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ROOTING RESILIENCE

A Needs Assessment about Women with Disabilities, Gender-Based violence, and the Potential of Peer Support Services

Dr. Jihan Abbas

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

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

Contact:

469 Jean Talon W., #215

Montréal, (Québec)

H3N 1R4

Telephone : (514) 396-0009

Fax: (514) 396-6585

Toll free (Canada): 1-866-396-0074

Email: admin@dawncanada.net

Web: www.dawncanada.net

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“This research reveals critical gaps in prevention and supports that until recently were not understood. Ensuring that the research is driven by intersectional and participatory values, that recognize and build on capacity and expertise from the root is fundamental to the full implementation of the National Action Plan to End Gender Based Violence.”

Bonnie Brayton, March 2021

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INTRODUCTION

Women and girls with disabilities experience gender-based violence at disproportionately high rates. This speaks to both the unique and pressing nature of this issue for women and girls with disabilities. One of the reasons we are drawn to the potential of peer support is because of the potential for this model to be adapted to meet the unique needs of women and girls with disabilities. Additionally, 'peer support' is an important aspect of not only supporting women and girls with disabilities, but also of how women and girls with disabilities, advocates, and the organizations that represent them have evolved. Indeed, it is important to acknowledge the conditions which shape peer support, both in terms of service and practice, as it is often the exclusion of women and girls with disabilities (and the organizations that have supported them) that have led to this model.

As the next section will also illustrate, in addition to these experiences, women and girls with disabilities also experience unique barriers in accessing services and support. Given these realities, this needs assessment will use research, grey literature, and existing programs and practices to examine the potential of peer support for women and girls with disabilities experiencing and/or at risk of gender-based violence. Of note for us is the tendency within the literature to either ignore the needs of women with disabilities and/or to treat disability as a monolith. Instead we have sought literature and information that highlight the intersectional nature of lived experience to underscore the need for our collective responses to be intersectional, trauma-informed, grassroots, and grounded in lived experiences.

Gender-Based Violence & Women with Disabilities

To better understand the potential of peer support in addressing gender-based violence among women and girls with disabilities, it is important to understand the scope of this issue.

Rates of violence and victimization against women and girls with disabilities remain disproportionately high. While we will briefly explore these here to provide context for this needs assessment, we must also note that there are many experiences of violence, abuse, coercion, and control that still remain invisible as many forms of mistreatment do not fall within the Criminal Code (i.e. forms of cultural and social devaluation etc.). Yet, existing research with women with intellectual disabilities indicates that these 'grey areas' are important aspects of lived experience.¹

For women with disabilities in

Canada, the recently released Violence and Victimization of Women with Disabilities provides the most up to date statistical analysis. Pertinent findings from this research include:²

→ Women with disabilities are

2 x

as likely as those who do not have a disability to be the victim of violent crimes, as well as

2 x

as likely to have been victimized **more**

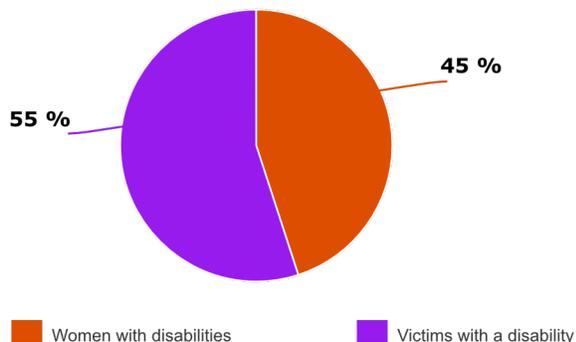
SOURCES

¹ Crawford, C. (2007) When Bad Things Happen: Violence, Abuse, Neglect and Other Mistreatments Against Manitoba Women with Intellectual Disabilities. Community Living Manitoba. Available at: <http://irisinstitute.ca/wp-content/uploads/sites/2/2016/07/When-bad-things-happen.pdf>

² Cotter, A. (2018) Violence and Victimization of Women with Disabilities. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

than once in the last 12 months.

→ On self-reported violent crime (including sexual assault, robbery, and physical assault) involving a victim with a disability, **45 %** of victims are women with disabilities.

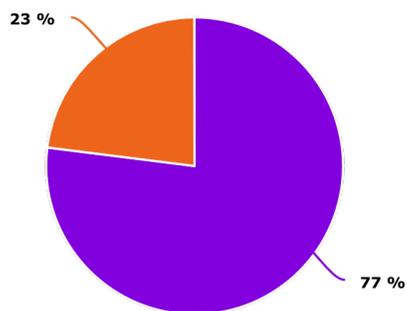


→ Women with disabilities are

2 x

as likely as women without disabilities to have been sexually assaulted in the last year.

