



DAWN-RAFH CANADA
For the Canadian Women's Foundation

Women with Disabilities and Abuse: Access to Supports

Report on the Pan-Canadian Focus Groups

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Bottom line, I want you to get to know me. If you lack the sensitivity and composure to acknowledge that I am a broken woman, you can't help me. I want to see some kind of recognition that you're on my side, working for me, helping me to a better place.

It takes years for something to be developed. It is always paper work and administration if you have a model run with it. The important thing is to get help to the people in need. I think it has to be a community thing.

I just hope something gets done with all those focus groups that are being done across Canada I hope that they do take it seriously and outline these problems and do something about it.

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Section One: Project Overview

Background

The Canadian Women's Foundation (CWF) is presently conducting a review of their work in the area of violence prevention. The purpose of this review is to; 1) improve CWF's funding processes, 2) to examine the issue of violence and women with disabilities as it is currently being experienced, and 3) to understand who is donating time, resources, and money to address this problem. The goal is for CWF to develop a long-term strategy for preventing violence against women.

DAWN-RAFH Canada is widely regarded for their ground-breaking work in highlighting the social and economic exclusion of women and girls with disabilities, both in Canada and globally. DAWN-RAFH Canada has made addressing the issue of violence against women with disabilities and Deaf women, their top priority. This is because of the alarming rates of violence against women with disabilities and Deaf women.

Abuse in relationships is any behaviour or pattern of behaviour used to coerce, dominate or isolate the other partner. It is the use of any form of power that is imposed by one partner over the other to maintain control within the relationship. Violence against women or "woman abuse" usually refers to the threat or use of physical force on a woman's person or property by an intimate partner.

However, in cases of women with disabilities and Deaf women, the abuse may be perpetrated not only by an intimate partner or spouse but often by a family member, or caregiver(s) i.e. social workers, health care service providers, doctors, nurses, institutional and residential staff, attendants, etc.. (See Violence Against Women - Facts Sheets, The Roeher Institute, 2004 and We are Those Women, DAWN-RAFH Ontario, 1995). Potential abusers may intentionally seek employment where they will have opportunities to assault women with disabilities or Deaf women (for example transit drivers, attendant care workers, interpreters, etc.).

The circumstances where violence may occur for women with disabilities and Deaf women differ at times than that of women without disabilities. Yet not much work has really been done, in terms of concrete strategies to address these differences in order to make effective changes.

DAWN-RAFH Canada views this project as the initiation of new work in the area of anti-violence. They want to use this opportunity to begin listening to women in safe environments, while also building partnerships with a variety of disability and

women's organizations representing a diversity of disabilities, regions, experiences, identities, languages, cultures, ethno-racial communities, etc...

The focus of this component of the CWF's research is to gather information on women with disabilities and Deaf women's access to abused women's services, in order that they may gear future investments towards strengthening successful supports and services. It is only through leadership from women with disabilities and Deaf women that the real issues and solutions can be identified, and thus real change can occur.

Who are women with disabilities & Deaf women?

Before we explain the methodology and approach that we used, it is important to share information on women with disabilities and Deaf women. The following excerpt from The Right to Be Safe offers a good explanation of the types of disabilities and the importance of not medicalizing our understanding of disability.

The way in which we understand and define disability has been the topic of much controversy. The World Health Organization refers to disability as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

This is problematic because of its emphasis on the individual's deviation from a set standard of normality. Disability activists ask us to acknowledge that it is the limitations or lack of accommodation that society imposes that limit advantage and access to full participation in society, rather than an individual's characteristics. In this context, the problem of disability is not with the impairment, but rather "disability" arises from the barriers to equal participation that are in place in society. When we are attempting to identify barriers and strategies to eliminate those barriers, it is more constructive to focus on the areas where social systems and services have the "deficiency" in meeting the diverse needs of all members of our communities, rather than the individual.

The Right to Be Safe. Written by Doris Rajan for the Canadian Association for Community Living. 2006.

It is within this context that we can understand the general categories of disability. These are only useful however when we are cautious not to label people, recognizing everyone's individuality and that these are broad categories that are not mutually exclusive.

The following definitions taken from Violence Against Women with Disabilities & The Justice System – Participant Manual, may be helpful:

Mobility and Agility Impairments

Mobility/agility impairments are conditions which limit a person's movement. They can be the result of neurological conditions (such as Cerebral Palsy, Spina Bifida, Multiple Sclerosis), orthopaedic conditions (associated with polio, arthritis, Muscular Dystrophy), or spinal cord injuries. Women with mobility impairments sometimes use wheelchairs, braces, walkers, or crutches.

