



Neighbours, Friends & Families Disability Strategy

Voices of Women with Disabilities

“Having the support of others while disclosing victimization was, in several instances, a factor that gave survivors strength to bring forward their complaints. Informal support of this kind can be provided by...family members, friends, peer self-help group members, police, physicians, counsellors, educators and advocates.”

Study Participant

October, 2011

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Introduction

This report has been written through a collaborative process. The authors are the members of the Neighbours, Friends and Families Disability Strategy Advisory Committee. Our biographies can be found at the end of the report. We have provided the vision, the guidance and the commitment to bring this work to completion. We met regularly for more than two years to discuss what we know about violence against women with disabilities and Deaf women, to discuss what more we need to learn and to give shape the recommendations in this report.

The foundation of the report is qualitative research that our Disability Strategy Coordinator, Marianne Park conducted. In all she completed 16 interviews and 11 focus groups, involving 90 women.

Noreen Javed, a Research Assistant, conducted a literature review and developed the first draft of the report. Valentina Gal, a member of the Advisory Committee, developed that draft. Valentina deepened and enriched the report with her considerable experience as a writer and a woman living with disabilities. Kaleigh O'Leary, also a Research Assistant supported Valentina as she did that work. Barb MacQuarrie, the Manager of the Provincial Neighbours, Friends and Families Campaign coordinated the activities of the Disability Strategy Advisory Committee and provided editing support for the report.

Overview of Neighbours, Friends and Families Campaign

In 2003 the Domestic Violence Death Review Committee, under the auspices of the Coroner's Office, began its work of carefully collecting and reviewing all available documents and information relating to any death that occurred as a result of domestic violence. Through this reflective process, the DVDRC has presented findings and made recommendations to prevent future deaths as a result of domestic violence.

The Committee recognized and highlighted the fact that neighbours, friends and families, as well as co-workers hold critically important information about the situations of women who are experiencing abuse. As Al O'Marra, former Chief Counsel for Coroner's Office of Ontario noted, "In almost every case of domestic homicide, we found that the people around the victim knew what was going on – but didn't know what to do about it..."

In 2005, in response to the DVDRC recommendations, the Ontario Government provided funding to the Centre for Research & Education on Violence against Women & Children for the provincial expansion of a campaign called *Neighbour to Neighbour* that The London Coordinating Committee to End Woman Abuse had initiated. The campaign was renamed *Neighbours, Friends and Families* (NFF) and an Expert Panel was engaged to guide the development of new resources. Experts included representatives from health, policing, and research, along with services for abused woman and treatment programs for abusive men. Panel members came from diverse geographic areas, including rural and remote communities as well as larger urban centres. The campaign was designed to influence a change in attitudes about woman abuse so that the whole community recognizes it has a role to play in ending violence against women.

The DVDRC soon recognized the promise of the new campaign. The 2005 report indicated that, "...the greatest need continues to be educating all members of the community about the warning signs of domestic violence and the appropriate action necessary to prevent it. One example...is the Neighbours, Friends and Families Campaign."

NFF is an important component of the Domestic Violence Action Plan of Ontario and reflects the principles of education, sustained support & partnerships.

“Our vision for this Action Plan is to free all women and their children from the fear or threat of domestic violence. It’s a **long-term vision** that will require **many partners** and it will take time – perhaps a generation – to do it right.” Premier Dalton McGuinty

It has been more than 5 years since the *NFF* campaign was developed. Strategies and resource materials have been established for Ontario’s general population, as well as the francophone community (*Voisin-es, Ami-es et Familles*) and Aboriginal communities (*Kanawayhitowin*). Resource materials were translated into 16 languages and the Ontario Council of Agencies Serving Immigrants is working on outreach strategies to newcomer communities. With the support of committed funders, community partners, advocates, and individuals, the campaign has experienced great success in educating the public about identifying warning signs and assisting women at-risk of abuse.

Since its inception, NFF has been working hard in the community to improve the circumstances of vulnerable women and children. The premise that everyone in the community can help gives women and children in abusive situations hope and also gives those who care about them some practical tools to use when trying to help. NFF reaches out to communities with its educational campaigns based on the following Campaign Key Messages:

1. Neighbours, Friends and Families have a crucial role to play in preventing woman abuse.
2. You can learn about the warning signs of woman abuse and you can learn how to help.
3. NFF provides the tools to help.
4. Talking to abusive men is critical to ending woman abuse.
5. Abusive behaviour won’t go away on its own. There are services to help those who abuse and those who experience abuse.

According to the most recent evaluation of the *NFF* campaign, participants who participated in the community and professional training gained a substantial increase in awareness of warning signs and risk factors of abuse. The vast majority (88%) of community training participants stated that they felt better prepared to provide support and referrals to abused women and abusive men. (NFF Evaluation Report, 2011)

“This campaign re-establishes for me my deep down core beliefs that people don’t turn away from domestic violence because they don’t care but because they don’t know what to do. There are people in the community who do know how to help and support, so just to provide the link for that woman is lifesaving information for every person to have. I think it’s doing great things, and I think it will continue to do so.”

Training Participant, 2009

Culturally Specific Campaigns

As NFF worked in the community, its members learned much about the difficulties that vulnerable women face. One of the most important realizations was that, although abuse and violence occur across all strata of society, not every part of society understands or deals with violence in a similar way. And, not every woman can deal with the same circumstance equally. In other words, there is no one-size-fits-all solution for ending abuse. In order to reach as many women in the province as possible, NFF realized a need for specificity. This resulted in their culturally specific campaigns:

Kanawayhitowin

- An Aboriginal re-creation of NFF
 - Based on traditional teachings and an Aboriginal world view
 - Led by the Ontario Federation of Indian Friendship Centres (OFIFC)

Voisin-e-s, ami-e-s et familles

- Francophone adaptation of NFF
 - Provides French-language information and resources for the francophone community
 - Led by Action ontarienne contre la violence faite aux femmes (AOCVF)

Neighbours, Friends and Families Diverse Communities Project

- Implementation rooted in the specific needs and assets of immigrant, culturally-diverse or faith-based communities
 - Collaborative work with community leaders
 - Led by the Ontario Coalition of Agencies Serving Immigrants (OCASI)

As culture is not the only way in which Ontario society is diverse, NFF also looked at other social factions. Rural women face issues that urban women do not. Women in the north

deal with isolation and barriers to service that are not a problem with their southern Ontario counterparts.

Likewise, women with disabilities (WWD) and Deaf women have barriers that make them more vulnerable and less mobile than their currently non-disabled sisters. This report attempts to outline the needs of women with disabilities and Deaf Women and contains some recommendations that will help them find their way through the myriad of problems that are a part of the violence and abuse cycle.

“Rather than being an add-on, WWD deserve access to the same resources as other Canadians. Now that it is mandatory in Ontario to consider them when building structures etc., an NFF campaign for women with disabilities is very timely right now and long overdue.”

Study participant

Also, a woman may be dealing with intersecting barriers when trying to leave an abusive relationship. For instance, a woman may be both Aboriginal and hard of hearing. When we apply an intersectional analysis to recognize the nature of her complex identity, we understand the compounded difficulty of having to face discrimination based on both racism and her disability as she tries to find her way out of an abusive relationship. One of the advisory members stated it clearly. The NFF strategy for women with disabilities is a concerted effort to identify barriers for WWD and Deaf women face when trying to deal with abuse and to suggest strategies for overcoming those barriers.

“Talk about every culture, race, talk about intersectionality. Our needs cross everything.”

Study participant

Our Process

When the Centre for Research and Education on Violence against Women and Children, at The University of Western Ontario, identified a need to address the unique challenges faced by women with disabilities and Deaf women, an advisory committee was set up to research the needs and to see how they might be met.

The committee was made up of women with a range of disabilities, some visible and some invisible and Deaf women. How each woman defines and communicates her disabilities is very personal. Some have disabilities that are visible, such as restricted mobility or blindness. Others have experiences of ‘passing’ in the dominant culture with a learning disability or being deafened. Some proudly identify with their disabilities, as with one member who frequently introduces herself by saying, “I have the distinction of being a woman with albinism.” Some have more than one disability. Some understand their disability in a much more nuanced way than the dominant culture would. For example, being a deaf woman who can speak and read lips is very different from being a culturally Deaf woman who communicates exclusively through sign language. The committee members speak from their own realities and provide insight into living as a woman with a disability in Ontario.

The Disability Strategy Advisory Committee conducted a qualitative research study to further explore how the Neighbours, Friends and Families (NFF) campaign could be adapted to be more relevant and accessible to groups of women with disabilities and Deaf women, who are at higher risk of abuse, and those who are close to them. We wanted to learn how to enhance the existing NFF resources in order to reflect the experience of women with disabilities and Deaf women in Ontario, while taking into consideration that women with disabilities and Deaf women may also have other distinct socio-cultural identities related to race, sexual orientation, language and culture, including American Sign Language (ASL) and Lanques de Signes Québécoises (LSQ).

We held 16 interviews and 11 focus groups, and consulted with the Disability Strategy Advisory Committee, over a period of 18 months. The purpose was to identify:

- Information gaps in currently available campaign literature.
- Barriers to accessing information and ways to make the information more accessible.

- The nuances that need to be taken into consideration when explaining prevention and identification of abuse faced by women with disabilities (i.e. specific needs based on language, culture, race, ethnicity etc.)
- Ways of adapting existing resources from the campaign so that they are useful and relevant to the varieties of women with disabilities.

The focus groups were made up of women with a range of disability experiences, including women who may not identify themselves as “disabled”. Interviews were conducted with service providers who work with women with disabilities as well as with women with lived experience of living with a disability. Participants in the interviews and focus groups were asked to review existing NFF resources and provide suggestions on how the resources can be adapted and expanded to meet the needs of women with disabilities and Deaf women.

