**Slide 1:**

CoSP 2019

Violence & Abuse Against persons with disabilities

UN Headquarters New York

June 10, 2019

GANHRI

Global Alliance of National Human Rights Institutions

**Slide2:** ABOUT DAWN CANADA - Mission

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

For nearly 35 years, DAWN Canada has worked towards the advancement and inclusion of women and girls with disabilities and Deaf women by creating change at a systemic level. This includes building strategic partnerships, developing curriculum and educational tools, and addressing policy change.

**Slide 3:** ABOUT DAWN CANADA – How we work

* Grounded in the lived experiences of women with disabilities and Deaf women, and using an evidence-based approach, DAWN Canada works to create change at a systemic level in order to directly improve the quality of life for women with disabilities.
* We amplify the voice of women with disabilities and Deaf women by ensuring that they are represented at decision-making tables in the areas that matter most, including violence prevention, health equity, and access to justice.
* We work to increase the capacity of women with disabilities and Deaf women in their communities to support their leadership in articulating their needs.

**Slide 4:** OUR APPROACH

Four pillars:

RESEARCH: We work with community-based researchers and academic partners to shift the discussion around how research and community development can and should be done using an intersectional approach.

EDUCATION: We work with partners, sharing research in order to develop curriculum and tools to deepen knowledge and skill in the practice of intersectionality and inclusion to a range of stakeholders.

POLICY: We continue to challenge and engage policy-makers in the review and development of policies so that they are informed by community-defined needs.

ADVOCACY: We are committed to ensuring that the voices of women and girls with disabilities and Deaf women and girls are represented at decision-making tables in the areas that matter to us most.

**NOTHING ABOUT US WITHOUT US!**

**Slide 5:** What do we know?

**Slide 6:** What we know

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

being a woman;

being Indigenous and

living with a disability.”

Neil Belanger, Executive Director, British Columbia Aboriginal Network on Disability Society, June 2016.

**Slide 7:**

**WOMEN ARE BECOMING DISABLED THROUGH VIOLENCE**

* Women survivors of intimate partner violence are vulnerable to traumatic brain injury (TBI).
* Intimate Partner Violence (IPV) affects women differently, and can result in physical as well as psychological harm, in addition to involvement with the justice system.1
* Common injuries of IPV survivors involve assaults inflicted to the face, head and neck, and/or resulting from strangulation, putting women at risk for brain injury.2

1 & 2 Mollayeva, T., \*El Khechen-Richandi, G., Colantonio, A. (2018, January 18). Sex and gender trends and considerations in concussion research. *Concussion*. [Invited]. (Online, ahead of print). doi: 10.2217/cnc-2017-0015.

**Slide 8:**

**WOMEN ARE BECOMING DISABLED THROUGH VIOLENCE**

* Elevated head injury rates of up to 92% among women survivors of IPV have been identified (Kwako et al. 2011; St. Ivany et al. 2016)3
* Criminalized women with TBI have more history of physical (68%) and sexual abuse (60%) than those without TBI4

3Mollayeva, T., Colantonio, A. (2017, April). Gender, Sex and Traumatic Brain Injury: Transformative science to optimize patient outcomes. *Healthcare Quarterly,* *20*(1), 6-9. doi:10.12927/hcq.2017.25144.

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

**Slide 9:** What we know

Violent Victimization of women with disabilities

In March 2018, the Canadian Centre for Justice Statistics released a report on the violent victimization of women with disabilities

In 45% of all incidents of violent crime, defined as sexual assault, robbery, or physical assault, the victims were women with disabilities.

Women with a disability were twice as likely as women who did not have a disability to have been a victim of violent crime.

Women with a disability were nearly twice as likely as women without a disability to have been sexually assaulted in the past 12 months.

**Slide 10:** What we know

Violent Victimization of women with disabilities

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 (36% versus 20%).

About one-quarter of women with a cognitive disability (24%) or a mental health-related disability (26%) were sexually abused by an adult before they were 15 years of age.

