAbility and violence sectors; accessible services; education for women with disAbilities and the community about violence and available services; housing options; and training violence workers in disAbility awareness.



Double Oppression:

Violence Against Disabled Women.

A resource pack for practitioners.

This UK resource discusses the context and prevalence of violence against women with disAbilities; the medical and social models of disAbility; types of violence experienced by women with disAbilities; how to make support services more accessible; and safety planning.



Violence Against Women with Disabilities – Violence Prevention Review

This 2011 Canadian report identifies key barriers and initiatives addressing the needs of women with disAbilities living with violence. Recommendations include: creating programs; mapping out support services; developing best practice tools to educate, train, and support women with disAbilities and guide the work of professionals; and developing a national strategy to address violence against women with disAbilities.



Women with DisAbilities and Deaf Women Program

Springtide Resources developed the Women with DisAbilities and Deaf Women Program to overcome barriers to services including accessibility audits, agency consultation, training, resource development, and leadership development.

Now Available on vawlearningnetwork.ca

Ableism – A Form of Violence Against Women: Critical Reflections by Fran Odette

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Violence Against Women with DisAbilities and Deaf Women

Network Area

Please evaluate us!!!

Let us know what you think. Your input is important to us. Please complete this brief survey on your thoughts of the current newsletter.

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