→ **23 %** of women with disabilities have been the victims of emotional, financial, physical, or sexual violence or abuse by former or current partners in the past 5 years.



→ With respect to spousal abuse,

39%

of women with disabilities have experienced spousal violence,

46%

have been physically injured because of this violence, and

38 %

have feared for their lives.

→ **38%**

of women with disabilities report physical or sexual assault before the age of 15, and

18%

report sexual abuse by an adult before the age of 15.

→ Women with a disability most often reported the perpetrator was a friend, acquaintance, or neighbour (**44%**) and **30%** of incidents of victimization occurred in their home.

In addition to high overall rates of abuse for women with disabilities, women with disabilities were more likely to report being the victim of multiple and separate incidents of violence in the last 12 months (**36%** of women with disabilities).

→ Sexual assault remains a heavily gendered crime; self-reported and police-reported data confirms a large majority of victims are women.³ Women with disabilities living in marital or common law unions are reported as

40%

more likely to experience violence⁴, while rates of intimate partner violence (IPV) are higher among women who report an activity limitation than those without⁵.

→ For women with disabilities, the risk of violence increases when they are racialized, younger, Indigenous, LGBTQI2S, migrant workers, immigrants, non-status migrants or living in rural areas.⁶ While the statistics around violence against women with disabilities speaks to the gendered nature of this issue, an intersectional lens uncovers disturbing patterns in how certain groups of women with disabilities are

SOURCES

³ Conroy, C., & Cotter, A. (2017) Self-reported sexual assault in Canada, 2014. Statistics Canada. Available at: <https://www.statcan.gc.ca/pub/85-002-x/2017001/article/14842-eng.htm>

⁴ Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations. *Violence against women*, 12(9), 805-822.

⁵ Cohen, M. M., Forte, T., Du Mont, J., Hyman, I., & Romans, S. (2005). Intimate partner violence among Canadian women with activity limitations. *Journal of Epidemiology & Community Health*, 59(10), 834-839.

⁶ Canadian Labour Congress (2017) Submission to Employment and Social Development Canada on Accessibility Legislation for Canadians with Disabilities. Available at: <http://documents.clc-ctc.ca/whr/DISAB-Rights/ODI-Legislation/SEP-CanadiansWithDisabilitiesAct-Submission-ElizabethKwan-2017-02-24.pdf>

impacted⁷:

→ **24%**

of women with cognitive disabilities (including learning, intellectual and memory disabilities) and

26%

of women with mental-health related disabilities report being sexually abused before the age of 15.

→ Women with disabilities who experience violence as children are almost

2 x

as likely as those who had not experienced physical abuse to be victimized in the last 12 months.

→ For women with cognitive and mental health disabilities, rates of violent victimization are

4 x

the rate of those who do not have a disability.

→ In general, women with disabilities who identify as lesbian, gay or bisexual experience

2,3 x

higher rates of violence than among heterosexual women with disabilities.

→ For women with a cognitive disability who identify as lesbian, gay, or bisexual rates of violent victimization are well above those among heterosexual women with cognitive disabilities.

→ Women who experience mental-health related disabilities and those with cognitive disabilities experience disproportionately high rates of sexual assault.

→ Deaf/hard-of-hearing women and women with visual impairment experience

SOURCES

⁷ Cotter, A. (2018) Violence and Victimization of Women with Disabilities. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

2,5 x

higher levels of violent victimization than women without a disability.

→ Women who experience two or more types of disabilities also experience higher rates of victimization.

→ Women with cognitive disabilities are more likely to be the victim of violence from a common-law partner, or current or former spouse (43%).

Recent data has uncovered the equally disturbing reality that women are becoming disabled as a result of domestic violence.

It has been estimated that each year, as many as

276 000

women in Canada will experience a

Traumatic Brain Injury (TBI) as a result of intimate partner violence.⁸

And while women with disabilities who are the victims of violent crimes are more likely to seek out victims' services⁹, these services are often inaccessible.

→ 71%

of women with disabilities report contacting or using formal support services due to Intimate Partner Violence (IPV)¹⁰.

Yet, it has been noted that women with disabilities face more barriers in leaving abusive situations as both disability-related services and services for victims of abuse are not always able to respond to their needs.