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Vision Impairments

A vision impairment can range in intensity from low vision to blindness. Only a small percentage of all blind women (about 1%) read Braille; individuals who lose their sight later in life do not often learn to read Braille and may rely primarily on large print materials, taped reading materials, or require readers.

Hearing Impairments

Hearing impairments can range from partial hearing loss (hard of hearing) to deafness. Not all Hard of Hearing (HOH) or deaf people use American Sign Language (ASL). Some read lips and speak, especially those who can distinguish sound, or who have lost their hearing later in life. A TTY / Teletypewriter allows women with hearing impairments to communicate with others using the telephone. Certified court interpreters may be needed for women who are hard of hearing or deaf. Many deaf people (although not all) identify with the Deaf Community and with Deaf Culture.

Learning Disabilities and Attention Deficit Disorder

A learning disability is defined as a neurological dysfunction which interferes with the brain's capacity to process information in a conventional manner. There are many different types of learning disabilities, coming in several combinations and ranging from the very mild to the very severe. For example, Dyslexia is a common term for some learning disabilities involving problems reading. It is important to remember that having a learning disability does not affect a person's overall intelligence. Some people with learning disabilities may also have attention deficit disorders or hyperactivity. They may become easily distracted, disorganized, impulsive, and have a low tolerance for stress.

Mental Health (or Psychiatric) Disabilities

There is a range of conditions and diagnoses that fall under this heading. These include Major Depressive Disorder, Schizophrenia, and Bipolar Disorder. These conditions are often treated with medications and/or with therapy. Individuals may experience side effects from medication which inhibit clear thinking, interfere with short and/or long-term memory and make it difficult to follow a fast-paced, information-packed conversation.

Speech Impairments or Limited Verbal Communication

Speech or communication disorders generally relate to disturbances in articulation, voice production, rhythm (stuttering), neurology (e.g. cerebral palsy, hearing impairments, intellectual disability and associated conditions) or organic causes (such as cleft palate). It may be important to ascertain the cause of the person's speaking impairment, as they may require a particular accommodation to be understood.

Violence Against Women with Disabilities & The Justice System – Participant Manual.
The Roeher Institute. 1998.

Intellectual Disabilities

The term “Intellectual Disability” is a broad label formerly known as “mental retardation” which covers a wide group of different people, i.e. verbal, non-verbal, Downs Syndrome, Autism, etc.. People with an intellectual disability may have delayed or limited development in learning that can affect one's ability to comprehend, remember or discern. While people labeled this way have a considerable range of cognitive skills, their capacities are often under-estimated. Historically in Canada, people with this disability have lived in institutions where they experienced wide spread abuse. Due to the fact that many women may have lived in highly protective situations with their families, women with an intellectual disability may be shy or easily intimidated. Also because they have also been denied suitable educational opportunities and segregated from mainstream society, they often have not had a chance to learn about their rights. Women with an intellectual disability may fail to perceive the denial of many amenities as a violation of their rights.

Episodic Disabilities

An episodic disability refers to a disability where periods of good health may be interrupted by periods of illness or disability. Often it is difficult to predict when these “episodes” of disability will occur or how long they will last. Increasing numbers of Canadians are living with lifelong episodic disabilities. These include HIV, multiple sclerosis, lupus, arthritis, cancer, diabetes and mental and mood disorders. People with episodic disabilities face significant employment and income support issues. Recurring periods of ill health make it difficult to work, especially full-time. Most people with episodic disabilities must rely on health and disability benefits. And due to the strict definitions and policies that govern these benefit programs, many people are not able to participate in the workforce part-time or when their health allows.

This definition is derived from The Episodic Disability Network
www.hivandrehab.ca/EN/episodic_disabilities/index.php

Invisible Disabilities

There are a number of other disabilities that may not be readily apparent. These are known as hidden or invisible disabilities, and include for example, people who are HIV positive or have AIDS, Chronic Fatigue Syndrome, Environmental Disabilities, Fibromyalgia, epilepsy, diabetes, or respiratory diseases/asthma. A person who becomes ill due to her environment (i.e. food, surroundings, drink, the air, etc..) has Environmental Disabilities. This includes Multiple Chemical Sensitivities when the body cannot deal with all the toxins it comes into contact with every day, Immune System Dysfunction happens. Auto-immune Disease is the body mistaking a part of itself as the enemy and attacking it. The triggers are reactions to chemicals, natural, and manmade substances, (i.e. soaps, perfumes, make-up, carpets, clothing, etc..) even at very low concentrations. A lot of these manmade chemicals were developed after World War II (including pesticides, cleaning products, etc.) and are petroleum based (petrochemicals). Some of the natural substances that cause problems are grass, pollen, animal hair, or mould.

