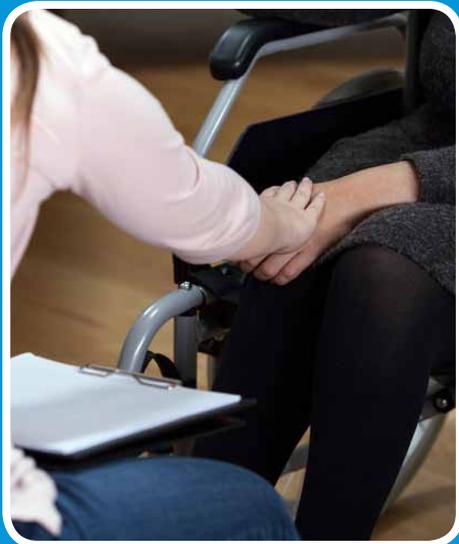


right to be safe



creating inclusive services
for women with disabilities
experiencing violence

A RESOURCE BOOKLET FOR SERVICE PROVIDERS

Adapted from the InFocus project Our Right to be Safe pilot training produced by **DisAbled Women's Network Canada** and **Canadian Association of Community Living** funded by the **Status of Women Canada**, 2014.

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Introduction

The *Right to be Safe* resource booklet for service providers was created to accompany the full-day *Right to be Safe* workshop.

The workshop covers four areas: The socio-economic and historical context of the lives of women with disabilities; the nature of violence against women with disabilities; barriers and increasing access to services; and putting access and inclusion into practice.

The resource booklet is intended to provide service providers in the violence prevention and response sector with information on statistics about violence against women with disabilities, understanding barriers people with disabilities face, and communication and interaction tips about people with a range of disabilities.

The resource booklet is also a tool for accessibility planning for organizations and government programs, as well as conducting a community safety audit.

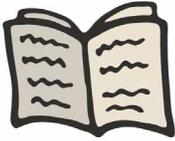
Statistics Canada PALS Survey 2006



From the Participation and Activity Limitations Survey (PALS) 2006, here are descriptions of specific disability categories:

- **Pain-related disabilities** limits the amount or kind of activities a person can do because of long-term or re-occurring pain
- **Mobility-related disabilities** – difficulty walking or going up and down stairs, or standing for long periods
- **Agility-related disabilities** include: difficulty bending, dressing, getting in and out of bed, grasping objects, reaching or cutting own food
- **Hearing-related disabilities** – difficulty hearing what is being said in conversation with one or more persons or on the telephone
- **Seeing-related disabilities** – difficulty seeing ordinary newsprint or clearly seeing someone’s face from 4 meters away
- **Speech-related disabilities** – difficulty speaking and/or being understood
- **Learning-related disabilities** – difficulty learning because of attention problems, hyperactivity or dyslexia
- **Emotional-related disabilities** – limitations in the amount or kind of activities a person can do due to presence of emotional, psychological or psychiatric condition
- **Memory-related disabilities** – limitations in the amount or kind of activities a person can do due to periods of confusion or difficulty remembering
- **Developmental-related disabilities** – cognitive limitations due to intellectual or developmental disability

Factsheet: Women with Disabilities and Violence



Violence against women with disabilities shares common characteristics with violence against women in generalⁱ. Women with disabilities also experience forms of abuse that women without disabilities do not. Violence against women and girls with disabilities is not just a subset of gender-based violence - it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilitiesⁱⁱ.

Women with disabilities experience a wider range of emotional, physical and sexual abuse: by personal attendants and by health care providers, as well as higher rates of emotional abuse both by strangers and other family membersⁱⁱⁱ. They also can be prevented from using a wheelchair, cane, respirator, or other assistive devices^{iv}.

There remains almost no literature regarding the risk of abuse, women's experiences of abuse, and barriers to seeking help among women with disabilities. The absence of attention to this issue from both disability and violence researchers has contributed to the 'invisibility' of the victimization of women with disabilities^v.