SOURCES

⁸ P van Donkelaar (2015) Traumatic Brain Injury: The unseen impact of domestic violence. Available at: <https://theconversation.com/traumatic-brain-injury-the-unseen-impact-of-domestic-violence-92730>

⁹ Cotter, A. (2018) Violence and Victimization of Women with Disabilities. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

¹⁰ Cotter, A. (2018) Violence and Victimization of Women with Disabilities. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

¹¹ Pinto, P. C. (2015). Women, disability, and the right to health. Women's Health 2e: Intersections of Policy, Research, and Practice, 137.

Even the term Intimate Partner Violence obscures the fact that, for women with disabilities, the perpetrator can also be a family member, friend, healthcare provider, or personal attendant. Disability scholars have suggested the term Interpersonal Violence to reflect this.¹²

Access to supports and services can be particularly difficult for certain women and girls with disabilities. One study exploring the experiences of violence among Muslim immigrant women and girls in Canada noted that one woman with a disability was ignored by both immigrant-focused and disability-focuses services as

neither saw her as the type of client they were mandated to support¹³. Additionally, women with disabilities are five times more likely to report unsatisfactory services from police (than among women without disabilities¹⁴). The noted barriers to accessing services and supports further peaks our interest in peer support models as they may be well positioned to address these service gaps.

Caregiver abuse is another form of violence against women with disabilities. Where the perpetrator is a caregiver, reporting abuse can jeopardize a woman's access to needed care¹⁵. A caregiver and/or intimate partner can perpetrate forms of abuse that are less apparent, such as threats of abandonment, emotional abuse, isolation, intimidation, or withholding and/or misusing disability supports and equipment¹⁶. These are particular forms of violence that impact women with disabilities and that should be

SOURCES

¹² Powers, Laurie E., et al. "Interpersonal Violence and Women With Disabilities." *Violence Against Women*, vol. 15, no. 9, 2009, pp. 1040–1069. doi:10.1177/1077801209340309.

¹³ Riley, K. M. (2011). *Violence in the Lives of Muslim Girls and Women in Canada*. London Ontario. Available at: <http://www.learningtoendabuse.ca/sites/default/files/Violence%20in%20the%20Lives%20of%20Muslim%20Girls%20and%20Women.pdf>

¹⁴ Cotter, A. (2018) *Violence and Victimization of Women with Disabilities*. Statistics Canada. Available at: <http://www.statcan.gc.ca/pub/85-002-x/2018001/article/54910-eng.pdf>

¹⁵ Erwin, T. (2000). *Intimate and caregiver violence against women with disabilities*. Unpublished manuscript, commissioned by Battered Women's Justice Project—Criminal Justice Office, Minneapolis, MN. Available at: https://thl.fi/documents/470564/817072/Intimate_Caregiver_Violence_against_Women_with_Disabilities.pdf/f4ad2791-aa84-4e65-8da4-40feda6d2301

¹⁶ Ann Curry, D. N., & Navarro, F. (2002). *Responding to abuse against women with disabilities: Broadening the definition of domestic violence*. In *End Abuse Health Alert*. Available at: https://www.futureswithoutviolence.org/userfiles/file/HealthCare/responding_to_abuse.pdf

considered in broader analysis of this issue.

Another correlation between violence and disability is the impact on mental health, including higher rates of depression¹⁷. For example, one recent study found that women with intellectual disabilities (the majority being Indigenous) began from a “compromised position” that started with childhood trauma, which included experiences of geographic isolation, and other vulnerabilities that led to violence and abuse and conflict with the law¹⁸. Where violence and abuse are concerned, and with respect to disability, there are interrelated elements at play including violence as both the cause of disability and disability as a factor increasing the risk of victimization¹⁹.

Gender-based violence remains a critical issue for women and girls with disabilities. As the research above highlights the issue is pressing and reflects the need for us to collectively

address the realities of gender-based violence over the life course for women and girls with disabilities. This review will examine the potential of peer support models to help inform our work here and ground this process in the knowledge and lived experience of women and girls with disabilities.

SOURCES

¹⁷ Canadian Women's Foundation (2011) Report on Violence Against Women, Mental Health and substance Use. Available at: http://canadianwomen.org/sites/canadianwomen.org/files/PDF%20-%20VP%20Resources%20-%20BCSTH%20CWF%20Report_Final_2011_%20Mental%20Health_Substance%20use.pdf

¹⁸ Levine, K. A., Proulx, J., & Schwartz, K. (2018). Disconnected lives: women with intellectual disabilities in conflict with the law. *Journal of applied research in intellectual disabilities*, 31 (2), 249-258.