This definition uses information from: The Invisible Disabilities Association of Canada <http://www.nsnet.org/idacan/enviro.html> and the article "Environmental Illness: The Hidden Disability" by Judy Spence. January 2002. www.alive.com/810a3a2.php?subject_bread_cramb=179.

Multiple Disabilities

Many people have more than one of the above disabilities. For example women with intellectual disabilities can also have mobility or mental health disabilities or women with mobility disabilities may have hearing disabilities, etc. In accommodating women with disabilities and Deaf women, it is important therefore to understand what particular accommodations requirements make sense for each individual. It is also important to be aware that having more than one disability can increase one's vulnerability to risk.

Design & Methods

DAWN-RAFH Canada designed a plan of action that would facilitate hearing from the range of women with disabilities within the limited time and financial resources. Focus groups were the optimal methodology to use within these limitations. Focus groups refer to small groupings of individuals that are pulled together to attain information regarding a specific topic. They are used to obtain open-ended, less structured responses than surveys for example - i.e. qualitative and exploratory in nature. By qualitative, it is meant that information is assigned to broad categories or levels or themes, as opposed to precise quantitative or numeric measurement. This method of "hearing" from women with disabilities would allow us to obtain feedback from the key stakeholders of VAW services, programs and policies. This is one way that community voices and experience can help shape research findings and through these findings, policy and programs can be developed.

What specific information did we want to obtain?

During these focus groups, we sought, to a lesser extent, to gather information on:

- ✓ The types of abuse experienced; and
- ✓ The impact of this abuse on women

However, the focus of these discussions was on identifying detailed aspects of:

- ✓ What women's experiences have been like when they tried to get help, i.e. what worked? What didn't work?, and
- ✓ What would work better for them?

Who did we speak to in order to get this information?

Although DAWN-RAFH is working with a tight budget and a restrictive timeline, we still wanted to get the best representation as possible of; the socio demographic diversity of women, the intersections of these social statuses, types of disabilities, and regional representation.

Thus, by mobilizing our community partners we organized and held six focus groups, speaking to approximately 30 women in total.

The six groups held were:

1. Toronto: Ethno-racial and immigrant women;
2. Toronto: Women living with episodic disabilities such as, HIV, multiple sclerosis, lupus, specific types of mental illnesses, arthritis, diabetes and fibromyalgia.
3. Montreal: Quebec Francophone women
4. Winnipeg: First Nations and/or Métis women.
5. Vancouver: Women labelled with an intellectual disability.
6. Calgary: Women living with mental health disabilities.

The dire need for this work was demonstrated by the outstanding response of support to hold these groups despite the short notice. The following organizations assisted with the organization, outreach, and facilitation of the groups:

- ✓ The Episodic Disability Network
- ✓ Ethno Racial People with Disabilities of Ontario
- ✓ Peel Committee on Sexual Assault (PCSA)
- ✓ Ryerson University – School of Disability Studies
- ✓ Springtide Resources
- ✓ Maison des femmes Sourdes
- ✓ RAPLIQ
- ✓ DAWN-RAFH Manitoba
- ✓ The Alberta Network for Mental Health
- ✓ Elaine Rioux Market Research
- ✓ Pacific DAWN-RAFH
- ✓ People First of British Columbia
- ✓ British Columbia Association for Community Living

We also connected with individual advocates, rape crisis workers, and community workers who assisted us in supporting women with disabilities to attend.

Focus group organizers arranged for all access supports needed, i.e. attendants, advisors, and support people. We ensured that support people present were at each focus group, having been cognizant that some participants may have difficulty, or need support during these groups. We also ensured that we had a quiet room available, if a woman wanted to talk and/or needed support during or after the group.

Each group had a designated person to serve as the “recorder” of the session. They used the pre-designed “Template for Focus Group Notes” to ensure that information was being recorded in a standardized manner. They were asked to add any other information that they could collect like socio-demographics of participants. They were

also asked to use corresponding anonymous identifying names or codes for each participant. No names were recorded during this process.

