

Learning Network **Facilitate. Educate. Collaborate.**

Issue 7, December 2013

Violence Against Women with DisAbilities and Deaf Women

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

Ableism – A form of Violence Against Women **Op-Ed by Fran Odette**

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

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

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

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

³ "Reassigning Meaning", pg. 1

that sign language is an inferior language and/or the cultural ways of Deaf people are somehow inferior”⁴

Mythologies about disAbility and gendered violence abound for women living with impairments or difference and ableism dictates the kinds of services women with disAbilities have available and are able to access. For example, limited access to sexual health information for women with disAbilities is based on the belief that disabled women will not be sexually active and therefore, do not need reliable sexual health and reproductive health information. This increases our risk for sexual and physical abuse.

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

Ableism as a form of violence is seen in decision making surrounding DNR (do not resuscitate) orders. People with disAbilities are often coerced to sign these orders before going into the hospital (e.g., by family/caregiver), or to sign under conditions where limited options for ensuring access to medical care and supports are presented (e.g., deny surgery/treatment that would enhance quality of life/extend life). When looking at the lives of women with disAbilities and decision making surrounding DNR, it is critical to understand that we are the

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

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

ones who are left behind or neglected in our families of origin, and seen as burdens on the system because we fail to live up to or conform to gender-role stereotypes of what it means to be 'female' in this culture. The underlying message surrounding 'assisted suicide', 'DNR' directives and the denial of medical care for women with disAbilities, reflects larger systemic prejudices and other barriers that influence perceptions about whose life is valued, which in turn, influences who has responsibility for decisions about "ending life" and how those decisions are made. The binary between disabled and able-bodied is leverage for the suicide celebration versus suicide prevention dichotomy. The real question is, "Who benefits?" – is it the woman with disAbilities OR her 'caregivers', service providers, and the state?

Info-graphic

- Over half a billion women and girls in the world have a disability
- More than 1 out of 6 women in Canada lives with a disability (15 years and older)
- Over 75% of incidents of sexual assault of women with mental disAbilities involve recurring episodes
- Women living with disAbilities are more likely to be victims of the most severe forms of spousal violence
- 42% of homeless women living in Toronto have a history of traumatic brain injury
- 1 in 10 women residing in shelters on April 16, 2018 lived with some form of disAbility
- Availability of accessible services as reported by Canadian Shelters in 2008:
 - 2/3 of shelters had wheelchair-accessible bedrooms
 - 22% provided TTY/TDD equipment (i.e., specially equipped telephones) for women with hearing impairments
 - 17% provided sign language or interpretation services
 - 17% provided large print reading materials for women who are visually impaired
 - 5% provided Braille reading material

Betty Anne Gagnon

In October 2013, the Edmonton Court of the Queen's Bench announced the sentencing in the case of Betty Anne Gagnon, a woman with an intellectual disability and visual impairment who died under the "care" of her sister and brother-in-law in November 2009. Both faced multiple charges including manslaughter, failure to provide the necessities of life, criminal negligence causing death, unlawful confinement and assault and conspiracy to commit extortion.⁶ Betty Anne's experience exemplifies systemic and individual ableism in relation to her treatment by her family prior to her death in 2009. Betty Anne died because her caregivers failed to provide her with the necessities of life – to see her life as one worth living. DisAbility activists identify this as a travesty of justice for a young woman who had no voice. Despite calls made by Betty Anne's niece regarding her safety and wellbeing, the system failed her.

Experiences of Violence

While all women experience violence differently, there are commonalities between the experiences of women with and without disAbilities. However, violence against women with disAbilities may be related to their disAbility support needs, may be rooted in ableism or other forms of discrimination. Abusive persons are often caregivers, including intimate partners or spouses.

- psychological & verbal (e.g., name calling related to disAbility; threatening harm to assistive device or service animal; threatening to withhold essential care supports)
- systems abuse (e.g., unwillingness to provide service and support; rude and disrespectful treatment)
- destruction of property (e.g., damaging hearing aid or other assistive devices)
- denial of services and/or inappropriate treatment by caregivers (e.g., forced to live in inaccessible homes)
- discrimination on the basis of their disAbility (e.g., refused service or couldn't be accommodated at a shelter because of mental health disAbility)
- racism and ableism (e.g., fearing the revoking of sponsorship for immigration because of relationship violence and disclosure of one's disAbility status)

- financial (e.g., controlling bank accounts; stealing disability social assistance cheques)
- physical (e.g., violently transferring a woman to and from her wheelchair; withholding or denying services; using severe violence to cause brain injuries)
- sexual (e.g., forced sex; forced sterilization or abortions; violations of privacy, strip searches)
- technology-related violence (e.g., impersonating a deaf woman by using their teletypewriter; cyber-bullying)

Myths and Realities

MYTHS	REALITIES
<ul style="list-style-type: none"> ▪ Women with disAbilities are seen as sexually undesirable or asexual and can't be sexually violated 	<ul style="list-style-type: none"> ▪ Over 80% of women with disAbilities will be sexually abused in their lifetimes - Sexual violence is about power and control and not sexual attractiveness and desirability of the victim
<ul style="list-style-type: none"> ▪ Authorities are always willing to support women with disAbilities when they disclose abuse 	<ul style="list-style-type: none"> ▪ Women with disAbilities who disclose abuse to authorities are often seen as not credible or incapable of testifying or giving evidence particularly women who live with brain injuries, intellectual, mental health or other cognitive-based disAbilities
<ul style="list-style-type: none"> ▪ Women with disAbilities are most often abused by strangers especially given that no person who commits their life to caring for someone with a disAbility would abuse them 	<ul style="list-style-type: none"> ▪ Perpetrators most often include family members, intimate partners, peers, and caregivers (e.g., doctor, nurse, institutional staff, social worker) and they can be male or female

See more myths and realities regarding violence against women with disAbilities and deaf issues. [Learn More](#)

Potential Consequences

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

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

Barriers to Disclosure and Accessing Support

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

- ableism and other forms of oppression
 - not knowing that what they were experiencing was abuse
 - not knowing where to seek help or not seeing themselves represented in services
 - lack of accessible services
 - lack of money
 - not being believed or having the abuse minimized
 - needing the caregiver support the abuser provides
 - accessible/affordable transportation to leave an abusive situation or to access services in the community
- [Learn More](#)

Learning from Women with Lived Experience

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

For Service Providers...

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

For women with disAbilities...

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

Resources

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

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

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

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

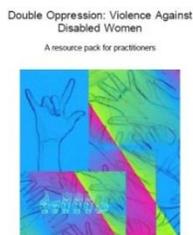
Urban Aboriginal Persons with Disabilities: Triple Jeopardy!

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



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

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



Double Oppression: Violence Against Disabled Women. A resource pack for practitioners.

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



Violence Against Women with Disabilities – Violence Prevention Review

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



World Report on Disability

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



Women with DisAbilities and Deaf Women Program

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