The committee found that people with disabilities are unequally represented by formal organizations in the community. It seems that some groups are better organized and more able to present their issues. Other groups simply have more constituents, therefore, are better represented in statistics and academic and popular literature. Although an effort was made to be equally inclusive of all women with disabilities and Deaf women in Ontario, this report may be weighted in favour of those who worked more comprehensively with the advisory committee and those with disabilities about which information is more generally available.

To supplement the qualitative research, a literature review was conducted to examine the diverse range of vulnerabilities experienced by women with disabilities. To a large extent, the existing literature validates our own the findings. We have also uncovered information that broadens our thinking about a future campaign that focuses on women with disabilities and Deaf women. The highlights of the literature review are found in the next section.

Through our research, we learned that there is a dearth of information about woman abuse as experienced by women with disabilities and Deaf women. As a result, there is very little in the way of education and training programs for service providers, neighbours, friends and families or women with disabilities and Deaf women themselves. Highlights of the research are detailed in the section *Research Findings*. This report presents the findings of the committee’s research, provides

recommendations, and demonstrates the need to develop and sustain a distinct NFF campaign for women with disabilities and Deaf women.

Our Perspective

“The key principle for which we have been campaigning is that not one dime of public money should ever be used to create, exacerbate or perpetuate any barriers against persons with disabilities. Who could argue against this principle?”

Accessibility for Ontarians with Disabilities Act Alliance Update (July 4, 2011)

Understanding violence and abuse

We draw our understanding of abuse from the work that CREVAWC has done to define violence. Violence and abuse begins with the recognition of the hierarchical nature of Canadian society. In essence, this definition highlights the power imbalances that lead to violence and is predicated on the conceptualization of violence as spanning a continuum of attitudes, beliefs and actions. Thus, violence is:

... the construction of difference and otherness; it entails inferiorizing or devaluing the “Other.” Violence is further understood as the mechanism by which individuals or groups vie for, and/or sustain, a position of power in hierarchical structures defined by patriarchal values. (Alliance of Five Research Centres on Violence, Meeting, Winnipeg, 2001).

The violence against women movement has long understood abuse as exerting power and control over another person. Control is gained through assigning less value to people who are categorized as different. Personal traits and aspects of social identity such as gender, race, class, sexual orientation or ability become tools for identifying this difference. They become “the other.” In this process of depersonalizing those who are different, we take away or omit the qualities that make a person feel welcome or important.

Members of groups who are seen as “normal” have greater access to power and privilege and they gain the ability to make decisions that exert control individuals and social institutions. The prestige and status of elite group membership gives better access to education, employment and services. It also conveys greater potential to influence marginalized or less powerful individuals and groups.

Over time the resulting inequality is structurally embedded. It is seamlessly woven into social and institutional structures, and the resulting harm almost invisible and not likely to be penalized. Less powerful groups may internalize inferior evaluations of themselves and their communities. This is the most subtle form of violence in society.

Everyday violence in the lives of vulnerable women takes a myriad of forms, including all manifestations of physical, emotional, verbal, and sexual abuse. What all of these forms of violence have in common is that they serve to undermine the recipient's sense of self. The corrosive effect is enhanced by reinforcing a sense of powerlessness which limits functioning in both the private and public realms. Violence reflects an abuse of a power relationship, which for women with disabilities and Deaf women, stems from their social location. The negative impact is compounded if they have other aspects of their social identity that define them as different from the norm.

Defining disability and deafness

The World Health Unit, describe disabilities as," an umbrella term, covering impairments, activity limitations, and participation restrictions. An *impairment* is a problem in body function or structure; an *activity limitation* is a difficulty encountered by an individual in executing a task or action; while a *participation restriction* is a problem experienced by an individual in involvement in life situations.

The Disabled Women's Network (DAWN) gives this definition, "disability limits the amount or type of activity a person can undertake."

Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives."

People who are deaf, oral deaf, deafened or hard of hearing are all very distinct groups. In addition to the medical definitions, there are also cultural definitions. Generally, the "small d" deaf do not associate with other members of the deaf community, strive to identify themselves with hearing people, and regard their hearing loss solely in medical terms. "Big D" Deaf people identify themselves as culturally deaf, and have a strong deaf identity. The big D deaf tend to have attended schools/programs for the deaf, while the small d tend to have been mainstreamed and/or never attended a school for the

deaf. Of course individual identities are complex and many people will not fit neatly into one category or another. The following are definitions that our Advisory Committee has agreed upon:

A Deaf/deaf person has a profound hearing loss in which there has been damage to the auditory pathway. Most people use some form of sign language to communicate. Deaf people who have acquired American Sign Language (ASL) as a first language consider English as their second language.

An oral deaf person is someone who was born deaf or became deaf before the acquisition of language and who relies on oral communication rather than sign language.

Persons who have become deaf later in life are referred to as deafened. This is both a medical and sociological term. Deafened persons cannot hear what you say, but usually respond verbally in a conversation.

Persons who are hard of hearing have hearing losses ranging from mild to profound. These people experience difficulty hearing, and may wear a hearing aid to amplify sound. A hearing aid does not cure the loss, but assists in better communication.

Throughout this document, for the sake of clarity, all women who have a disability will be referred to as women with disabilities (WWD) and all women who are Deaf, oral deaf, deafened or hard of hearing will be referred to as Deaf, except in the places when their disability is specific to a point of understanding. We will often use these abbreviations and the committee acknowledges the limitations of the terms.

The Need

The committee found plenty of evidence of the need in the literature. Evidence indicates that women with disabilities are more likely to be marginalized, excluded, and powerless in Western society (Cook & Bessant, 1997). There is also overwhelming evidence to suggest that women with disabilities are far more vulnerable to abuse than women without disabilities:

- Statistics indicate that women who are under 25 years of age, women with a disability, Aboriginal women, and women living common-law are at higher risk of abuse (Statistics Canada, 2005).
- It is estimated that women with disabilities are 1.5 to 10 times as likely to be abused as non-disabled women, depending on whether they live in the community or in institutions (Sobsey, 1988).
- It is estimated that only 20% of the cases of sexual abuse involving disabled people are ever reported to the police, community service agencies, or other authorities (Sobsey, 1981).
- The incidence of abuse is 20% or higher in the community of people who are deaf and have developmental disabilities (Senn, 1988).
- Fiduccia & Wolfe (1999), state that “regardless of age, race, ethnicity, sexual orientation, women with disabilities are assaulted, raped and abused at more than two times greater than non-disabled women.
- The degree of risk of sexual abuse of persons with disabilities “appears to be at least 150% of that for individuals of the same sex and similar age without disabilities” (Sobsey, 1988).
- In one of the rare studies on Domestic violence and Deaf and Hard of Hearing (HOH) Women, “nearly three-quarters (71.7%) of the participants reported that they had been in a relationship, at some time in their lives, in which they were victims of psychological or emotional abuse. Over one-half (56.5%) of the participants indicated that they had been victims of some type of physical violence in an intimate relationship. Sexual violence victimization was reported in the relationships of more than one-quarter (26.1%) of the participants. Violence potentially threatening to the life of the victim was reported by nearly one-third (30.4%) of the participants” (Johnston-McCabe, Levi-Minzi, Hasselt & Vanderbeek, 2011).

Though many of these findings are from studies conducted 14-30 years ago, the reality is that little has changed and there are limited resources that specifically support these marginalized communities. Very little information or research exists on violence in intimate relationships for Deaf and hard of hearing women (Johnston-McCabe, et al., 2011). This is especially the case from the perspective of the role that bystanders can play in identifying and preventing abuse.

While the existing information provided by NFF is relevant to women with disabilities, it is important to note that abuse can be experienced differently by women with disabilities. (Gilson, Cramer, DePoy, 2001). The “lack of culturally-specific resources contribute to the isolation and silence about the abuse observed in victims ...who have some form of physical or developmental disability. In particular, the able-bodiedness of an individual may impact their access to life-saving information and emergency services, capacity for self-protection, and sense of vulnerability and isolation” (Johnston-McCabe, et al., 2011). If prevention and identification of woman abuse is not widely understood by people with disabilities and those close to them, instances of abuse can be shielded by ignorance and silence.

Johnston-McCabe (2011) described the impact of isolation from the perspective of the Deaf community: “A history of alienation and ongoing communication barriers have interfered with the integration of the Deaf community into the hearing world. This lack of access to information, which is readily available to hearing women, diminishes learning about current women’s issues. Acquisition of practical information regarding birth control, motherhood, and marital rights is frequently hindered. Moreover, this lack of vital information interferes with adequate preparation for crisis situations, such as illness, divorce, or domestic disputes.”

There is a need to sustain the mission of this campaign and to build on its success. The literature and information of the NFF campaign must address the unique challenges faced by women who have disabilities, whether they identify as “disabled” or not.

What We Know about Abuse and Women with Disabilities

The Roeher Institute's 1995 research "Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities," states that "the way people with disabilities name abuse and violence in their lives differs from how the problem is defined in relation to other vulnerable groups." For women with disabilities, the differentiators can be grouped in three areas:

- 1) the vulnerabilities that are unique to women with disabilities,
- 2) the composition of the stakeholder communities surrounding women with disabilities,
- 3) the forms of abuse that are experienced.

While there may be other considerations, including systemic barriers, the intended purpose of the report is to focus on factors that can be addressed by an education and early intervention campaign.