¹⁹ Sobsey, D. (2006). Violence and disability. *Health promotion for persons with intellectual/developmental disabilities: The state of scientific evidence*, 205-234.



Peer support

While the issue of gender-based violence against women with disabilities clearly establishes that women with disabilities require unique supports, as noted above systemic and attitudinal barriers continue to prevent access here. In part, this is why the practice of peer support is so important to our collective efforts here, as its grounding in community, empowerment, and lived experience offer another potential avenue to support these needs, especially where communities may understandably be sceptical of professional interventions.

What is Peer Support?

While there are many different ways of practicing peers support, in general peer support has the following **unique characteristics**²⁰:

Lived experience: people who have similar experiences can relate to each other.

Authentic support: because of a grounding in lived experience there are opportunities for unique forms of empathy and validation.

Practical advice: similar lived experience allows for participants to offer each other practical tips and advice that professionals may not be aware of.

Non-professional vantage point: this aspect can allow people who have felt disconnected to rebuild their sense of community.

sources

²⁰ Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.



Peer support is thus grounded within the community needs it seeks to address, and thus has the potential for a vantage point that is informed in ways traditional services and supports may lack. Additionally, a review of peer support literature noted that mutual support and consumer-led groups also foster relationships between peers that promote reciprocity so participants are given opportunities to give and receive support²¹. These approaches are of course radically different from traditional and medical models of support which likely deliver more individualized and isolated interventions. As well, with peer support, participants' knowledge and expertise is not only validated, but also an integral and valued part of the process. Indeed, critical to the peer support model is that it remains centred on the response to treatment and support versus a person's diagnosis or disability²².

Benefits of Peer Support

Research suggests the following benefits of peer support programs²³:

- **Empowerment:** several studies indicate peer support leads to higher empowerment scores.
- **Social support:** opportunities to counter social isolation, which many people with mental health disabilities face.
- **Empathy and acceptance:** the sharing relationship can lead to a sense of acceptance and increased empathy for peers.
- **Reducing stigma:** one study noted participants who had access to peer support were less likely to see stigma as an obstacle to employment.
- **Hope:** participants are given opportunities to believe in a better future.

SOURCES

²¹ Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411.

²² Mead, S., & MacNeil, C. (2006). Peer support: What makes it unique. *International Journal of Psychosocial Rehabilitation*, 10(2), 29-37.

²³ Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411.



How is Peer Support Practiced ?

While peer support itself can be delivered in a number of different ways, research examining critical aspects of peer support notes the following three key factors²⁴:

- **Structure:** This aspect includes how support is structured (program and environment) and the basic rules for engagement (i.e. peer-led, non-coercive, safe, flexible, non-medical, absent of hierarchies).
- **Value:** This aspect includes the set of beliefs that guide the process (i.e. similar life experiences, helping others can be self-healing, empowerment through finding hope and taking responsibility).
- **Process:** This aspect includes how peer support is delivered (i.e. encouraging decision making and choice, development of new skills and knowledge through education, supportive and reciprocal relations, developing awareness and community).

So there are key elements to how peer support is practiced that help ensure it meets participant needs and remains effective and supportive.

There is a good body of research looking at peer support models and disability, particularly in terms of mental health services. One review of published and grey literature in the area of peer support and mental health noted the effectiveness and/or use of peer support models among the following groups²⁵:

- + Those purporting serious mental health issues.
- + Those with addiction or drug use issues.

SOURCES

²⁴Clay, S. (Ed.). (2005). On our own, together: Peer programs for people with mental illness. Vanderbilt University Press.

²⁵Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411.

- + Those with mental health issues who have experience in the criminal justice system.
- + Older adults.
- + Adolescents and youth.
- + Socially and medically disadvantaged groups (i.e. low income and those hard to reach).
- + People with disabilities.
- + Families.

So the literature reflects that peer support, while a popular tool within the disability movement (particularly mental health), can be effectively used among a wide range of populations. This is encouraging as it validates the potential for an intersectional lens/approach to support.

Peer Support & Gender Specific Issues

While much of the literature around peer support is more general (i.e. specific to disability and/or issue) there are some examples of the effectiveness of peer support with respect to gendered issues. As an example, there is a growing body of literature that examines the effectiveness of peer support among women, which speaks to the potential for peer support models to service the unique gender-based needs of women and girls. As an example, the literature around postpartum

depression indicates benefits for women who engage in peer support. One study that examined the effectiveness of telephone-based peer support for postnatal depression found that **80%** of those who evaluated their experience in the program were satisfied with this support and would recommend it²⁶. Another pilot of a program supporting new moms using telephone peer support to address postnatal depression found that this kind of intervention was potentially beneficial in supporting new moms²⁷. Here it is also important to flag the potential for peer support to be delivered remotely (online and/or by telephone), as technology can enable peer support in situations where people are unable to meet face-to-face.

