

Learning Network

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Violence Against Women with DisAbilities and Deaf Women: An Overview

Learning Network Brief 12

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Author Biographies

Fran has taught in the Assaulted Women and Children Counselor Advocate Program since 2008 and recently became the Senior Research Consultant with the DisAbled Women's Network Canada (DAWN-RAFH). Prior to this, Fran was the Program Manager at Springtide Resources. Fran has collaborated on numerous projects with various organisations working with marginalized communities in the GTA and across the province. As a trainer/educator, much of Fran's work has been supporting service providers in building capacity to make the linkages needed to ensure that women with disabilities, inclusive of gender and sexual identities, have access to services.

Doris is currently the Director of Social Development of Institute for Research and Development on Inclusion and Society (IRIS). Doris has a long history with DAWN-RAFH, focusing on issues for people with disabilities, immigrants and racialized people, First Nations people and women. Her work involves designing qualitative, community-based, social development and applied research projects with international, national, provincial/territorial, and regional organizations. Doris has taught community development courses, written community-based training resources and advised national and international NGO's on designing and conducting effective research and development strategies.

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In Canada, women with physical and cognitive based impairments and differences experience violence at rates two to three times that of women who don't currently live with impairment or bodily difference. Similarly to First Nations, Metis, Inuit, racialized and other communities facing discrimination and oppression, women with disAbilities and Deaf women are at higher risk for being targeted for gender-based violence. Prejudices and social inequities affect how they experience violence and its consequences. It is important to note that for women living with disAbilities the abusive person might be female, particularly within the context of caregiving or other kinds of support related activities.

Myths

Ableism, the belief that the able-body is preferred over the disabled body, causes women with disAbilities to be viewed as asexual or undesirable. Rape mythology views sexual violence as caused by the victim's attractiveness and sexual desirability (e.g., her behaviour, clothing) as opposed to acts of power and control by men over women. In tandem, rape mythology and ableism create misconceptions of gender-based sexual violence and place women with disAbilities at greater risk for sexual assault. For instance, a woman with disAbilities becomes a 'good target' for perpetrators when society believes no one would sexually assault a woman viewed as having 'no sexuality' or is viewed as undesirable. Belief in these misconceptions causes authorities to call her credibility into question when she reports the assault. This is particularly common for those of us who live with brain injuries, intellectual, mental health and other cognitive-based disAbilities.

Who Perpetrates Abuse and Violence

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 person over the other to maintain control within that 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) (e.g., family caregiver, social workers, health care service providers, doctors, nurses, institutional and residential staff, attendants).

The circumstances where violence may occur for women with disAbilities and Deaf women differ at times from that of women without disAbilities. For example, violence in the context of caregiving occurs for women with disAbilities who use attendant or homecare services. Many violence against women services focus on intimate partner abuse which only addresses a percentage of the abuse experienced by women with disAbilities. Many of us experience abuse within institutional settings (e.g., sexual abuse), by homecare personnel (e.g., physical abuse), and by caregivers and families (e.g., financial abuse). Yet there are limited strategies to address these differences.

Experiences of Violence

What we do know about disAbled women's experiences of violence is that often we do experience violence similarly to our non-disabled counterparts, however, the intensity may be greater. Examples include:

- ***Psychological and Verbal Abuse:*** Many of the tactics associated with psychological and verbal abuse include name calling related to her disAbility, threatening physical harm to her assistive device, or service animal. As well, women speak of being belittled based on their disAbility, e.g., focusing on 'limitations' in the context of incapacity or threatening to withhold essential primary care supports.
- ***Financial Abuse:*** Coercion regarding the woman's finances may include controlling one's bank account, limiting access to her own money, or directing when and for what the woman can spend her own money on. For women with disAbilities, the financial abuse can also occur by caregivers who use the woman's money for their own personal purposes or cash disAbility social assistance cheques and take the money.

- **Physical Abuse:** Physical abuse tends to be on-going and incremental in severity; e.g., from rough handling when transferring the woman to and from her wheelchair to extreme forms of physical assault/abuse such as pushing or shoving her hard enough to cause brain injuries. As well, women have shared stories where the abuse has been in the context of attendant or home support services, whereby services or activities associated with 'care' are withheld or denied.
- **Sexual Violence:** Sexual violence can include child sexual abuse, sexual assaults by a spouse or intimate partner, or gang rape. For women with disAbilities as well, the abusive person is well known to her and is considered to be in a position of authority. Statistics suggest that perpetrators tend to be males with easy access to the woman's body in the context of caregiving.

Increased Risk

There are many factors that contribute to increased risk for violence in the lives of women with disAbilities. Many assume that women with disAbilities are vulnerable to abuse as a result of their disAbility. We know however, that the vulnerability stems from ableist views of disAbility held by the dominant society in that disAbility is seen as something 'tragic' and/or used as a justification for the abuse by family and caregivers who are perceived to carry undue hardship as a result of caring for someone with a disAbility.

Barriers to Reporting and Resources

Women with disAbilities face several barriers that impede or prevent reporting/disclosing the abuse and accessing supports including:

- Not knowing that what they were experiencing was abuse – for many women, the abuse is the 'norm' in their lives;
- Not knowing where to go to seek help and a lack of appropriate services – women with disAbilities may not see themselves represented in services or they may not know what services are

available that can provide support and connection to the community outside of the abusive relationship;

- Not knowing how to leave the abusive relationship;
- The need of the caregiving support that the abuser provides;
- A lack of money or financial support;
- Staff working with women lacked skills, training and knowledge for working with women with disAbilities and specifically diverse women with disAbilities;
- A lack of respect, compassion, and help from service providers; and
- Not being believed or having the abuse minimized.

Considerations for Helping Women Experiencing Abuse

Suggestions for service providers that can help make a difference and support women with disAbilities who are experiencing violence:

- Non-judgmental listening, believing disclosures, and treating women with compassion and respect;
- Asking about abuse and having the space and time needed to talk about it in a supportive setting (e.g., drop in, formal support group or with friends);
- Connecting the woman to the larger community (isolation leads to greater risk for victimization and many women with disAbilities experience high rates of isolation as a result of exclusion from their families and the larger community); and
- Taking care of their health (violence is a health issue and impacts a woman's mental and physical well-being).

What Helps Women Heal and Move Forward

Women with disAbilities experiencing violence identify the following characteristics of responses that help them heal and move forward:

- ***Sensitive Counsellors*** that know about trauma and the importance of using an intersectional, disAbility lens when looking at the context of violence in her life
- ***Financial Security***
- ***Information, Awareness and Empowerment for Women with DisAbilities*** - learning about their rights and safety planning
- ***Holistic Health Services*** - services that see the woman in her entirety rather than just addressing the 'medical' issues related to her disAbility
- ***Support Groups for Women with DisAbilities and Deaf Women***
- ***Woman-Centred and Collaborative Services*** - services working together with the woman to create a safe and supportive community for her and her children.