Almost half (46%) of all Canadian women who reported having ever experienced homelessness had a disability, as did nearly four in ten (37%) men.

**Slide 11:** RESEARCH

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

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

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

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

**Slide 12:** RESEARCH

**CANADIAN WOMEN AND GIRLS WITH DISABILITIES AND HUMAN TRAFFICKING**

**Research**

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

**Slide 13:** STATISTICS CANADA

* One in five (22%) of the Canadian population aged 15 years and over – or about 6.2 million individuals – had one or more disabilities
* 24% of women in Canada live with a disability.
* Disabilities related to pain, flexibility, mobility, and mental health were the most common disability types.

**Slide 14:** What have we done?

**Slide 15:** OUR RESPONSE

NATIONAL ACCOMMODATION AND ACCESSIBILITY SURVEY

* A review of access to shelters and transition houses (2007-2009)
* Confirmed the need for better outreach to women with disabilities and Deaf women
* An audit tool that continues to be available

**Slide 16:** NAAS

**Context:**

Update of DAWN’s earlier work on access to shelters and lack of research in the field of women with disabilities and Deaf women and shelters.

**Objective:**

A snapshot of accessibility and accommodation for women with disabilities and Deaf women within Canadian shelters / expertise to heighten awareness about violence against women with disabilities and Deaf women

**Slide 17:** NAAS

**Methodology:**

* + The underlying methodology of this project is Participatory Action Research.
	+ Pilot surveys were conducted in Nova Scotia and PEI. They were instrumental in the development of the last version of the NAAS.
	+ An invitation to participate in the NAAS was sent out to 369 shelters and transition homes across Canada.
	+ 43 shelters (10%) initially completed the survey: 10 in British Columbia, 4 in Nova Scotia, 7 in Quebec, 13 in Ontario, 4 in Alberta, 1 in Newfoundland, 3 in Manitoba, and 1 in New Brunswick.

**Slide 18:** NAAS

**Key Results**

* There was more basic physical accessibility in women’s shelters. Many did not have all their floors adapted, didn’t have equipment for Deaf women or adapted spaces for mothers with disabilities.
* Even when accessibility was there, there were still problems with service delivery.
* Outreach was not implemented or adapted for women with disabilities and Deaf women.

**Slide 19:** OUR RESPONSE

**OUR RIGHT TO BE SAFE**

**Objectives**

* To establish the foundation in local communities to address this issue.
* To develop resources and educational training workshops for both women with disabilities and Deaf women, as well as service providers, to strengthen the capacity of women with disabilities and Deaf women and the communities that they live in, to recognize and respond to violence

**Slide 20:** Our Right To be Safe!

**Methodology**

* DAWN Canada in collaboration with the Canadian Association for Community Living and People First of Canada conducted a three-year community development project in 13 locations across Canada such as
	+ Iqaluit City Council
	+ Kitchener Downtown Community Health Centre
	+ Multicultural Health Brokers Cooperative
	+ Nunavummi Disabilities Makinnasuaqtiit Society
	+ Regina Immigrant Women’s Centre
	+ Social Planning and Research Council of BC
	+ Status of Women Committee (Yukon)
	+ Steinbach Chamber of Commerce
	+ YWCA of Montréal

**Slide 21:** Our Right To be Safe!

**Results**

* The project gave us a better understanding of the nature and extent of abuse experienced by women with disabilities and Deaf women in Canada. A clear message that emerged from this community research is that there is an urgent need to:
	+ create a national network of resources including accessible shelters and transition houses;
	+ address the alarming rates of secondary systemic violence experienced by women with disabilities and Deaf women due to gaps in service provision.