Challenges

While peer support models demonstrate benefits for women and have been used for persons with disabilities, there are aspects to peer support which require a critical lens. The Independent Living movement in Canada, which has used peer support as a core for their service delivery, have noted the following challenges²⁸:

- + Difficulty securing funding for peer support, which can limit training opportunities for leaders;
- + Protecting the principles of peer support, to ensure clear and well-implemented principles and ensuring the right relationships among leaders and volunteers.

Other challenges for peer support models noted in the

Sources

²⁶ Dennis, C. L., Hodnett, E., Kenton, L., Weston, J., Zupancic, J., Stewart, D. E., & Kiss, A. (2009). Effect of peer support on prevention of postnatal depression among high risk women: multisite randomised controlled trial. *Bmj*, 338, a3064.

²⁷ Caramlau, I., Barlow, J., Sembi, S., McKenzie-McHarg, K., & McCabe, C. (2011). Mums 4 Mums: structured telephone peer-support for women experiencing postnatal depression. Pilot and exploratory RCT of its clinical and cost effectiveness. *Trials*, 12(1), 88.

²⁸ Lord, J. (2010). *Impact: Changing the way we view disability: The history, perspective, and vision of the independent living movement in Canada*. Creative Bound International.

literature include ²⁹:

+ **Boundaries** : potential for sharing of personal information and a blurring of boundaries (especially among those who work formally in peer support settings).

+ **Power** : formalizing peer support and offering payment and/or titles can create power differences.

+ **Stress** : among those who work in the area of peer support, may be exposed to more stress.

+ **Accountability** : with shared responsibility within peer support relationships, accountability, especially around what is needed to feel safe is critical.

+ **Maintaining roles** : This is especially critical where there is an overlap between personal and professional roles.

Thus there are programming and structural aspects to peer support which must be addressed to ensure programs are both viable and principled. In addition to these programmatic concerns, there is also a need for peer support programs to reflect the diversity of those they serve. This is critical to ensure peer support services do not perpetuate marginalization and exclusion. Below we've highlighted literature and examples of peer support geared towards those within the community who are in need of gender-based violence support, but may be marginalized in ways that transitional services remain ill equipped to address.

Need for Intersectionality

While much of the literature on peer support is not specific to women with disabilities and gender-based violence, there are aspects within peer support literature

SOURCES

²⁹ Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health*, 20(4), 392-411.

that are useful to better understanding how to support individuals with disabilities. There is literature specific to women and girls with disabilities and the role of peer support, which is promising. For example, research examining an empowerment support group for young women with disabilities found that peer support groups can positively influence one's sense of belonging both within the peer group and in the world outside³⁰. Of interest in this research as well is how group participation may influence dealing with exclusion in the outside world, as the group not only allowed participants to develop a positive identity but also to gain information about their rights and identity. The ability for peer support models to help facilitate individual growth, knowledge, and skills, that can be applied to lived experiences, indicates opportunities to address gender-based violence using this approach.

There is also a growing body of literature examining online peer support. This is an interesting section of the literature as online support can be used as a means of achieving accessibility, to supplement other support programs, and as online spaces seem increasingly important to how disability justice is organized and practiced. One study examining online peer mentorship and adolescents with disabilities found that online peer mentorship programs, specifically structured programs, have a positive influence where participation and social engagement are concerned, and allow adolescents to share and cope with their lived experiences³¹. Other reviews of the research indicate that online and telephone peer engagement allowed for those with

SOURCES

³⁰ Meijas, N. J., Gill, C. J., & Shpigelman, C. N. (2014). Influence of a support group for young women with disabilities on sense of belonging. *Journal of counseling psychology*, 61(2), 208.

³¹ Saxena, S., Mitchell, J., Ehsan, A., Majnemer, A., & Shikako-Thomas, K. (2020). Online peer mentorship programmes for children and adolescents with neurodevelopmental disabilities: A systematic review. *Child: care, health and development*, 46(1), 132-148.

mental health issues to learn from their peers, counter stigma, and gain feelings of hope and empowerment³². It is important to note the opportunities for distance and online peer support as well as Covid-19 and related shelter in place orders have urged us to reconsider how we support each other. Additionally, where gender-based violence is concerned, policies that decrease one's opportunities to go out and socialize beyond immediate housemates may exacerbate abuse and thus highlight our need to respond to these new realities through innovative and online support.