High rates of violence

- A DAWN-RAFH Canada study found that although 1 out of 5 of all Canadian women live with a disability^{vi}, 40% of respondents had experienced some form of violence in their lives^{vii}.
- Another study indicated that 60% of women with disabilities are likely to experience some form of violence in the course of their adult lives^{viii}.
- Considering all violent crimes, including those committed by spouses, a Canadian study shows 51% of women with activity limitations had been victims of more than one violent crime during the 12 preceding months compared to 36% of women without limitations^{ix}.
- Disabled women are at risk of violence in many forms – neglect, physical abuse, sexual abuse, psychological abuse and financial exploitation.^x
- Women and girls with disabilities are at a high risk of experiencing gender-based and other forms of violence due to social stereotypes that often serve to reduce their agency by infantilizing, dehumanizing and isolating them,

making them vulnerable to various forms of violence, including institutional violence.^{xi}

- Persons with mental or behavioural disabilities experience personal victimization at a rate four times that of the rate of people who have none^{xii}.
- Women with disabilities are exposed to additional risks of abuse by caregivers who provide services specifically related to her disability^{xiii}.
- Women with disabilities are more likely to be victims of violence related to alcohol or drug use than are men with disabilities^{xiv}.
- Women with disabilities experience sexual violence in various forms such as; violations of privacy, restraint, strip searches, and solitary confinement that replicate the trauma of rape, rape by staff and other inmates/residents of institutions, forced abortion and forced sterilization^{xv}.
- In a study comparing the rates of instances of sexual and physical assault among women with and women without disabilities, it was determined that women with disabilities were four times more likely to have experienced a sexual assault than women without disabilities^{xvi}

Intimate partner violence: A hidden reality

- Investigators rarely assume that disabled women have intimate partners, so intimate partner violence (IPV) often goes undetected^{xvii}.
- Persons with disabilities were between 50% and 100% more likely than those without disabilities to have experienced violence by a spouse^{xviii}.
- Male partners of women with disabilities were about 2.5 times more likely to behave in a patriarchal dominating manner and about 1.5 times more likely to engage in sexually proprietary behaviours than were male partners of women without disabilities^{xix}.

Barriers to reporting abuse

- There are various barriers that specifically affect women with disabilities such as; difficulty in making contact with shelters or other intervention services, lack of access to information about available services, difficulties in accessing transportation, fear of losing their financial security, their housing or their welfare benefits and fear of being institutionalised^{xx}.
- Women with disabilities are less likely to report being victims of violence than men with disabilities (49% of incidents concerning men are reported while only 30% of women reported incidents)^{xxi}.

- Women with disabilities might fear they will not be believed or perceived as not credible by the police or the courts, or that there will not be appropriate services available^{xxii}.
- When the violence is perpetrated by personal assistants, family members and/or friends, it is often considered to be a problem that can be addressed by the social service system rather than considered to be a crime that should be addressed by the police and/or the criminal justice system^{xxiii}. In situations in which domestic violence is experienced, women with disabilities may fear leaving their abuser because of dependence of the emotional, financial or physical variety and fear of losing custody of their children may prevent women with disabilities from reporting abuse^{xxiv}.
- When an incident was reported, persons with disabilities were more likely than persons without limitations to say they were very dissatisfied with the police response (39% compared to 21%)^{xxv}.
- Law enforcement authorities may not take appropriate action to respond to reports of violence against women and girls with disabilities and women with disabilities may avoid reporting instances of abuse in order to avoid discriminatory action, retribution, potential institutionalization or loss of economic and other supports^{xxvi}.

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ⁱ International Network of Women with Disabilities (INWWD), Document on Violence against Women with Disabilities, 2010, p.11.

ⁱⁱ Ibid., p.7.

ⁱⁱⁱ Young et al., op.cit; Nixon, J. (2009) "Domestic violence and women with disabilities: locating the issue on the periphery of social movements", *Disability & Society*, 24 (1), 77 – 89.