**Slide 22:** OUR RESPONSE

LEGISLATION, POLICY AND SERVICES RESPONSES TO VIOLENCE AGAINST WOMEN WITH DISABILITIES AND DEAF WOMEN

**Methodology**

* Bringing together women with disabilities and Deaf women with service providers & policy makers to develop community response frameworks to address violence.
* With support from Provincial/Regional Advisory Teams and our National Advisory Committee we have:
	+ reviewed existing policies and programs
	+ analyzed gaps in services
	+ considered the best practices and proven models

**Slide 23:** OUR RESPONSE

LEGISLATION, POLICY AND SERVICES RESPONSES TO VIOLENCE AGAINST WOMEN WITH DISABILITIES AND DEAF WOMEN

**Goals**

* Amplify the voices of women with disabilities and Deaf women in their communities so that they can articulate their needs related to violence prevention
* Develop stronger provincial/territorial policies, programs and services to address violence against women with disabilities & Deaf women
* Empower women with disabilities and Deaf women

**Slide 24:** Outcomes of environmental scan

**Women with disabilities and Deaf women are being “ungendered” in Policy**

* DAWN Canada recognizes the distinct issues faced by marginalized genders (women, trans people, non-binary people), but the ungendering of women with disabilities shows how deeply rooted ableist attitudes are negatively affecting women with disabilities and Deaf women.
* The result is that there are no programs, funding, or services focused specifically on women with disabilities

**Slide 25:** Outcomes of environmental scan

**Women with disabilities and Deaf women have been a footnote in policy**

* Most policies and programs related to gender-based violence will name “vulnerable groups” in the preamble and then describe these “vulnerable groups” in a footnote.
* In the nearly all of the polices and programs related to violence against women that were reviewed through the LPS project, women with disabilities and Deaf women were referred to as people with disabilities or as a vulnerable group.
* This separation of women with disabilities and Deaf women has left us as a footnote in the minds of policy makers and absent from programs and services.

**Slide 26:** Outcomes of environmental scan

**An intersectional and cross-disability perspective has not been applied well in the policies and programs we reviewed**

For example:

* + When policies and programs mention disabilities, they usually focus on one kind of disability such as Deafness, mental health or mobility.
	+ Policies and programs never account for the fact that women with disabilities and Deaf women can also be immigrant, Indigenous, a language minority, queer, racialized and/or trans.

**Slide 27:** What could violence prevention look like?

**Slide 28:** RECOMMENDATIONS

**Training for frontline workers to better support women with disabilities and Deaf women**

* + Partnerships with provincial or territorial organizations to develop cost-effective disability-inclusive training to organizations
	+ Training available in their communities
	+ Mental Health First Aid
	+ On common issues such as PTSD and emerging issues such as brain injury
	+ Better supervision and training of attendants and caregivers to prevent and respond to situations of violence or abuse
	+ Continuing education and awareness programs on disability and the concept of universal accessibility

**Slide 29:** RECOMMENDATIONS

**Adopting a disability inclusive approach to outreach and services**

* + Gender-based violence organizations should collaborate with disability-specific organizations to provide audits, cross-training and specialized services
	+ Using accessible and culturally sensitive communication/information including feedback mechanisms, in accessible facilities and providing appropriate accommodations
	+ Assistance and support programs specifically for women with disabilities and Deaf women

**Slide 30:** RECOMMENDATIONS

**Collaboration and Community Engagement**

* + Partnerships with provincial/territorial organizations to develop cost-effective disability-inclusive training to organizations
	+ Create culturally competent and specific services for Indigenous (First Nations, Métis, Inuit) women across the life span
	+ Funding for attendant care services in transition houses and shelters
	+ Safe, accessible and reliable transportation in rural and remote communities
	+ Ensure equitable access to sexual and reproductive rights education for girls with disabilities and Deaf girls.

**Slide 31:** RECOMMENDATIONS

**Audit and reform of policies and regulatory bodies**

* + An intersectional lens.
		- Intersectionality must include disability.
		- Ableism is a form of oppression that must be named.
	+ A cross-disability lens.
		- All women with disabilities and Deaf women should be included and explicitly named.
	+ Funding and resources to implement reforms need to be put in place on a priority basis.

**Slide 32:** RECOMMENDATIONS

**Representation of women with disabilities and Deaf women at decision-making tables**

* Women with disabilities and Deaf women are the experts about policies and services for them, so their perspective and expertise are crucial.
* Women with disabilities and Deaf women are on Boards and among staff and volunteers.
* Support women with disabilities and Deaf women participation and leadership in whatever you are doing!