The lead facilitator was asked to meet with the recorder prior to the commencement of their group to go over research objectives and expectations for note taking. Preference was given for the notes to be verbatim to help us to best represent how women expressed themselves and articulated their experiences. During the group, the note-taker and facilitator were asked to keep each other aware of what questions had already been answered.

The Process

Refreshments were offered at each focus group. At the beginning of each group, the facilitator, introduced herself and the recorder. An overview of the project was shared and women were told the following:

This is a safe place to speak. The atmosphere is casual and completely confidential and anonymous and no names will ever be used. You will see that we are writing down notes, but again we will not take down any names. Also your participation is completely voluntary, so answer questions when you want to and feel free not to answer anything that you do not wish to. If you are feeling uncomfortable or getting anxious or upset – please feel free to step outside.

Women were told that there was a quiet area and then the support person was introduced as available to go with them, should they wish to leave. We told women that the focus of the discussion would be on what things help them and what things did not, and not specifically on their experiences of abuse.

Due to the lack of understanding of the experiences of women with disabilities generally and abuse women with disabilities specifically – there is very little accessible and culturally appropriate counselling supports for women with disabilities. Thus they have rarely had the opportunity to heal from these, often horrific experiences. This knowledge demands that experienced facilitators are enlisted with a pronounced ability to validate, reasonably support, and gently re-direct emotions as they may emerge.

Section Two: Results

Type of Violence Experienced by Women

While the focus of this inquiry was not on detailing the nature and extent of violence that is experienced against women with disabilities, we did ask the question in order to provide context and expand on details, related to women's experiences when they tried to get help.

For the last 25 years DAWN-RAFH Canada and its affiliates have conducted qualitative and quantitative studies in an attempt to better understand the experiences of violence in women with disabilities' and Deaf women's lives. It is advised to refer to past publications or the Literature Review that was also done, for more details.

Women in all six focus groups identified the following types and forms of violence in their lives. While these are not rigidly ranked in order of frequency reported, there is a rationale to the list's order. For example, in the majority of groups verbal abuse was emphasized as was financial, and feeling abused by the 'helping' system. It takes longer for women to open up to talking about physical and sexual abuse, especially in a group of strangers, thus not as forcefully expressed. Another important point to note while reading this section is that, most women reported more than one type of abuse.

Psychological and Verbal

- Name calling;
- Telling women that they were worthless;
- Telling women that they were incapable of doing anything meaningful: i.e. work or go to school.
- Telling women that their disability limits what they can do and dream of;
- Criticizing their cooking or parenting;
- Forced to live in inaccessible settings;
- Controlling every aspect of their life, i.e. what they can eat, where they can go, who they can talk to and meet with, where they work, or not allowing them to work, etc..
- Not acknowledging or appreciating women's contributions;
- Threatening to withhold primary care supports;
- Threatening physical harm;
- Demanding and aggressive behaviour;
- Insulting and degrading language;
- Yelling and throwing of objects;
- Laughing at women; and
- Telling women that they were unattractive and undesirable.

"When I was new to the country, a woman told me that because of my disability it would be impossible for me to find a job."

"My father was always insulting me and degrading me."

"My boyfriend told me I was ugly and I was lucky that he was with me."

Financial

- Caregivers taking their Disability Social Assistance support cheques;
- Controlling their bank accounts;
- Limiting access to women's own money;
- Telling women what they can and cannot do with their own money;
- Stealing from them in their homes;
- Paid caregivers using women's money for their own personal needs and pleasures;

"If you are with an abusive husband, he is going to be abusive financially."

Abuse by the System

- Rude and disrespectful treatment by health care professionals and hospital personnel.
- Refusal to provide medical services needed.
- Rude and disrespectful services from shelter workers and social workers.
- Unwillingness to provide service and support.
- Rude and disrespectful treatment by the police and legal system.
- Unwillingness to help women and minimizing of abuse.

After the abuse and then to actually have the welfare worker just ignore it. You are just a case number to them. .. paper. I am one of how many in that worker's file that has been abused?

With my last abuser ... I ended up with a perforated lung and cracked ribs so I ended up going to the health science centre. They didn't keep me overnight because they needed the bed, they sent me to a shelter but it was filled up, so they put me in a hotel. No clothes or money no one to talk to for 3 weeks.