There is a tendency within the literature and among peer support programs to present peer support more generally and without an intersectional lens. As an example, peer support may be framed as a program to assist people with disabilities - as if the disabled population is a monolith. Yet, among people with disabilities, we know that intersectional identities shape lived experience and can mean greater marginalization. As such, there is a need for an intersectional approach that not only addresses the needs of participants, but also the issues peer support is used to address.

While peer support could show promise where gender-based violence is concerned, the way gender-based violence is often conceptualized is itself exclusionary. For example, one study of campus culture and the LGBTQ community noted that LGBTQ students remain at a greater risk of victimization by a partner, yet most campuses remained focused examining IPV through a heteronormative lens (male assaults against

SOURCES

³² Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of mental health, 20*(4), 392-411.

women³³). Another review of gender-based violence programs supporting youth noted that school and college-based interventions included significant gaps with respect to marginalized groups including Indigenous, LGBTQ+, and young women with disabilities, despite the reality that members of these groups remain more likely to experience IPV³⁴. While the needs of many within the disability community remain unmet because of a lack of intersectional considerations, there is evidence that those traditionally left out of programs and support would recommend peer support models. In one recent Canadian report on the Youth Engagement project, led by Wisdom2Action and funded by the Public Health Agency, many youth participants noted the positive impacts peer support services had on them.³⁵ In fact, key recommendations by LGBTQ2+ youth for addressing gender-based violence included peer support and engagement³⁶:

- Peer support services for LGBTQ2+ youth including youth groups, community programs, opportunities for intergenerational relationships.
- Supports for families including counseling and parent-focused and parent-led peer support.
- More inclusive mainstream services tailored to LGBTQ2+ youth, including peer driven programs and virtual supports.

SOURCES

³³ DeKeseredy, W., Hall-Sanchez, A., Nolan, J., & Schwartz, M. (2017). A campus LGBTQ community's sexual violence and stalking experiences: the contribution of pro-abuse peer support. *Journal of gender-based violence*, 1(2), 169-185.

³⁴ Crooks, C. V., Jaffe, P., Dunlop, C., Kerry, A., & Exner-Cortens, D. (2019). Preventing gender-based violence among adolescents and young adults: lessons from 25 years of program development and evaluation. *Violence against women*, 25(1), 29-55.

³⁵ Lachance, L (2019) LGBTQ2+ Youth Priorities for Addressing Gender-Based Violence: Report of a Youth Engagement project led by Wisdom2Action for the Public Health Agency of Canada.

³⁶ Lachance, L (2019) LGBTQ2+ Youth Priorities for Addressing Gender-Based Violence: Report of a Youth Engagement project led by Wisdom2Action for the Public Health Agency of Canada.

So there is evidence that programs not only need to be intersectional, but also that those with lived experience both benefit from and recommend peer support as an effective way of supporting their stated needs. While information specific to women with disabilities, gender-based violence, and peer support remains sparse, the use of peer support within the disability community, as well as its effectiveness in addressing the holistic nature of support, indicate this could be an effective way to deliver gender-based violence initiatives.

There is a need for peer support models that are intersectional in nature. Below, some of the resources and promising practices we've outlined may help inform this process.



Resources, best practices & potential allied work

In this section we've outlined promising practices around peer support from the broader community. The examples below provide insight into programs and/or supports that may be adapted to meet the needs of women and girls with disabilities seeking peer support and addressing gender based violence.

While there are a number of potential promising practices, below we've focused on programs that engage women through trauma-informed practice. As well, as women and girls with disabilities (and other intersectional identities) are often not the focus, we've looked for models that address noted gaps (rural, youth etc.) to better glean critical aspects to supporting the intersectional needs of women and girls with disabilities. Thus the promising practices listed below offer potential in terms of resources, tools, partnerships, and building community capacity.

Peer Support in Action

1. Independent Living Centres

Peer support has been an integral part of the Independent Living (IL) movement in Canada. Over the years it evolved from one-on-one peer counseling and support to both a philosophy and methodology within the movement³⁷. While peer support can take many forms, within the IL movement peer support has reflected the following³⁸:

- A core function of the work of IL Centres.
- A flexible approach which has allowed peer support to evolve and

SOURCES

³⁷ Lord, J. (2010). Impact: Changing the way we view disability: The history, perspective, and vision of the independent living movement in Canada. Creative Bound International.