Diverse vulnerabilities

Sobsey, in his 1994 book "Violence and Abuse in the Lives of People with Disabilities: The end of silent acceptance?" makes the point that "recognizing that disability or any other trait of the victim is associated with increased risk, must not be interpreted to imply that victims are [in any way...] responsible for their own abuse." Furthermore, "...it is important to avoid the assumption that disability is a direct cause of vulnerability. Several studies suggest a more complex relationship, one that is characterized by interactions among disability, society, culture, and violence...increased vulnerability may be associated more with society's response to disability than to disability itself." The Roeher Institute (1995), and other researchers who have investigated different facets of abuse experienced by people with disabilities, have identified factors that increase the chances of abuse against people with disabilities. The following is a summary from various sources:

Poverty

- Average employment income (removing individuals with zero employment income) for working-age adults with disabilities is \$29,393, which is 22.5% lower than the average of \$37,994 for working-age adults without disabilities. In 2006, approximately one fifth (20.2%) of working-age adults with disabilities were living in low-income households. Those with developmental

disabilities had the lowest average employment income (\$18,172), followed by those with mental health disabilities (\$19,063) and those with communication disabilities (\$19,485). People with hearing disabilities earned \$32,676 in employment income. (Human Resources and Skills Development Canada, 2010)

- Women without disabilities have an economic disadvantage relative to men, but those women with disabilities have an even greater disadvantage. (The Roeher Institute, 1995; Smith, 2007; Powers, Renker, Robinson-Whelen, Oschwald, Hughes, Swank, et al., 2009)

Limited Socialization & Learned Compliance

- Over-protection by care givers, and not being taught skills of being independent, understanding personal space, decision-making and judgement, creates more vulnerability to entering abusive situations unknowingly, and can also result in a lack of awareness on how to react to situations when they do occur. (Cook, et al., 1997; Sobsey, 1994; The Roeher Institute, 1995)

Negative Social Messages & Stereotypes

- Internalization of negative messages leads to low self-worth or devaluation.
- Perceptions of people with disabilities as being asexual and less likely to have intimate relationships.
- Perceptions of people with disabilities as unattractive and therefore unlikely to be the focus of sexual abuse, viewing sexual abuse only in the context of 'sex' rather than about power and control.
- Assumption that people with disabilities are well taken care of in "safe" environments, such as institutions, group homes and with relatives.
- Authority figures are sceptical, dismissive and do not believe people with disabilities who report that abuse has occurred.
- Perpetrators see women with disabilities as unlikely to speak up if taken advantage of.
- There is often a disbelief that someone would want to hurt someone who is already considered 'vulnerable', particularly someone who is that person's caregiver. (Powers, et al., 2009; The Roeher Institute, 1995)

Isolation

- People with disabilities can be isolated and segregated in an institutional setting, or within their own communities and family homes.
- There is a lack of specialized support services for people with disabilities including accessible women's shelters with adequate technical aids or assistance.
- For women who are Deaf, isolation can mean the abuser breaks visual contact with the woman to cease communication.

- Women who are late deafened or hard of hearing may be isolated from normative relations with "hearing" society as a result of their communication challenges, yet they may also be isolated from the Deaf community. (Public Health Agency of Canada, 2009; Powers, et al., 2009; Deaf Vermonters Advocacy Series, n.d.; The Roeher Institute, 1995)

Dependence

- WWD may require personal assistance, assistance with childcare and/or they may be financially dependent. (The Roeher Institute, 1995; Sobsey, 1994)

Communication Limitations

- People who have or are perceived to have difficulty communicating are seen as "highly desirable victims".
- People may not have the patience to hear out a person with a communication disability. (Ramsey-Klawnsnik & Klawnsnik, 2004).
- Some individuals cannot fully communicate in a typically 'average' way, leaving them vulnerable to those who have the louder voice and more control. (The Roeher Institute, 1995)
- Victims may rely on another person to speak on their behalf which can result in misrepresentation of events that have occurred (Davis, et. al., 2007; Worthington, 1984; The Roeher Institute, 1995)
- Barriers that limit access to victim assistance services include a lack of written materials in alternative formats, lack of sign language interpreters, lack of staff knowledge on how to use a TTY or TTD (Fitzsimons, 2009)
- It is unsafe for the woman with a disability if the perpetrator finds literature or material about abuse and help for abuse in the possession of a victim.

- For women who are deaf, there is a lack of understanding within hearing society about the Deaf linguistic and cultural community, i.e. “Deaf culture does not view deafness as a disability (Edwards, et al., 2005)...the Deaf community is able to meet most of the needs of its members within the community... problems only occur when they must go outside of their community” (Fitzsimons, 2009)
- For hard of hearing or late deafened women, hearing impairment cuts them off from normative communication (i.e. listening to spoken language) and intimate connections with family, friends and other sources of support.

Inherent Vulnerabilities

- Physiological/psychological, i.e. limited movement, impairments to sight, speech, hearing, development. (The Roeher Institute, 1995; Sobsey, 1994).
- Psycho-social, i.e. impact of acquired disability and acquired (late) deafness; increasing reliance on others, lack of independence.
- Environmental, i.e. lack of control over physical environment results in not being able to escape a situation if it is not accessible, inability to make choices on those who provide personal care). (The Roeher Institute, 1995; Sobsey, 1994).

Power Imbalance

- “Economic and other power relations between the sexes were also identified as placing females with disabilities at greater risk than males”. (The Roeher Institute, 1995).
- Women married to late deafened men experience the psycho-social impact of their husband’s anger, frustration, depression and loss of communication which leads to stress and potential abuse.
- In the Deaf community, it has been suggested that men without disabilities often seek Deaf women as partners as they seek to shift the power in their favour. (Devine, & Briggs, 2001).

These vulnerabilities can create barriers to reporting abuse. For example, dependence on others (whether financial, personal or emotional) could lead a woman to reconsider reporting abuse because she may not be able to manage without those supports. A woman may not have the financial resources to support herself if she were to leave, and for this reason, decide to stay. Women may also feel like there are no support services in place to accommodate their disabilities, such as shelters with

interpreters. New surroundings can be very disorienting for women with low vision, and they may hesitate to leave a situation where they are familiar with the physical layout of their home and community and the transportation routes they rely upon. Later in the research findings section, the participants have shared what they feel are some barriers to reporting.

Gretchen Waech, former Executive Director of the Justice for Deaf Victims National Coalition discusses factors known as “Deaf Stressors” in her outreach and education presentations. They include: learned helplessness/internalized audism¹, learned “need to please,” difficulty communicating with law enforcement or medical professionals, a tradition of secrecy within the culture or protection of the perpetrator(s) who are members of the community. The most common stressor, according to Waech is that the Deaf victim(s) are often unable to leave their community, because of its close knit nature (Waech, 2009). This is also an issue for women with disabilities who are isolated in rural areas where there are few people with disabilities.

Stakeholder Community

In a study done by Sobsey and Doe (1991), in more than half of the cases of sexual abuse against people with disabilities examined, the abusers had a relationship to the client. In general, perpetrators of abuse are known to the victim (Public Health Agency of Canada, 2009), and in one study of a sample of 860 women, 439 with disabilities, the most common perpetrators of violence were current or former intimate partners (Nosek, Howland, Rintala, Young, Chanpong, 1997). In the case of some people with disabilities (mainly intellectual, physical or in supported independent living settings), the construct of a “family” can exist in the traditional sense, but because they need to access various social services, their circle of trust needs to emanate far beyond what people without disabilities would ever experience. The more severe the disability, the more they will have to rely on services outside of the family (Public Health Agency of Canada, 2009). While we may believe intuitively that the more support systems

¹ Audism is a form of discrimination based on a person’s ability to hear or behave in the manner of one who hears, including the conveyance of beliefs that a hearing person or a deaf person who behaves in a manner more similar to a hearing person, in appearance, communication and language use, and/or function, is more intelligent, qualified, well-developed, and successful than another individual who may be more culturally deaf and/or have a preference for the use of a sign language or a communication mode dissimilar to that used by hearing people. (Canadian Hearing Society Position Paper, November 2007)

around an individual, the lesser the likelihood of abuse occurring, the reality is quite the opposite. The Public Health Agency of Canada has stated that the “large number of people and the intimate physical and emotional contact involved in the care they provide, greatly increases the risk of abuse to persons with disabilities” (Public Health Agency of Canada, 2009). Smith’s (2007) research shows that women with disabilities experience multiple types of violence for a significantly longer time than women without disabilities. It is also known that abuse is rarely an isolated incident, in fact, less than 25% of sexual violence is limited to one episode (Nosek et al, 1997).

The perpetrators of abuse against women with disabilities are similar to those for women without disabilities, but the degree of dependence some individuals with disabilities have on member of their circle of trust, means that abusers can be as wide-ranging as parents, husbands, boyfriends, children, siblings, step or blood relatives, (and in-laws) but also friends, neighbours and caregivers (e.g., health care service provider, doctor, nurse, institutional teachers and residential staff or attendant). (The Roeher Institute, 1995; Public Health Agency of Canada, 2009).

Forms of Abuse

People with disabilities experience a broader range of abusive behaviour than the general population. The vulnerabilities associated with being disabled can create new dynamics of abuse. Examples of abusive behaviour that result from the disregard or exploitation of WWD are summarized below. This is not intended to be a comprehensive list of abusive behaviours, but rather a glance at some of the specific challenges WWD may face.

Physical

- Rough handling, resulting in a lack of safety and/or comfort.
- Actions that the individual would not consent to, that pose danger, that intimidate, degrade or restrict liberties (can include punching, kicking, choking, pushing, slapping, pulling hair, attacking ears to cause pain, attacking hands to prevent signing, and attacking sight to further isolate). (Deaf Vermonters Advocacy Services, n.d; Waech, 2009)
- Poisoning of service animals.

Sexual

- Forcing unwanted sexual acts, including kissing, touching and intercourse. (The Roeher Institute, 1995).
- Flaunting of affairs, non-consensual use of pornographic material.
- Stalking, moving of assistive devices, harassing emails.