I felt like I was treated not like a person. This made me feel down about myself, people who are working to 'help' made me feel so down on myself – they did harm me.

Physical

- Extreme physical violence.
- Violence results in disability, particularly brain injuries.
- Physical abuse is ongoing.
- Some women fight back in self-defence. The alternative to not fighting back is potentially death.
- Physical violence witnessed by children.

Sexual

- Sexual abuse by those in positions of authority.
- Child sexual abuse.
- Often abusers were family members
- Date rape.
- Gang rape.
- Violent rape by male partners.
- Inappropriate touching by caregivers when washing, bathing, and dressing women.

Racism

- Described as “emotional violence” in employment.
- Racist treatment by health professionals when trying to get help.
- Racist treatment by shelter workers.
- Racism experienced from counsellors or service providers in violence against women organizations.

My boyfriend raped me and cracked my head on a bed while raping me.

I don't know how many times when I was child, I was approached by my friend's - who were non-native - by their fathers. Because I was different, a 'squaw', a little prostitute.

The specialist took out a copy of National Geographic and showed me a picture and said 'Do you know how lucky you are to be in this country? You are complaining about a headache... this is suffering, you are not suffering. There was a time when everything was good, safe, before I came to Canada. I didn't know what sexual abuse was before I came here. I felt like telling him that.

Women with a brain injury

Denial of Services and/or Inappropriate Treatment by Caregivers

- Forced to live in inaccessible homes.
- Withholding of primary care.
- Denial of assistance to use the washroom.
- Rough bathing and washing.
- Male caregivers being sent to provide primary care for women.
- Caregivers control women's choices, money, and when and where they can go.

Discrimination on the basis of their disability

- Refused service at a shelter because they had a mental health disability, or couldn't be accommodated.
- Refused counselling because of mental health disability.
- Denied employment, housing, access to childcare because of their disability.

Destruction of Property

- Destroyed furniture in woman's apartment.
- Broke down door.
- Smashed care windows.
- Damaged hearing aid.

When you have a disability, you need assistance for things of daily living. Most of us accept a lot of things because we need assistance. We accept too many unacceptable things. When someone goes out for you to buy something, it is extremely easy for that person to steal your money. Most of the time, the people who harmed us are also the people who helped us.

Impact of Abuse

Abuse lead to disability – Many women, especially women with brain injuries talked about how the violence led to their brain injury. Women with mental health disabilities noted that the abuse led to their disabilities.

I think once a violent act is committed, a mental illness is created because there is an automatic impact.

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Fearful of going out of the house – Women feared leaving their home after they escaped their abusers.

Very low self esteem and confidence – Most women spoke about how their self-esteem was damaged to such a point, that they felt hopeless and worthless. Often leading to mental health issues such as depression, suicidal desires, and anxiety.

Isolated and lonely – With the fear of going out into the community, the hostile service environment, lack of finances, and low self esteem – women are often lonely and isolated.

Alcoholism and drug abuse – Following the abuse, women turned to drugs and alcohol to help take the pain away.

Poverty – Women with disabilities and Deaf women are amongst the poorest women in the country. In addition to losing the financial support they may have received from their abuser, social assistance does not provide for women's needs and often women are unaware of what is out there for them. Women spoke about how the experience of abuse, drove them further into poverty.

Loss of opportunity to work or go to school – Many women told us about how their life of abuse and violence took away any skills that they might have had. Plus they were denied a typical upbringing since childhood abuse was so prevalent, that they never went to school, nor were able to pursue employment. Women spoke about how their dreams were crushed by the abuse.

Women and children enter into other destructive relationships – We heard about how women would leave one abusive relationship only to enter into another abusive relationship. Some women told us about how their older children, particularly the males, having been child witnesses of abuse are now aggressive and forceful with their mothers.

Daughters also entered into abusive relationships when they became adults.

How women left

The vast majority of women who we spoke to asserted that virtually no services or individuals helped them to leave their abusive situation. In fact, we heard endless stories across the six groups that those very services that were set up to help women, served to make women feel re-abused. Many women also told us that one of the reasons that they did not leave an abusive situation was they were aware that there was nothing out there that could help them.

Women told us that it was only their own efforts and strength that eventually got them out of abusive situations. When an individual or service did help, it was due to the fact that they felt treated as an individual, with respect, kindness, and compassion.