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- ^{xii} *Idib.*, p.8.
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- ^{xxii} *Idem*.
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Updated: February 2013

Promising Practices Exercise

CHALLENGE EXPERIENCED	WHY DO YOU THINK IT HAPPENED?	WHAT DO YOU THINK YOU WOULD DO DIFFERENTLY (IF ANYTHING) NOW?	WHAT NEEDS TO CHANGE AND/OR WHAT DID YOU NEED?	WHAT CAN YOU DO TO MAKE THAT CHANGE OR OBTAIN THAT RESOURCE?
<p>Example: Suspected abuse but didn't know how to communicate with the woman</p>				
<p>Systemic changes needed</p>				

Understanding Barriers to Accessibility

Barriers to accessibility are obstacles that make it difficult — sometimes impossible — for people with disabilities to do the things most of us take for granted — things like going shopping, working, or taking public transit. When we think of barriers to accessibility, most of us think of physical barriers — like a person who uses a wheelchair not being able to enter a public building because there is no ramp. The fact is there are many kinds of barriers. Some are visible. Many are invisible.

TYPE OF BARRIERS	EXAMPLES
Attitudinal barriers are those that discriminate against people with disabilities.	<ul style="list-style-type: none"> • thinking that people with disabilities are inferior • assuming that a person who has a speech impairment can't understand you
Information or communications barriers happen when a person can't easily understand information.	<ul style="list-style-type: none"> • print is too small to read • websites that can't be accessed by people who are not able to use a mouse • signs that are not clear or easily understood. • language use that is too complex
Technology barriers occur when a technology can't be modified to support various assistive devices.	<ul style="list-style-type: none"> • a website that doesn't support screen-reading software
Organizational barriers are an organization's policies, practices or procedures that discriminate against people with disabilities.	<ul style="list-style-type: none"> • a hiring process that is not open to people with disabilities

TYPE OF BARRIERS	EXAMPLES
<p>Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities.</p>	<ul style="list-style-type: none"> · hallways and doorways that are too narrow for a person using a wheelchair, electric scooter or walker · counters that are too high for a person of short stature · poor lighting for people with low vision · doorknobs that are difficult for people with arthritis to grasp · parking spaces that are too narrow for a driver who uses a wheelchair · telephones that are not equipped with telecommunications devices for people who are Deaf, deafened or hard of hearing

¹ **Understanding Barriers to Accessibility**, from the Ministry of Community and Social Services, Making Ontario Accessible. Source: <http://www.mcscs.gov.on.ca/en/mcscs/programs/accessibility/index.aspx>

Duty to Accommodate

The Canadian Charter of Rights and Freedoms (Charter) and the BC Human Rights Code (BCHRC)



There are two sources of law that prescribe the responsibility that Canadian governments and other parties in BC have regarding non-discriminatory practices that may affect people with disabilities, among other protected groups. These are the Canadian Charter of Rights and Freedoms (Charter) and the BC Human Rights Code (BCHRC) and. The Charter applies to governments, while the BCHRC applies to both governments as well as non-governmental entities. The BCHRC is also subject to the Charter, so if there is a discrepancy in the BCHRC, that discrepancy may and could be considered by the Courts to be in violation of the Charter.

Together, these laws set out the duty to accommodate protected groups in order to prevent discriminatory practices. This duty, for example, can involve eliminating or changing rules, policies, practices, activities or programs that intentionally or unintentionally discriminate against certain groups.

What Does the Law Tell Us?

The section of the Charter that outlines the duty to accommodate is as follows:

15.(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

These rights are subject only to s.1 of the Charter:

1. The Canadian Charter of Rights and Freedoms guarantees the rights and freedoms set out in it subject only to such reasonable limits prescribed by law as can be demonstrably justified in a free and democratic society.

The relevant section of the BCHRC states that:

8(1) A person must not, without a bona fide and reasonable justification,

(a) deny to a person or class of persons any accommodation, service or facility customarily available to the public, or

(b) discriminate against a person or class of persons regarding any accommodation, service or facility customarily available to the public.