Spiritual

- Denying the woman the right to practice religion or spirituality
- Forcing her to attend and or participate in certain spiritual practices

Denying Rights

Intentional actions related to denial of:

- *Becoming a parent* (considered 'unfit' to have children).
- *Economics* (spousal control of family finances, restrictions on food).
- *Social interactions* (refusing the woman with a disability to be integrated into the community, refusing her the use of technology including mobile devices, unwillingness to listen to her, even if communication takes a long time).
- *Ordinary freedoms* (restricting actions that limit the ability of the woman to participate, e.g. taking a bus).
- *Family (where people are removed from family and no one visits them)* (The Roeher Institute, 1995).

Verbal and Emotional

- Intimidation, isolating behaviours, taunts, insults, emotional abuse and specifically making a woman feel bad about her disability, using children to build resentment against their mother, e.g. 'she's Deaf, so it's her fault' and 'she is less of a person because she uses a wheelchair rather than walking'. (The Roeher Institute, 1995; Radford, Jill, Harne, Lynne and Trooter, Joy, 2006; Deaf Vermonters Advocacy Services, n.d)

"You don't need that 'f...ing' cane .You have me."
Study Participant

Inaction

- Refusing to charge the battery of a wheelchair, ignoring someone in need of help, withholding medications, leaving the woman in discomfort (such as sitting on the toilet or naked on a bath lift). (Fitzsimons, 2009; The Roeher Institute, 1995).

In the face of these barriers and challenges, systemic and otherwise, there lies hope. As the Roeher Institute reported in their research, the “anticipation that abuse and violence might be happening to people with disabilities and an active effort to reach out to potential victims can be critical to the detection of unreported violence” and “having the support of others while disclosing victimization was, in several instances, a factor that gave survivors strength to bring forward their complaints. Informal support of this kind can be provided by...family members, friends, peer self-help group members, police, physicians, counsellors, educators and advocates.”

This shows that there are ways that concerned individuals, working in communities, with the right tools, can make progress in the prevention and identification of abuse faced by women with disabilities.

Research Findings

Forms of abuse

The participants of the study echoed the findings of the literature review in regard to the forms of abuse experienced by women with disabilities. Like most forms of violence against women, abuse takes shape through manipulation and dynamics of power and control, a theme heard throughout the interview process. Women reported the following forms of abuse:

Denial of Services or Devices

- Having partners refusing to charge the battery of a power chair or other assistive device.
- Having their cell phone hidden or taken away.
- Having technical aids hidden or taken away to restrict mobility and enforce isolation.
- Having their ability to leave the house restricted
- Being denied requests to be taken shopping for household and personal necessities.
- Being deprived of their means of transportation.

Blame (by Selves and Others)

- Being blamed by those with disabilities for things such as not getting an apartment, not being able to attend certain functions etc.)
- Internalizing feelings of blame and feeling exclusively responsible for things that go wrong.

"I am responsible for everything that goes wrong in every member of my family's life... whatever goes wrong in their life, is all my fault because I can't hear."

Study Participant

Withholding and Exclusion

- Being excluded from decision-making.
- Being excluded from the social life of the family through refusal to communicate or by the use of exclusionary language.

"I feel like they want me in a closet somewhere out of the fray."

Study Participant

“They wanted to hide me under the table. My family wouldn’t tell me anything that was going on. It was an abusive situation...everybody would talk about me, would talk around me... nobody would tell me what was happening.”

Study Participant

Financial

- Being left without money or access to money when a partner leaves for work or leaves town.
- Being expected to sign documents without knowing the content or the implications of signing.
- Having ODSP (Ontario Disability Support Programs) or other income cheques taken from them.
- Being denied the right to take control of household finances.
- Being denied support to seek employment.

“He told me blind women don’t get work even though they have an education”.

Study Participant

Physical

- Experiencing physical harm from a range of different people, including intimate partners, as well as care givers, family members, friends and acquaintances.
- Experiencing physical abuse that exacerbates an existing disability or creates further disability.

Psychological, Verbal & Emotional

- Being the brunt of verbal put-downs, name-calling and bad-mouthing.
- Being insulted and beat up with words.
- Being ridiculed and humiliated.
- Being put-down in front of other people, including their children.
- Having others focus on their disability, rather than their capacity and abilities.
- Being made to feel like less of a person.
- Being made fun of one-to-one and with others.
- Having their disability exploited by posting a picture online.

- Having others gesture to contradict the wishes of a blind woman who is expressing her wishes.
- Having others insisting on “helping” when the help is not needed or wanted.
- Having their character assassinated.

“Part of my disability is that I’m affected in the sexual arena, and bladder and bowel. Those things can be shame based when they’re used derogatorily and can affect self-esteem”
Study Participant

“It is using our disability as an abuse.”
Study Participant

Potential abusers

From the conversations with participants, it became clear that the scope and range of abusers was wide-ranging, even although our initial focus was on intimate relationships. Women talked about experiencing abuse from people who had a range of relationships with them, including:

- Children
- Life Partners
- Caregivers
- Other family members
- Employers
- Friends
- Neighbours

The relationship dynamics between women with disabilities and their intimate partners varied widely in our study. In some relationships, both partners had disabilities, but one partner had more severe disabilities than the other. Sometimes one partner had no disabilities. Some women explained that their partners with less severe or no disabilities tended to be dominant (leading communication with the outside world), until they realized that resources are available to help their partner be more independent. This speaks to the importance of providing information about resources to women with disabilities as well as the people who are part of their daily lives and their community of care.

“[They can] say ‘I didn’t intend to abuse them.’ There’s that gap between intent and experience”
Study Participant

Why Women with Disabilities are at Greater Risk of Abuse

The vulnerabilities women identified in our research paralleled those identified in the literature review. One finding that stood out in our study was the legacy of abuse from residential schools for the blind and the deaf. While vulnerabilities related to low self-esteem or learned compliance are part of this experience, it is significant enough to be considered as an independent factor.

Study participants were somewhat divided in their opinions on this point, but many did express concern that the police, and other authorities are not adequately prepared to help manage cases where women with disabilities who are reporting abuse have communication limitations. Women also talked about not being taken seriously when they reported abuse.

The following is a brief outline of the factors that create additional vulnerabilities for women with disabilities:

Dependence

- Individuals with disabilities may be dependent on the resources and assistance of the person abusing them.
- Recent vision loss can escalate abuse, making women more vulnerable. The abuser may take advantage of the situation to gain greater control over decision-making.
- Retailers without accessible debit machines and banks without accessible ATM machines pose problems for people with disabilities, making them dependent on others to do their financial transactions. This means sharing PINs and passwords, without having assurance that the information will be kept confidential.
- If women with disabilities are in controlling relationships, their partner can limit their access to funds, or access to information through limiting their access to tools such as a computer.

“Whether it’s a ride to the bus stop, or help with picking up kids, or financial in some cases, or whatever it is, there is a dependency relationship there.”

Study Participant

Communication Challenges and Barriers

- Support offered by telephone or by recorded message is a barrier to those with a cognitive disability or who are Deaf or hard of hearing.
- Bell Relay Service can misinterpret what is being said while facilitating communication between a Deaf person and a hearing person.
- ASL appears very physical to outsiders and a simple greeting may be interpreted as threatening. Conversely someone who is not familiar with ASL may not recognize threatening or aggressive language.
- There is a lack of qualified ASL interpreters available for those who need to use their services.
- Stress and mental disabilities may lead to an inability to communicate clearly.
- Telephones that are not hearing aid compatible or do not have adequate amplification are barriers to those who are hearing impaired

Barriers to Disclosure

- Often once a woman with disabilities or a Deaf woman is successfully able to leave an abusive situation; there are no services in place to support her.
- In the basic constable training, which all officers must complete, at the Ontario Police College, there is no segment of training devoted to working with people with disabilities.
- Newcomers may be unaware of any services to support women with disabilities available in Canada.
- Emergency services personnel (call centre operators, paramedics, etc.) are often not prepared to assist a person with a disability. Participants in our study were aware of cases when a Deaf person or a person with hesitating speech had called 911, and the operator thought it was a hoax.
- Many women who have difficulties communicating already feel stigmatized and marginalized and they have little faith that authority figures will understand them, believe them and respond to their disclosures.
- Women with disabilities who seek shelter have to disclose more personal information than women without disabilities. (I.e. medications they require or information about their mental health.)

- Many members of the general public hold stereotypical views about people with disabilities and their caregivers and families. Most people don't believe that 'anyone' would be abusive to a person with disabilities

"Because they want to protect the child, [victims of abuse with children] are very secretive but for the wrong reasons, I think. They don't have enough information"

Study Participant

"Hard of hearing women often have difficulty in accessing 911. Gatineau, Quebec has a program where you can be registered with 911, so emergency services knows a deaf person is in the home. "

Study Participant

Negative Social Messages/Stereotypes

- Women with disabilities who have children are often portrayed and perceived as unfit mothers.
- The hearing community tend to believe other hearing individuals over individuals who are Deaf, deafened or hard of hearing.
- People with disabilities are frequently desexualized and it is assumed that they do not have intimate relationships.
- It is often assumed that people who have mental health issues are not intelligent, or that their reality is not the same as others. They may not be believed if they disclose abuse because of this stigma.
- Medical staff in mental health facilities often assume that if someone reports abuse, they are making it up and any disclosure may not be 'believed' or may be downplayed.
- A woman with a disability may fear the consequence of disclosure because of the stigma facing people with disabilities. She may fear that her ability to look after herself and her own children would be questioned.

"[There is an] assumption that you are desexualized"

Study Participant

"The stigma of being in the mental health system is a silencer for people experiencing violence... you're ...crazy anyway, who is going to believe you"

Study Participant

Inherent Vulnerabilities

- Women may have physical or physiological barriers that prevent them from escaping a dangerous situation such as restricted mobility, anxiety or fear of new situations.
- Some women may lack the cognitive ability to recognize a healthy consensual relationship and therefore be vulnerable to exploitation.
- Women may not have a driver's license or be able to drive due to blindness or other reasons.