Clearly the inaccessibility of the support system, lack of understanding of women with disabilities' experiences and needs, and lack of access to money, resulted in women staying in abusive relationships for longer periods. The next section outlines some specific reasons and examples of the how service and support system(s) fail women with disabilities.

Things that did not help them:

Lack of money – Most women we spoke to explained that they did not have any money to leave initially and to support themselves and their children in the long term. One woman even explained that she didn't have the money to call a cab to go to the hospital, after her husband beat her viciously. He has fallen asleep drunk, and thus she did not dare call 911 for fear of waking him. Often women have to leave in a crisis therefore they do not have time to take anything with them. They thus needed clothing, money for food, etc...

Women needing the support that their abuser provides – Women told us about how they needed their abuser, whether that was a parent or other family member, a paid caregiver, or a spouse, to provide assistance for them with daily living. This means help with primary care, (eating, bathing, going to the bathroom), taking medication, grocery shopping, banking, and going to health appointments. Women often had no other options, therefore they endured the abuse in order to keep on living day to day.

For Aboriginal women we are not always welcomed to the other services. They will shift you to an Aboriginal organization. I have black hair and fair skin, where do I fit in? Too white for the native and my hair is too dark for the white.

Not knowing how to leave – There is a lack of accessible transportation, especially in rural areas for women with disabilities to leave.

Not knowing where to go or where to get help and lack of appropriate services – Women often spoke about how they could not find any information on where to go. Some women had attempted to get help, but were badly treated

Not knowing what they were experiencing was abuse – Abuse was such a constant in women's lives, particularly women with mental health and

intellectual disabilities, that they did not know that this was not the normative experience. Women often spoke about their experiences of childhood abuse. Information was kept even further from them than typical children, due to institutionalization, group homes, living on reserve, and not attending regular schools. This increased social segregation and isolation due to their disabilities, blocked their access to information.

Women themselves don't know much about violence. Because of that, it is hard for them to denounce violence and abuse.

Lack of respect, compassion, and help from all categories of service providers

The most significant area of discussion was the mistreatment of women with disabilities by all service sectors that they came into contact with. For example with the police, they are often the first point of contact that women reach out to. We heard many negative stories of police intervention with these abused women with disabilities. Police were generally insensitive, dismissive, disrespectful, and often did not believe that violence was occurring.

Lack of skills, training, and knowledge for working with women with disabilities generally, and diverse women with disabilities specifically

– Women strongly asserted, cross the six groups that people that are in positions of service provision, like shelter workers, counsellors, welfare workers, etc., have a pronounced lack of understanding of

the issues effecting women with disabilities - particularly women who were from ethno-racial/immigrant or First Nations/Métis backgrounds. Women with intellectual and mental health disabilities also indicated a stronger sense that people in the helping professions had little, if any understanding of their experiences, needs, and rights.

Not being believed or abuse minimized - Related to mistreatment by service providers, was the continual rejection of women's disclosures of abuse. Incredibly even when one woman with an intellectual disability was in the hospital after being brutally beaten by her boyfriend, her mother refused to believe that he had done this to her, suggesting that it was because she fell and/or had an accident. Women with mental health disabilities reported not being believed frequently. Women also felt that they were less believed even further, because they were poor or on social assistance.

*Being believed is so hard...
they look at you like they
are seeing an alien.*

*I wanted to be believed -
that the things that
happened to me were real
and not to be dismissed.*

What helped?

Someone that didn't judge them, believed them, listened to them, and treated them with kindness and respect- The only times women indicated that someone helped them was when they treated them respectfully as an individual. Unfortunately in most groups this was rarely noted.

Being asked about whether or not they were abused - Women welcomed being asked if they were abused. This was seen as the first step towards opening up and getting help.

Talking- Women indicated when they did meet someone, either a friend or a service provider that believed them and listened to them, they began to feel better because talking was important. One woman talked about how a therapist told her to journal and how that saved her.

Getting connected to the larger community - Women indicated that when they started to volunteer, support other abused women, and/or began to be advocates - they felt better about themselves. Women also indicated that recreational activities and the arts, not only connected them to the community, but also helped connect them to their own mind, body, and soul.

Having a support group – Whether that was being a part of a drop-in, formal support group, or friends – women stressed the importance of having a “team” behind them, supporting them along the way.

Taking care of their health – Many women indicated that when they were supported to focus on a healthy diet, exercise, attentiveness to physical and mental health problems – that they felt very positive about their future.

What women need?