³⁸ Ibid.

include formal and informal opportunities.

→ Benefits to consumers, including increased confidence, increased knowledge and awareness, increased sense of empowerment.

While the IL movement has historically delivered peer support more generally (i.e. not specific to women and girls with disabilities) their networks and capacity here could be adapted to deliver support directly to women and girls (IL Centres have done work in the area of gender before). It should be noted that some Centres are delivering peers support to women with disabilities (i.e. Victoria BC). As well, developing resources so they can support consumers experiencing gender based violence would increase their community capacity here, as well as give them the tools and resources necessary to inform and make other community spaces more knowledgeable and accessible here.

2. Women's Independent Alcohol Support (WIAS)

As Alcoholics Anonymous is frequently cited as an example of effective peer support, WIAS, a

program adapted and aimed at correcting gender-based assumptions about substance use, provides some insight into an effective gender-based model inclusive of peer support. Recognizing that alcohol consumption impacts women differently, in the chapter We Did it Our Way, Staddon explores the formation of WIAS, a small charity run by alcohol survivors and their friends that helps other women with alcohol issues find the information and support they need³⁹. This is an area marginalized persons, specifically women, experience uniquely and often struggle to find support here. WIAS offers unquestioning and non-judgemental support many find absent in mainstream services (the chapter also highlights tensions with traditional supports like AA). WIAS is unique as it understands alcohol use as a normal social activity that can easily be taken to extremes (in order to take the place of other kinds of nourishment and support), and sees alcohol use and the pathologization of it as a gendered social issue. In keeping with a social model of alcohol use, WIAS addresses systemic problems of inequity. The organization approaches addiction

SOURCES

³⁹ Staddon, P. (2016). We did it our way: Women's independent alcohol support. Searching for a rose garden: Challenging psychiatry, fostering Mad Studies. Ross-on-Wye, UK: PCCS Books.

with the intention of helping women reflect on their situation without a sense of blaming or guilt in order to address their underlying issues related to their alcohol use. This process includes the following⁴⁰:

- Help women reflect on alcohol use without shame or blame;
- Help examine the underlying issues with alcohol use;
- Make participants aware of other community resources (domestic abuse, homelessness, depression, self-harm etc.).

Thus traditional recovery discourses that individualize behaviour and are grounded in notions about “powerlessness” are abandoned for a process that is more inclusive of the the gendered experience of this issue.

3. Canadian Women’s Foundation (Peer Support Program)

While not specific to disability, in 2017 the Canadian Women’s Foundation received a grant to train volunteer women to facilitate peer support for other women who experienced and/or were at risk of experiencing domestic violence. The program focused on self-esteem,

communication, healthy relationships, impact of abuse, guilt and anger, family origins, and moving beyond abuse (among other knowledge and skills). Of interest here were the programs aims to build capacity within rural communities. There may be aspects to this model that can be adapted to meet the intersectional needs of women and girls with respect to gender based violence.

4. Nellie’s (Peer Support)

A community-based feminsit organization which includes anti-racism and an anti-oppression framework, the organization also has a peer support program. Of note here are two specific programs:

A. WEAV (Women Experiencing Abuse and Violence)

A 16 week closed support group for women (trans inclusive) experiencing violence and/or homelessness. Operating using a feminist, anti-racist, and anti-oppression framework the program explores the dynamics and cycle of abuse, privilege, individual and systemic factors etc.

B. Wheeling and Rolling Women Experiencing Abuse and Violence

A 12 week closed social group for

⁴⁰ Ibid.

women with physical disabilities exploring their experiences of violence and oppression. The program includes education and peer support.

Specific Gender-Based Violence Programs/Projects

1. East Metro Youth Services (Gender-Based Violence Program)

Grounded in addressing trauma, relational therapy, and human rights, this program seeks to support survivors of violence and human trafficking. While various services are offered through this program, the Peer Navigator component may offer some promising insight. Peer navigators are trained peer support workers who utilize their own lived experience around gender-based violence to support participants and navigate community resources. As such, there are elements similar to the functions of IL Centres but folded into a comprehensive program aimed at gender-based violence and inclusive of peer support.