Isolation (emotional and physical)

- Feelings of isolation as a result of their disabilities leave individuals with disabilities more vulnerable to dysfunctional relationships.
- The support person is often the gatekeeper, at times, only allowing the disabled person limited access to information and knowledge.
- It is difficult for a woman with disabilities to escape an abuser if she is living in a rural area or on a farm.
- Communities of people with disabilities are small. There is a natural fear of running into an abuser at a support agency.
- Aboriginal women with disabilities are often isolated from support services, and have a mistrust of mainstream services.
- Racialized women with disabilities experience both overt and systemic racism.

"We have so many images telling us that any love is better than no love at all. And we all fall into that trap."

Study Participant

"It's lonely and hard for [Deaf individuals] in the mainstream school."

Study Participant

"People that are not disabled don't really understand."

Study Participant

Legacy of Abuse

- In Deaf schools, in the 50s and 60s, Deaf counsellors abused Deaf students, and Deaf students abused each other.

- In the schools there were no doors on bathroom stalls. Blurred personal boundaries resulted in a greater incidence of abuse.

“For a lot of my clients, they’ve had bad experiences at residential schools, which their parents didn’t know about. When there’s no communication in the family, you can be isolated”

Study Participant

Power Imbalance

- ‘Non-disabled’ society has denied that there is a relationship between the experience of disability and the social context in which the person with the disability lives, works studies and carries out their daily activities. Disability is experienced in a “social space”. When impairments are viewed as disabilities, power imbalances in relationships are the result. The closer someone comes to being what is defined as “normal,” the more power they will have.
- A seeing partner may communicate visually using body language, gestures or writing to exclude the partner who is visually-impaired.
- A partner with social authority such as a police officer, doctor or lawyer can threaten to use a woman’s disability against her to prove that she is an unfit mother.
- The “higher functioning” partner can use the other’s disability to their advantage. For example a non-disabled partner might lead communication with a police officer, or a non-disabled person may communicating with a person who is developmentally disabled might use complicated language, as a way to exclude them.

“Speaking is a lot of power”

Study Participant

“...people who don’t have a disability, they say, yes, we understand, but they haven’t got a clue what it is like to live with a disability...”

Study Participant

“Particularly with folks with intellectual mental disability, there is that ...power disadvantage that goes on and you need to sort of flesh that out and explain how that could happen...”

Study Participant

Neighbours, Friends & Families Campaign Strategy

Preliminary Key Messages for Women At-Risk of Abuse

In the research process, the women shared what they thought were key messages that women with disabilities and Deaf women who are at-risk of abuse need to know. There was a general sense that they need to be to understand their right to safety and respect, need to be empowered to prevent and report abuse, need to know that they are not alone and need to know where to find support. Because women with disabilities and Deaf women are so diverse, there is no standard message or set of messages that will be appropriate. Resources may be tailored to specific communities of women with disabilities and Deaf women. Suggestions for messages that need to be added or expanded upon are listed below.

Understanding abuse

- Include definitions of abuse. (I.e. psychological, emotional, verbal, physical etc.)
- Explain how racism and other forms of discrimination can impact and exacerbate the challenges faced by women with disabilities.
- Explain what a power imbalance is and give examples of how this might occur.
- Provide information on how to gain and retain control over finances.
- Explain the warning signs that indicate subtle and non-physical forms of abuse.
- Explain the risks of online dating.
- Explain how acquired disability can create vulnerability for changes in relationships and abusive behaviour.
- Talk about abuse that occurred in residential schools and the lasting impact it can have on a woman

Understanding your rights

- Make it clear that no one has the right to hurt a woman because she has a disability.
- Explain that women with disabilities have a right to privacy and confidentiality and provide tips on how to protect privacy.
- Sharing information on your whereabouts

- Explain how legislation can protect people with disabilities.
- Explain the process for laying charges and proceeding through the system to a verdict or decision.
- Explain how to strengthen your self-esteem.

Understanding healthy relationships

- Explain what a healthy and respectful relationship is like.
- Explain the difference between friendships and intimate relationships.
- Explain the difference between short-term casual relationships and long term committed relationships.

Disclosing abuse

- Explain the importance of engaging assistance from someone when abuse is occurring.
- Give some guidelines on how to choose a safe and supportive person to disclose abuse.
- Explain what to do if the person who you are seeking help from does not know what to do, does nothing or does not believe you.
- Explain what a woman should tell an ODSP or support worker if she has one and if she is experiencing abuse.

Finding safety

- Provide information on how to leave if you have a disability.
- Explain how to safeguard your belongings and how to prevent an abuser from taking control of technical aids, cell phone or other assistive devices that you need.
- Explain what to pack or have ready when safety planning – hearing aids, batteries, assistive listening devices, medications, wheel chair, technical aids, magnifying glass, CPAP machine, copies of personal papers or other important papers such as the deed to your house, passport and personal I.D.
- Give safety planning information in pictures.
- Provide information about safety that is discreet so if anyone found it, the woman with a disability wouldn't be put at risk.
- Explain what sort of support is available from services for people with disabilities and provide information about resources and the kinds of support available in Violence Against Women agencies.
- Explain how to build a circle of safety.

- Explain the right to have a qualified interpreter for medical care.
- Explain when it is inappropriate to have family members act as interpreters.

Referral information

Leave room on resources for local information about:

- Centres that can accommodate people with different disabilities
- Local hospitals
- Accessible cab companies (many taxis will provide free transportation to shelters for women experiencing abuse)
- Provide a list of helpful websites e.g. onefamilylaw.ca, shelternet, PATH

“As fundamental as we might think it is, no one deserves to be abused. But I don’t know that women with disabilities necessarily agree with that.”

Study Participant

“Explain the word ‘stalking’...maybe ‘harassing’ – giving them the power to use those words, to understand them.”

Study Participant

Preliminary Key Messages for Bystanders

Participants were asked to also comment on what kinds of messages are critical for a bystander to know and consider when thinking about assisting at-risk women with disabilities. The messages already included in the existing resources also apply to women with disabilities. However they suggested expanding possible responses to better reflect the realities of women with disabilities and Deaf women:

- Bystanders need information and education to counteract myths and biases about women with disabilities and Deaf women. Even before they consider that women with disabilities and Deaf women can experience abuse, neighbours, friends, family members and co-workers need to be able to see women with disabilities as both competent and relational human beings. Discomfort and denial of the idea that women with disabilities and Deaf women have intimate relationships must be addressed.
- Include statistics on the abuse of people with disabilities. It is important that bystanders understand the elevated risk for women with disabilities and Deaf women to experience abuse.
- Explain how to ask questions in a dignified way, without compromising rights to confidentiality and autonomous decision making.

- Add warning signs that are relevant for women with disabilities. These could include things such as a women not having access to assistive devices that she relies upon, missing medical or rehabilitative appointments, an unexpected or unexplained deterioration in over-all health or an aggravation of an existing disability.
- Explain that women with disabilities are not only at risk from intimate partners, but also from family members and caregivers that they may rely on for support. Talk about how to support a woman who is experiencing abuse from her family or care giver.
- Add information on what to do when someone asks for support. Women with disabilities and Deaf women may require support from disability support groups as well as from traditional violence against women services in order to safely leave an abusive relationship and continue to live independently from the person who is abusing them.
- Add information on how to communicate with a woman with a disability or a Deaf woman that you suspect is a victim of abuse. If a woman’s disability makes it more difficult for her to communicate with you, provide tips on how to facilitate clear communication. Explain how to communicate respectfully across communication barriers. Refer to booklet on etiquette
- Explain the rights of Deaf and hard of hearing people to access qualified sign language, or oral interpreters, captioning or other technical devices when reporting abuse or receiving medical services.²
- Resources should be designed so that information about regional or local services, such as accessible places to go if you are leaving an abusive situation can be listed.

“They want to move out, and they need supports and services but the family is able to deny them that. That’s not a warning sign is it?”

Study Participant

“We are always looking for resources to assist with the abuse because we are not the experts in that area. We can listen, but we can only make referrals to useful resources.”

Study Participant and Service Provider

“I don’t need to speak for you, I need to support you.”

Study Participant

² According to the Canadian Hearing Society, in 1997, the Supreme Court of Canada’s *Eldridge v. British Columbia* unanimously ruled “where sign language interpreters are necessary for effective communication in the delivery of medical services, the failure to provide them constitutes a denial of the Charter of Rights.” The implications of this decision are far-reaching and guarantee that accommodations – whether professional sign language or oral interpreter services, real-time captioning and/or technical devices – be put into place ensuring barrier-free health care for deaf, deafened and hard of hearing patients.

“Service providers need the warning signs, information and red flags.”
Study Participant

Communication Limitations of the NFF Resources

The practical purpose of this undertaking was to identify how to improve the NFF campaign for people with disabilities and their communities. Overall the participants identified four major barriers to the current campaign materials. It is important to note that the barriers do not apply uniformly to all women with disabilities. It will not be possible to meet all needs with a single adaptation of the existing resources. In this instance, as so often in work to end violence against women, one size does not fit all. The following feedback describes ways in which the current resources are limiting.

- The brochures print resources are not accessible to individuals with low vision.
- The language level is too sophisticated for some women to understand. The long-term impacts of the vocational approach to the residential school system, and the teaching in schools for students who are Blind and/or Deaf, has made literacy a barrier for some persons who are Deaf and BlindDeaf. Deaf women for whom English is a second language, women with certain kinds of learning disabilities or women with intellectual disabilities may struggle to understand the brochures as they are currently written. Some terminology may not be widely understood or accessible.
- The context of the mainstream campaign does not take into consideration the barriers for women with disabilities and Deaf women. These barriers will vary according to the disability or disabilities of each woman. The current safety planning brochure refers to keeping car keys handy, which is not applicable for a blind woman. The suggestion that women to protect their face with their arms around each side of their head, with fingers locked together may not be practical for women with mobility limitations.
- It was apparent during the research that some individuals and agencies were not aware of the kinds of support services, including the NFF campaign, that are available to educate about identifying and responding to abuse against women. This could signify that there is a limitation in the current reach and marketing strategy of the program.