1. Sensitive Skilled Counsellors

Women need other women counsellors who are have a strong understanding of the specific barriers women with disabilities experience, particularly when they are experiencing abuse. They need to be knowledgeable of the different way people with disabilities communicate. Some characteristics of counsellors, therapists, and/or service providers that would work are;

- ✓ **Peer -women counsellors** are most preferred, i.e. First Nations’ and immigrant women counsellors for First Nations’ women, Deaf counsellors for Deaf women, or women that have a strong background, understanding, and sensitivity to women with intellectual disabilities, or women with mental health disabilities.
- ✓ **Work within an anti-oppression framework** – Counsellors who have a strong foundation and conceptual understanding of anti-oppression work.
- ✓ **Understand the personal and systemic experiences of disability and how other marginalized statuses**, i.e. gender, class, race, sexual orientation and identity, age, etc.. intersect.
- ✓ **Therapist trained in trauma** – Counsellors need to be trained in trauma therapy and have a strong awareness of how to counsel women who have experienced violence.
- ✓ **Counsellors who are women-centred, good listeners, non-judgemental, gentle, and compassionate.**

- ✓ **Free therapy and counselling services** – When women had good experience with therapists – they couldn't sustain it because quality therapy is not available to poor or low income women.
 - ✓ **Workers that view the work that they do as more than a job** – There has to be a commitment to helping women that is honest and truthful, and goes beyond a pay cheque.
2. **Financial Security** – Abused women need immediate access to emergency money when fleeing from abusive situations, as well as long term goals and supports to secure education and employment. There needs to be free legal services to help women with paperwork to get what they are entitled to from their abusive husbands.
 3. **Information, Awareness, and Empowerment for Women with Disabilities** – Women need to be educated on what abuse is from an early age. They need information on where to go to get help. They need information on their rights and how to exercise them. With this information women with disabilities are supported to be self advocates.
 4. **Holistic Health Services** – Women need a health service system that will attend to women's physical, mental, and spiritual health needs. Health providers need awareness around violence against women, cross class, disability, and race.
 5. **Women with Disability Support Groups** – Women need a circle of support to help them with immediate, short, and longer term planning towards an abuse free life.
 6. **Create a safe supportive community** – Health and social services have to work together with women with disabilities to create a safe and supportive community for them to live in. There has to be a dramatic shift in the culture of supports and services that places the women's needs as the central starting point for intervention.

Section Four: Recommendations & Next Steps

“They argued that they always participate in research projects and discussions groups but never see any positive changes. They think that concrete actions are needed.”

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Facilitator – Francophone focus group

Based on the results of secondary research over the past 25 years, and validated once again from the results of the six focus groups that DAWN-RAFH Canada conducted in January 2011, the following recommendations are proposed.

- ✓ Women do not want to be consulted anymore – they want concrete actions.
- ✓ Establish Women’s Support & Planning Groups - Create groups where women could meet regularly, to both talk about abuse, and plan collective strategies.
Women need to be supported to develop immediate, short, and long term plans.
- ✓ Increase the number of skilled, disability sensitive, free counselling services.
- ✓ Develop safety protocols and protection processes that can be implemented when a woman leaves.
- ✓ Establish financial support that ensures that temporary money is in place immediately, and continue support until they are financially self sufficient.
- ✓ Conduct a safety audit of the health and social services support systems, at the local community level. This systems analysis will identify where women with disabilities are not being appropriately supported.
- ✓ Develop and conduct awareness education on violence and women with disabilities in all sectors involved with VAW.
- ✓ Develop and offer more alternative therapies and artistic projects to help women tell their stories.

Conclusion

DAWN-RAFH Canada is pleased to have been given this opportunity to offer their years of expertise, knowledge, and skills, to consult women with disabilities for this important review for the Canadian Women's Foundation.

This process has highlighted a number of key learnings that will improve future work in the area of increasing access to services and supports for abused women with disabilities and Deaf women.

While we experienced real challenges in participating in this Review, we are also convinced that the learning from this process will be beneficial to both DAWN-RAFH Canada and the Canadian Women's Foundation. We are so pleased with the generosity that women with disabilities who we spoke with offered to this effort. We also appreciate and applaud the Canadian Women's Foundation for recognizing the critical need to focus attention on addressing violence against women with disabilities and Deaf women. Thus we look forward to our future partnership with Canadian Women's Foundation, which we know will result in concrete strategies and results.