**Slide 33:** More than a Footnote Campaign

**Slide 34:** CALL TO ACTION

**Join our**

**CALL TO ACTION!**

**Women with disabilities are more than a footnote!**

**Slide 35:** CALL TO ACTION

**Slide 36:** CALL TO ACTION

**Slide 37:** CALL TO ACTION

**Slide 38:** CALL TO ACTION

**Slide 39:** CALL TO ACTION

* Subscribe to our list: morethanafootnote@dawncanada.net
* Tweet and Facebook using the hashtag #MorethanafootnoteWwD

**Slide 40:** **NEW REPORT**

**New Research**

“*More Than A Footnote: A Research Report on Women and Girls with Disabilities in Canada* sheds light on the key issues women and girls with disabilities in Canada face every day, such as social exclusion, poverty, barriers to education and unemployment. I am proud that our Government supported this eye opening report, which puts forward recommendations to create opportunities for women with disabilities in the future.”

 **- The Right Honourable Carla Qualtrough,**

**Minister of Public Services and Procurement and Accessibility**

**Slide 41:** RESEARCH

* In May 2017, the UN Committee on the Rights of Persons with Disabilities presented their concluding observations and recommendations to Canada, and identified women with disabilities as a key constituency for action.
* While feminist academics and researchers have built a significant body of work on Canadian girls and women, most of that research has been and continues to be done without an intersectional lens, particularly the disability lens. As a result, there is an absence of analysis of the implications for women and girls with disabilities and Deaf women and girls.
* *More Than A Footnote: A Research Report on Women and Girls with Disabilities in Canada* is a call to action that affirms why the Committee on the Rights of People with Disabilities placed so much emphasis in its recommendations to Canada on the situation of women and girls with disabilities in Canada. It affirms the urgency of moving forward and the need for a national discussion that focuses on the full social, economic and political inclusion of women and girls with disabilities.

**Slide 42:** RESEARCH

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

**Health Services**

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

**Slide 43:** RESEARCH

**Legacy of surgical sterilization**

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

Some of the barriers women with disabilities face include :

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

**Slide 44:** RESEARCH

**Canada’s Medical Assistance in Dying Act**

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

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

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

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

**Slide 45:** RESEARCH

**Some key recommendations**

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

**Slide 46:**

**UN Special Rapporteur on violence against women visit**

**Slide 47:** DAWN’s report

**Slide 48:** UN Special Rapporteur report

***“Violence against women and girls with disabilities***

*In the light of the most recent concluding observations to the State Party under the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD) and the International Covenant on Economic Social and Cultural Rights (CESCR), I am concerned about incidences of violence against women and girls with disabilities in Canada. Furthermore, based on the information received and the shelters I visited, services for assistance and home support or adapted transportation lack accessibility for disabled women. Even though all relevant federal and provincial legislation already prohibits violence against persons with disabilities, the legislative process has not been successful in the prevention or reduction of violence. Therefore, the Government should fully align its policies with the recommendations made by the international human rights mechanisms and provide a comprehensive assessment of the situation of girls and women with disabilities in the country, in order to establish a baseline of disaggregated data against which future progress towards the implementation of international human rights standards could be assessed.”*

**One paragraph on women with disabilities**

**Slide 49:** GBV Advisory Committee

**Slide 50:** Summary discussion

**Slide 51:** Summary discussion

* State Parties have failed to act on the issue of violence against women and girls with disabilities.
* The legislative process has not served well in the prevention or reduction of violence against women and girls with disabilities.
* Placing disability at the centre of a violence prevention strategy is the only way that State Parties can meet their obligations under international covenants.

**Slide 52:** CONTACT US/JOIN US/SUPPORT US!

Web: www.dawncanada.net

@dawnrafhcanada

www.facebook.com/dawnrafhcanada

projects@dawncanada.net

Tel: 1 866 396 0074