“If I’m in the middle of being abused, how do I protect myself?”
Study Participant

“If more providers were aware that this is something that could be discussed with the people receiving their services – that would be helpful.”

Study Participant

Suggested Formats and Venues for Communication

Participants had many suggestions for communicating the messages of the campaign through alternative formats and distribution venues. We need to use communication formats and vehicles that are inclusive of individuals who have disabilities since their ability to learn and understand the information hinges on accessible communication. As with any other woman at risk, safety needs to be considered so that she is not further abused for learning or seeking help. Women should be advised of privacy and security issues if they are using social media. Some may be reluctant to carry around print materials that may suggest that abuse is taking place and having access to information via electronic means as they need it, may be helpful. There is no universal format that will be accessible to all women, nor any one way to disseminate information to reach all women with disabilities and Deaf women. It is important to provide a range of alternatives. With the electronic technology available to us today, the boundaries between what is a format and what is a distribution method are often blurred. They are presented together here for that reason. It also worth noting that some of the formats and distribution avenues suggested may also appeal to women who do not have a disability.

Formats

- Use a variety of media to deliver the messages of the NFF campaign for women with disabilities and Deaf women.
- Produce print materials that are brief and use plain language. Use pictographs, visual and eye-catching imagery. Summarize key messages and referral information in a variety of print formats, including posters, fridge magnet, fact sheets, and work sheets. Produce resources in large fonts, with dark print on white, non-glossy paper and Braille, Grade 2.
- Produce materials in ASL (American Sign Language), LSQ (Langue des signes quebecoise).
- Create television ads with ASL interpretation and close captioning.
- Create radio ads.
- Create audio CDs accompanied by a book (e.g. ‘a matter of rights’ by OACL).

- Create DVDs where the information is acted out; where voices of women with disabilities and “voices” of Deaf women speak through ASL or LSQ, where pictures and close captioning are used. Ensure that the user has the ability to slow down and pause any videos that are created.
- Create live performances and interactive forum theatre plays that include women with disabilities and Deaf women.
- Develop an online game to teach the basic concepts of identifying warning signs, responding appropriately and making referrals. Include women with disabilities and Deaf women among the characters in the game.
- Create an iPhone app to help teach key messages of the campaign and to guide responses.
- Create a website or a section of the existing website designed to reach women with disabilities and Deaf women. Ensure the site meets accessibility standards. Some important features are the use of ASL video translation and/or open captioning; a speech reader (Job Access with Speech JAWS); PDF is not always accessible to those using Text-to-Speech (TTS) options, Word documents are preferred. (The ‘hide your tracks’ feature on the existing site would need to be made available here as well.
- Provide a number to call and listen to a recording of the brochures and other relevant information being read. The recording could also offer an option to receive the same information via text.
- If using terminology specific to the violence against women sector is used, provide definitions.

Distribution

- Develop a social media strategy to engage women with disabilities and Deaf women and their neighbours, friends and family members in understanding, identifying and responding to woman abuse. Create spaces for women with disabilities and Deaf women on social networking sites such as Facebook and twitter to discuss abuse and share information. Post online videos with captioning to YouTube, or create Video Blogs (Vlogs), facilitate online chat rooms where information from the campaign is presented and discussed.
- Work with community partners to integrate information from the NFF campaign into their programming. Many agencies see abused women and their children, although their mandate is not directly related to violence and abuse. Some examples are employment agencies, legal clinics, settlement services, child and parent resource institute, etc.

- Make NFF resources for women with disabilities and Deaf women available for clients in these agencies.
- Publish articles in the magazines, newsletters and bulletins of community agencies serving women with disabilities and Deaf women. These organizations include, but are not limited to CHHA, CNIB, CHS, MS Society, Paraplegic, MD association, Canadian Mental Health Association, Canadian Association of the Deaf, Ontario Association of the Deaf, etc.
- Send information about the campaign via mailing lists of disability organizations and/or post links to e-newsletters on their websites.
- Have information about the NFF campaign for women with disabilities and/or Deaf women appear on the insert of ODSP cheque mailings and/or print the URL to the website on the ODSP cheque itself.
- Make NFF resources for women with disabilities and Deaf women available in schools for the deaf, mainstream schools, universities and colleges
- Make NFF resources for women with disabilities and Deaf women available in a variety of public spaces, including community centres, places of worship - churches, mosques, synagogues, temples, public washrooms, libraries, bulletin boards, VIA stations, airports, bus stations, etc.
- Set up information booths at public events and present information about NFF for women with disabilities and Deaf women at conferences and workshops.
- Make NFF resources for women with disabilities and Deaf women available in a variety of healthcare settings such as doctors' offices, optometrist/ophthalmologists offices, pharmacies, naturopath offices, chiropractor offices, audiologists, walk-in clinics, Sexual Assault and Domestic Violence Care and Treatment centres, women centres at hospitals, etc.

Apply an Intersectional Analysis or an Anti-Racism, Anti-Oppression Lens

It is important to remember that women with disabilities and Deaf women come from all strata of our society. As such, some of them will experience barriers that are related to facets of their identity, other than their disability. Keeping this in mind as resources are created and adapted will ensure a greater degree of accessibility. Participants in the study specifically identified these points:

- Consider the perspective and needs of young people and seniors.
- Resources should reflect cultural sensitivity as women with disabilities and Deaf women come from diverse cultural backgrounds.

- Include a rural, northern or remote area perspective. Those living in rural areas may be more physically isolated from informal supports such as friends and family, and may not have the degree of access to services and resources.
- Many people with disabilities live in poverty and may not have access to the internet.

“When something happens to me, I’m never certain – is it because I’m a woman, because I have a disability, or both? I think it’s something we struggle with.”

Study Participant

Community Capacity Building

The practical discussion on communication methods and formats with participants was helpful to inform the execution of the campaign, but, it also revealed important points about how the campaign can benefit the multiple stakeholders in our communities. An NFF campaign for women with disabilities and Deaf women could benefit each of the following groups in our communities.

Women with disabilities

- As their peer, professional and support networks become more aware of signs of abuse, individuals with disabilities will have more opportunities to disclose when they are experiencing abuse. Their isolation will be reduced. Providing key information to the broader community reduces the power of partners or family members or caretakers to take advantage of women with disabilities and Deaf women.

Intimate Partners or family members

- Providing information to intimate partners and family members about the rights of women with Disabilities and Deaf women and helping them understand the ways they can promote and support their autonomy can help them to become better supporters and advocates.

Attendants, Care Givers, Interveners, Interpreters

- Becoming more aware of signs of abuse creates informal advocates, advisors and supporters.

Neighbours, Friends and Families

- When Neighbours, friends and families have a greater awareness of what constitutes abuse, and can recognize the warning signs, they feel less helpless when they see behaviour that concerns them. They are able to ask appropriate questions and make appropriate referrals. They no longer have to wait in silence to see if a situation will get worse and to see if a woman will be seriously harmed.

Community Agencies

- Community agencies may not have a direct mandate to respond to abuse, but if they are working with a woman with disabilities or a Deaf woman who is experiencing abuse, their interventions and support will be more meaningful and more helpful if they recognize warning signs and can respond appropriately. Many community agencies will be able to host peer support initiatives.

“The message that needs to be transmitted is that people with disabilities are equal to everybody else.”
Study Participant

Preliminary Recommendations

The NFF Disability Advisory Committee came together to consider the implications of what we learned from the qualitative research, and how these insights can be used by the Centre for Research and Education on Violence against Women (CREVWAC), their partners who are leading culturally specific adaptations of the NFF campaign and the Ontario Women's Directorate, to help advance the prevention and detection of abuse against women with disabilities and Deaf women.

Much of what the committee found resonates with what has been documented in the literature and with the lived experiences of women on the Advisory Committee. Women with disabilities and Deaf women still suffer from marginalization and abuse to a greater extent than able-bodied women. There is a reluctance or an inability to speak openly about this. There is little collaboration, or even communication between the organizations that serve people with disabilities and Deaf women and that provide services for women who experience abuse.

Our work demonstrates the need for all of us to renew efforts to build relationships, to learn from each other, to collaborate and to create new initiatives to prevent and respond to violence against women with disabilities and Deaf women.

The Committee strongly recommends that an intersectional analysis be applied to this work as we move forward. Individuals have complex identities and we belong to multiple communities simultaneously. In the interview, some women spoke about the overlapping social locations they occupy. We can experience discrimination and exclusion in for multiple reasons and in multiple ways. Racialized women with a disability may face different challenges and barriers than non-racialized women with disabilities. Disability crosses all strata of Canadian society and as Canadian society becomes more diverse, an ever more complex understanding of abuse emerges.

This speaks to the need of the campaign to evolve in a way that acknowledges the shifting and unique experiences of each woman. With our focus on the disability lens, we need to employ an intersectional analysis to bring NFF's messages to those who need it the most, regardless of how they

identify themselves. We will need creativity to implement an awareness campaign that is far-reaching, targeted, but conscious of the intersections that we all occupy.

“We as persons with disabilities hate to be an add-on...we should be reflecting the whole person, rather than being considered an add on.”

Study Participant

Short-term Goals (within 3 months)

- I. Hold a symposium with representatives from all NFF campaigns (Neighbours, Friends and Families, Kanawayhitowin, Voisin-e-s, ami-e-s et familles and the OCASI campaign for diverse communities) and representatives of the Ontario Women’s Directorate to discuss how to integrate information on women with disabilities and Deaf women into existing campaigns.
- II. Expand the distribution of existing Neighbours, Friends and Families resources to key agencies that serve women with disabilities and Deaf women.