2. Ontario Council of Agencies Serving Immigrants (Initiative to End Gender-Based Violence in Immigrant and Refugee Communities)

This five year initiative (2019-2024) is funded through the Department of Women and Gender Equity in partnership with community, non-profit civil society, and education partners. The project is aimed at building leadership capacity among non-status, refugee and immigrant women so they can shape and inform gender-based violence policy and services. The project includes a peer champions program that reflects the importance of lived experience in this process. There may be opportunities to support their efforts with non-status, refugee and immigrant women with disabilities as well as to support each other's efforts where gender-based violence and peer support efforts are concerned.

3. CGSHE at UBC (Supporting criminalized women in addressing gender-based violence)

A project to develop and evaluate trauma-informed, evidence-based, best practices in support of marginalized and criminalized

women who have experienced gender-based violence.

Promising Practices in Resources & Curriculum

1. Guidebook: Engaging Women in Trauma-informed Peer Support⁴¹

This guidebook, developed with fundings from the National Center for Trauma-Informed Care (NCTIC), lays out a detailed guide on how to implement trauma-informed peer support practices for women. Of note, are intersectional considerations like gender, culture, and lifespan which help contextualize the process. Designed for those providing peer support, the guide aims to help make trauma-informed peer support available for women who are trauma survivors and have accessed mental health and/or substance use services. While specific to psychiatric disabilities, the gendered nature and trauma-informed angle of this resource could be adapted to help inform existing peer support spaces/models.

2. Building Capacity for disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings (A Toolkit - Free PDF Download)

Developed by the Women's Refugee Committee this guide addresses women, gender-based violence, disability inclusion, and humanitarian programming. It includes a number of training modules and tools that could be adapted (communication and accessibility, informed consent among survivors, education material etc.).

3. What works to Prevent Violence Against Women with Disabilities (Free PDF Download)

This guide provides a good summary of the issue (global in scope). Of particular interest are examples of programs (pages 5-6) with observations and any evaluations. This includes inline programs and programs.

4. Disability Alliance BC: Anti-Violence Projects

A list of past projects and work in the area of violence and people with disabilities. Of particular interest is a

SOURCES

⁴¹ Blanch, A., Filson, B., Penney, D., & Cave, C. (2012). Engaging women in trauma-informed peer support: A guidebook. Alexandria, VA: National Center for Trauma-Informed Care.

current project on opening access for women with disabilities who want to report violence. As this is a major barrier, there may be resources and tools here that can be adapted and used in a peer support setting to address a part of the experience/process.

5. 5 Free Courses to Support Victims of Gender-Based Violence

This resource includes links to free online content/courses from around the world that could be used and/or adapted for peer mentors and/or peer support group members.

6. Gender Based Violence and Sexual Assault Prevention Initiative

Developed by the City of Edmonton, this project includes a toolkit ranging from basic understandings of what gender-based violence is, to consent and bystander intervention. There is material here that could be adapted and/or used within other gender-based violence initiatives.

7. Future without Gender-Based Violence: Building Newcomers' Resilience Through Community Education (Free downloadable toolkit)

This toolkit for service providers includes information on what community-based education should look like (which reflects DAWN Canada's belief in grassroots initiatives), as well as best practices in toolkits, programs and projects. The toolkit includes considerations for involving peer elements in programs. While specific to newcomers, this adds an intersectional nature that can help inform DAWN Canada's goals of supporting the diverse needs of women and girls with disabilities.



SUMMARY

While women and girls with disabilities are disproportionately impacted by gender-based violence, there are still serious structural and attitudinal barriers that prevent real and meaningful change here. Given the power of peer support in facilitating change and empowering individuals, as well as its success addressing both disability and gender-related issues, there is certainly a need to apply the peer support framework to addressing the needs of women and girls with disabilities. While there may be a lack of accessible peer support spaces to address gender-based violence in Canada, this needs assessment has highlighted literature and research (including grey literature) that offers insight and promise. Additionally, the resources, programs and tools we found can be used to adapt and inform the process of making peer support spaces safe and responsive to the needs of women and girls with disabilities. Throughout this assessment we also highlighted the importance of intersectionality, and trauma-informed support as a means of identifying promising practices that can be adapted for this project. Taken together, the findings in this needs assessment speak to the potential to facilitate peer support spaces and a gender-based violence curriculum that addresses existing gaps by:

- + Grounding action in lived experience;
 - + Providing opportunities for women and girls with disabilities to share these experiences and develop knowledge, skills and leadership in this area;
 - + Developing trauma-informed curriculum and support;
 - + Applying an intersectional lens that is inclusive of the diversity of women and girls with disabilities;
 - + Developing culturally appropriate, cross-disability and fully accessible materials;
 - + Identifying strategic allies and potential partners to address sustainability.
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