Medium-term Goals (within 6 months – 1 year)

- III. Integrate content on abuse faced by women with disabilities and Deaf women within the existing campaigns.
- IV. Adapt the Make It Our Business training on Bill 168 and ensure that it reaches workplaces that hire people with disabilities and Deaf people.
- V. Review the data collected in this report to determine what additional content needs to be developed and added to NFF resources in order to address the needs and reflect the realities of women with disabilities and Deaf women.
- VI. Engage an accessibility consultant to develop a plan to adapt existing NFF resources across all campaigns, in order to make them accessible to communities of people with disabilities and the Deaf. Use the suggestions and context provided by this report in the development of the plan.

Long-term Goals (beyond 1 year):

- VII. Develop a stand-alone NFF campaign for women with disabilities and Deaf women. The focus of this campaign would be the production and distribution of accessible resources and the provision of training. The major objectives of the campaign would be:
- a. To follow-up on the Accessibility Consultant's plan to produce a variety of accessible NFF resources in multiple formats.
 - b. To follow-up on the Accessibility Consultant's plan to distribute accessible NFF resources through a range of avenues that are inclusive of and accessible to people with disabilities and the Deaf.
 - c. To train front line workers in organizations that serve women with disabilities and Deaf women to understand woman abuse, recognize warning signs and respond appropriately. The training can be modelled on the current Facilitator Training that the mainstream campaign carries out.
 - d. To train ODSP workers to understand woman abuse, recognize warning signs and respond appropriately. The training can be modelled on the current Facilitator Training that the mainstream campaign carries out.
 - e. To build capacity among women with disabilities and Deaf women to provide peer support for those who are experiencing abuse. Identify organizations that are willing to support peer training. Adapt the Facilitator Training model currently in place in the mainstream campaign to train peer support workers. Service providers who have also been through a two day intensive training, can be available to provide support and supervision for the peer support workers.
 - f. To provide training on specific aspects of abuse experienced by women with disabilities and Deaf women for front line workers in the Violence Against Women sector.
 - g. To organize cross training for service providers and professionals from organizations that serve women with disabilities and Deaf women and organizations that serve women who have experienced abuse. Each sector has much to learn from the other.
 - h. To provide training on how to recognize and respond to warning signs of abuse for women with disabilities and Deaf women for other front line service providers and professionals that routinely encounter women with disabilities and Deaf women in their work. This could

include hospital staff, community agency staff, sexual assault and domestic violence units of all police services, participants in the basic constable recruit program at Ontario Police College, legal aid workers, Victim/Witness Assistance Program staff and staff from any other relevant organization.

“Let’s see some women with disabilities out there doing this education, running these strategies, running shelters, providing advice, being part of government.”

Study Participant

Conclusions and Next Steps

In our time together, the committee was able to begin to examine and explore with each other the impact of navigating and negotiating everyday systems and situations that have been largely created by and for the dominant culture. We share the experience of feeling excluded, and of feeling that our needs are usually considered as an afterthought, if at all. It is this exclusion that creates a great deal of vulnerability for women with disabilities. The impact is reflected in the statistics, which demonstrate astronomically high rates of violence against women with disabilities.

In our time together, the members of the committee also witnessed each other's resilience and strength. We have been able to see how each of us manages her own life, meeting a multitude of challenges, often in the face of limited understanding or support. Despite this, we accepted the challenge to think together about how we can identify systemic barriers and about how we can work to create greater safety for women with disabilities. It is certain that we have all learned a lot, from the literature, from the participants in the research and from each other.

We hope that you too, will learn from our research and our experiences. We encourage you to support our recommendations in your daily work. You can share this report with others. You can examine the policies and practices in your own organization and engage your co-workers in thinking about how to be more accessible and inclusive. You can build on the work we have done and make your own recommendations about how to prevent and respond to violence against women with disabilities.

It is a core belief of the Neighbours, Friends and Families campaign that we all have a role to play in ending woman abuse. For too long, we have been inattentive to the needs of women with disabilities. This report is the first step in building a more inclusive campaign.

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APPENDIX I

Advisory Committee Members Biographies

Marianne Park MA, Project Coordinator and Co-Chair of the Advisory Committee

Ms. Marianne Park holds an MA in Cultural/Medical Anthropology from the University of Tennessee. She is presently a guest instructor of Dynamics of Domestic Violence in the Basic Constable Program at the Ontario Police College. She has worked in the violence against women field for over twenty years as a recovery/treatment group facilitator, trainer and researcher with a multitude of career accomplishments. She is experienced in the issue of disAbility awareness and advocacy having the distinction of being a woman with a disAbility. She has served as a public member for five self-governing professions.

Marianne lives in Woodstock. She is a member of the Board of Directors for DAWN Ontario DisAbled Women's Network. . She chairs the board for the Income Security Advocacy Centre a specialty clinic of Legal Aid Ontario dealing with poverty law as well as the Oxford County Social Housing Advisory Committee. Marianne is vice chair of Echo-Improving Women's Health in Ontario

Fran Odette, Co-Chair

I am a graduate from Carleton University with a Masters of Social Work. As a result of my research in this program, I became very interested and passionate in the stories told by women living with disabilities as a way of understanding my own lived experience. I later took an intersectional approach to looking at gender and disability and focused on diverse issues pertaining to sexuality, body image and violence against women with disabilities.

Currently, I am the Program Manager of the Women with Disabilities and Deaf Women's Program at Springtide Resources (formerly Education Wife Assault). As well, I am also a part time instructor in the Assaulted Women and Children Counselor and Advocate Program at George Brown College, and taught in the Disability Studies Program at Ryerson University. Prior to working at Springtide Resources, I had the opportunity to work in the Faculty of Rehabilitation Sciences,

Department of Physical Therapy, and was the SexAbility Program Coordinator with Planned Parenthood of Toronto. Between 1995-1997, I was a Policy Analyst with the Ministry of Citizenship, Culture and Recreation, working on an initiative related to institutional responses to violence against people with disabilities.

I had the honour of being on the Domestic Violence Advisory Council and served as a past Co-Chair of the Woman Abuse Council of Toronto. Being of service is an important consideration regarding the work that I have undertaken as well as remaining connected to the various communities that I consider belonging to which includes the Education Committee of Rainbow Health Network, and until recently, was a Director with the DisAbled Women's Network of Canada. Finally, I currently serve as the Family Service Toronto Board President.

Valentina Gal

I am a writer who lived in Hamilton till May of 2007. I moved to Toronto as there seemed to be more opportunities for pursuing my interests. I have a Masters in American literature and am currently connected with Ryerson University where I'm working on a novel which is based on the story of my mother's life. She was a survivor of both the Stalin purges and of the concentration camps of the Second World War.

I've sat on a number of committees concerning the production of print/alternate materials in Canada and have attended the ongoing discussion of what and how to do with the current copy write laws so that everyone can access as much written material fairly – a complicated quagmire of concerns which doesn't look like it'll be settled anytime soon.

I was on the advisory board at Mohawk College when they set up their courses for mobility instructors and daily living skill instructors for the visually impaired. I also sat on a board that addressed the needs of disabled post-graduate students at McMaster University.

I've worked with Al-Anon for seventeen years and in that time have done all kinds of service work. I helped organize a telephone answering service, set up literature displays and was responsible for running information sessions for both groups of folks that included everyone from doctors and nurses who were interested in the AA model of understanding alcoholism and individuals who wanted

help for their own families and themselves. I've also struggled with the court system in my own complicated divorce as a disabled woman.

I met Fran a couple of years ago at her round table discussions which I enjoyed thoroughly. I'm honoured to be asked for my input again.

Monica Elaine Campbell

As a profoundly deaf person since birth, I benefited personally from serving on the committee. Working with the other members with various disAbilities has been a very empowering experience for me - so much so that I always looked forward to the committee meetings. I had access to competent ASL-English interpreters for all the meetings which enabled me to actively participate. My committee work was not so extensive as some of the others' but I was instrumental in getting some CHS regional offices to assist with some of the focus groups.

As I was growing up and learning to speak and speechread, I had a lot of ambiguity about my identity. I teetered between the Deaf world and the hearing world for years. I never completely fit in either world. However, since learning American Sign Language much later in life and gaining benefits from access to sign language interpreting services for meetings, workshops, classes and seminars, I gained a new identity. Instead of feeling like a broken person that needed to be fixed, I began to see myself as a human being who happens to be deaf and has various communication needs depending on the situation I am in and the people I interact with. I have been blessed to have worked with such a great group of people on the DisAbilities Strategy Committee.

Sandi Bell

I am the President of a mediation and training company which was incorporated in 1993. We do a variety of people focused learning sessions. I am a part time Commissioner of the Canadian Human Rights Commission; Chair of Across Boundaries, a mental health agency for racialized people, including immigrants and refugees; Member of Hamilton Mountain Legal Services; Member of Amalgamation Committee of the three Legal Aid Clinics in Hamilton; Immediate Past Chair of the Health Equity Council; and Past Chair of ARCH – Legal Resource Centre for People who have Disabilities.

I live in Hamilton, but my consulting business takes me all over Ontario as well as across Canada. I self-identify as an African-Canadian/Aboriginal-First Nation woman who has a disability. If anyone wants to know more, please check out my website at www.empowword.on.ca. It will be updated soon so there are things that I am currently involved with that are not included, but it gives some background.

Margaret Shalma

I am a recent graduate of the women/gender studies and equity studies program at UofT, with a specialization in disability studies. My area of focus has been on gender, disability and violence. This past year I did my placement at Springtide Resources in the Women with Disabilities and Deaf Women's Program and continue to volunteer there as a peer trainer. I also did volunteer work in access to post-secondary education for disabled students. I worked with a UofT disabled student group and an organization called NEADS, a national advocacy group for disabled students at the post-secondary level. I work as a support worker for women labelled with intellectual disabilities and have also worked on different projects in the disability arts and culture area.

Elizabeth Cherniak



I have been late deafened now for half my life. I was diagnosed with nerve deafness in both ears at the age of 25 and fit with my first hearing aid. My hearing loss has worsened progressively although I am still able to function with hearing aids and an Assistive Listening Device and by reading lips. Without these assistive tools, I would not be able to study and work as I do. There is a long history of deafness in my mother's paternal line.

Like the majority of those who are deaf (78% of us lost our hearing after childhood, when language skills were formed³) I have learned to forge an ambiguous identity, with multiple perspectives. I identify with an oral, hearing culture (English), yet no longer experience the world as a hearing person does and my deafened experience is largely misunderstood. The experience of acquired disability has been the inspiration for my graduate research and creative sound/video work.

In 2009 I received the Frank Algar Memorial Scholarship from the Canadian Hard of Hearing Association in support of my graduate studies. Upon graduation in 2011 from the M.A. in Studies in Comparative Literatures & Arts program at Brock University, I was awarded a graduate student Spirit of Brock medal in recognition of my advocacy work on behalf of graduate students with disability and accessibility for hard of hearing and deafened students in higher education.

My Master's research, entitled "*Men with Disabilities: Occupying the Space of Other, Masculinities and Sexuality in Auto/biographical Novels and Films*" considers how the creation of auto/biographical novels and films by men with acquired disability helps to make social meaning of the experience of disability. I am currently working on an oral history/sound and video art series entitled "*Deaf Soundscape*", based on interviews conducted with deafened adults.

I hold a Bachelor of Fine Arts degree in Cinema from Concordia University (1982) and have had a varied career in the arts and media, working in film and television production, theatre, print and interactive media.

In Calgary, where I lived for ten years, I was an active board and committee member at Deaf and Hard of Hearing Services. I participated in speech reading workshops, conflict resolution training and as a disability awareness facilitator for the Calgary International Airport Authority.

In addition to sitting on the Disability Advisory Board of Neighbours, Friends and Families, I am an active advocate in support of Brock University's Graduate Student Association and the office of the Accessibility Coordinator. In 2010, I presented nationally on the graduate student experience with accessibility at the National Education Association of Disabled Students (NEADS) annual conference. In

³ Rothschild and Kampfe, cited in Kashubeck-West, Susan and Jill Meyer. "The Well-Being of Women Who are Late-Deafened". *Journal of Counseling Psychology*, 55.5. 2008: 464.

2011 I was invited to chair two panels on Diversity for the Northeast Modern Languages Association conference, expanding the definition of diversity to include persons with disabilities.

I currently teach academic English preparation courses to international college and university students. As a woman with the acquired disability of deafness, I am familiar with the communication challenges faced by second language learners and find my experience as an expert listener to be invaluable to my English language teaching.

APPENDIX II

Interviews and Focus Groups Completed

Key Informant Interviews

1. Peggy Corrigan Dench, Community Consultant, Regional Support Associates, Woodstock
2. Lisa Havens, Life Coach, Hutton House, London
3. Carole Willians, Past President, Canadian Hard of Hearing Association, Ottawa
4. Ivana Petricone, Arch Disability Law Centre, Legal Director, Toronto
5. Mary Smithson, Canadian Hard of Hearing Elder Abuse Committee, Hamilton
6. Deborah Lashbrook, Orientation and Mobility Instructor, CNIB, Kitchener
7. Jennifer Urosevic, Regional Director Client Services, CNIB, Kitchener
8. Donna Moore, CNIB Deaf Blind Services, London
9. Peggy Gail, Community Legal Worker, Parkdale Legal Services, Toronto
10. Sandra Carpenter, Director Centre for Independent Living, Toronto
11. Catherine Legere, Counsellor, Toronto Family Services
12. Patricia Teixeira, Canadian Hearing Society, Connect Counsellor, York Region
13. Andria Sprudel, March of Dimes Ontario Director
14. Jai Mills, LHIN Central East, Addictions portfolio, Ajax
15. Trish Morely, Balance Community Access Facilitator, Toronto
16. Sandi Bell, Consultant, Member of the Canadian Human Rights Commission, Hamilton

Focus Groups

1. Balance, Toronto, 6 participants
2. Connecting on Disability and Abuse, Ottawa, 19 participants
3. Canadian Hearing Society, Ottawa, 6 participants, staff and Board
4. Social Sexual Interest Group, London, 15 service providers from throughout southwest region
5. Canadian Hearing Society, Hamilton, cross disability perspective, 4 participants
- 6., Ottawa, 4 participants 3 from Ottawa and 1 Napean
7. Cross disability group, London, 11 participants from London Woodstock and Goderich
8. Cross disability group, Thunder Bay, 5 participants
9. Deaf community, Toronto, 7 participants
10. Cross disability focus group, Peterborough, 7 participants from Peterborough , Oshawa and Port Hope
11. Cross disability focus group, Kingston, 5 participants

APPENDIX II

Reflections from Advisory Committee Members

Marianne Park

I have had the pleasure of being the coordinator of the project as well as co-chair of the advisory committee. I have also been a member of the NFF provincial team.

I have worked in the violence against women sector for over twenty years. I have been a part of many advisory committees for projects in the field. Doing the direct work in research capacity was a new role for me. I was able to locate participants for the advisory committee, interviews and focus groups through networks both professional and social.

I am proud of the report as I feel it reflects the feedback of the participants who were generous with their time and willing with their contributions sharing perspectives that could not have been gleaned any other way. The project has been for the most part a labour of love. It afforded me the opportunity to travel throughout Ontario and meet a number of dynamic women. I have learned and grown throughout the process of developing the strategy. I have benefited from the wisdom, expertise and patience of both the advisory committee and the provincial team. I am sincerely grateful for the opportunity.

It is refreshing to work in an environment grounded in a strong belief in equity. Often as a woman with a disability I encounter projects that say they want to level the playing field, but in reality that is just lip service, this has not been the case.

There have been times when I have struggled with accommodation, technology in particular, but my struggles were rooted in my inability to articulate my needs rather than the barriers. In conclusion I want to thank my family for their unwavering support and endless encouragement.

I came to the advisory committee as a young woman living with learning disability as well as experience working with women with disabilities. Part of my role was to identify key informants who have had lived experiences of abuse, as well as service providers in supporting women who experienced abuse in intimate partner relationships. Initially, the campaign was focused on certain disabilities, which was disappointing as the initiative for the campaign was to adapt and reflect the realities of abuse for ALL women with disabilities. As the committee's work evolved we expanded to include more experiences of women living with different kinds of disabilities. The experiences of women who have been labeled and live with cognitive disabilities were given space in our work. That being said, we as a committee acknowledge that many women's voices still needed to be recognized and included in any of the material produced. Another important theme arose from the key informants interviews, which was the issue of regional representation. It was felt that more representations was needed to reflect the differing needs in rural and urban communities and in more generally communities across Ontario.

I appreciated the commitment from the committee to ensure that Deaf women were on the committee. Deaf women focus groups made up a significant portion of the interviews conducted. This provided a deeper understanding of the challenges that exist in a hearing world and the work ahead of us that still needs to be unlearned and learned to work towards acceptance and embracing human diversity.

The rich data that was gathered by Marianne Park was not only useful for the NFF campaign, it also revealed many gaps that still exist in the violence against women sector (VAW) and the need to strengthen relationships between disability organizations and VAW in order more effectively support women fleeing violence.

While the campaign was focused on intimate partner relationships, it is important to continue to discuss in these conversations others forms of violence women with disabilities in their lives face such as caregiver violence, violence and violence from the medical industrial complex. Many discussions took place about how to deliver this campaign, whether it would be as a separate campaign or to integrate with other campaigns. Committee members, who have met with other people working in the other campaigns, expressed that ableism and disability were often overlooked. As a committee we are

strongly advocating for an intersectional analysis in all campaigns. Women live with multiple and shifting identities and an intersectional approach allows for a campaign that reflects her entirety. It has been an honor to be part of such important work and I look forward to working towards making this material, however it is to be delivered, as relevant and useful for women and those in her life and in the broader to community working together to end woman abuse in all forms.

Valentina Gal

I thank you for inviting me to serve on this committee and thereby, affording me the opportunity to learn from it. The desire to help disabled women facing violence is an honourable goal and something very close to my heart. I found the women interesting and intelligent, not to mention well-informed in their field. I have learned something from each of them individually.

Though my experience is mostly positive, I feel the committee didn't jell as well as it might have. It seems that some of the members were so moved by their passion to get things done, their own agenda got in the way. We sometimes lost our focus on the NFF lens and, I feel that the group should have been directed back to that lens more often. Conversations often got lost in issues that were too big for the group and frankly, not part of what we were asked to do.

Also, given the fact that we were on a limited budget, the resources might have been used more effectively. Specifically, I feel the trip to Ottawa was wasteful. The folks from out of town were aware of distance when they accepted the obligation. If we were going to meet in Ottawa to be fair to the people from that city, it should have been more than a four-hour meeting for the time and money spent on the trip. I feel that, if we were going to go so far away, more time could have been built in for things like brain-storming sessions and such. It seemed that folks were more concerned about their Ottawa friends and other meetings than they were to get some more work done.

I would also like to thank Barb for the opportunity of writing the final draft of this report. As it came together, my appreciation of this work and the women who are taking it on grew exponentially. I'm looking forward to the next steps of our journey and trust that the work we've done together will make a real difference for women with disabilities as they struggle with their abuse challenges.