The Courts and the Duty to Accommodate

In a 1997 case against the province of BC, known as the Eldridge case, a group of Deaf people brought forward a case stating their Charter rights had been violated. They argued that, because BC's Minister of Health had failed to provide them with sign language interpretation services at hospitals, they were unable to access the same quality of medical services as non-Deaf members of the public. The court unanimously agreed and said that the violation occurred, and that it was not justified by section 1 of the Charter. The court said that, whenever the state provides a benefit to the public, it must do so in a non-discriminatory manner.

Going further, the court said that treating the claimants the same as everyone else was unsatisfactory in this case. They recognized that, because of the claimants' hearing impairment, equal treatment led to an unequal and unjust result. The court determined there was a duty to provide accommodations that would help the claimants overcome their barriers to access.

In another case, the Supreme Court of Canada ruled that:

The same analysis...applies in the case of physical barriers.

A physical barrier denying access to goods, services, facilities or accommodation customarily available to the public can only be justified if it is "impossible to accommodate" the individual "without imposing undue hardship" on the person responsible for the barrier. There is, in other words, a duty to accommodate persons with disabilities unless there is a bona fide justification for not being able to do so.

What Does Undue Hardship Mean?

Judges have said that people with disabilities have the right to be accommodated in the provision of publically-available services and benefits, up to the point of undue hardship. There is no magic formula to determine precisely what is meant by undue hardship in every situation. However, we know that the undue hardship standard does permit some hardship on the part of the accommodation provider and that the duty to accommodate is only limited up to the point when hardship becomes "undue."

The line between acceptable hardship and undue hardship can sometimes be ambiguous. A number of factors come into play when making the determination, such as:

- Financial cost of an accommodation
- Economic viability
- Prospect of interference with the rights of
- others
- Safety considerations

The courts would consider all of these factors as a whole to assess whether an accommodation would be so onerous as to constitute an undue hardship.

In the Eldridge case, for example, the court held there was no undue hardship imposed in requiring the provincial government to provide sign language interpretation in hospitals. The cost to do so was estimated at approximately \$150,000 per year. While this amount was not trivial, the court observed that it was a small fraction of the overall provincial health care budget and therefore not an undue hardship.

How to Accommodate

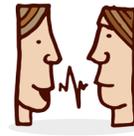
Federal and provincial law tells us that local governments, employers and public institutions have the legal duty to accommodate the needs of people with disabilities in the provision of services. Accommodating people with disabilities can be accomplished through adopting new perspectives, engaging community capacities and utilizing existing resources in inclusive ways.

Who needs to be accommodated?

Individually and collectively, we are gradually expanding our understanding of what disability means. Thankfully, we are moving beyond thinking of only wheelchairs and ramps.

Duty to Accommodate is an excerpt from *Creating Safe Communities, Local Government's Legal Duty to Accommodate People with Disabilities in Emergencies*, DABC, 2013

What are Alternative Formats and For Who?



TYPE OF DISABILITY	ALTERNATE FORMAT
<p>Persons with Mobility Disability</p> <p>Persons with Vision Impairment (Blind)</p> <p>Persons with Intellectual Disabilities</p> <p>Persons with Developmental Disabilities</p> <p>Persons with Learning Disabilities</p>	<p>Audio Format</p> <p>An alternative format for people with a mobility, vision, intellectual or developmental, or learning disability, and are unable to read print. The Library has an MP3 translation software that will transcribe a Word file into an Mp3 file using a synthetic voice.</p>
<p>Persons with Vision Impairment</p>	<p>Descriptive Video Service (DVS)</p> <p>DVS provides descriptive narration of key visual elements – such as the action, characters, locations, costumes and sets – without interfering with dialog or sound effects, making television programs, films, home videos and other visual media accessible for people with vision disabilities.</p>

TYPE OF DISABILITY	ALTERNATE FORMAT
<p>Persons with Hearing Impairment</p>	<p>Windowing</p> <p>Windowing enables people who are deaf to read by means of a sign language interpreter what others hear in a video presentation or broadcast. The interpreter appears in a corner or “window” in the screen translating spoken word to sign language. Windowing may include open or closed captioning.</p> <p>Captioning (For Movies and Visual Media)</p> <p>Captioning translates the audio portion of a video presentation by way of subtitles, or captions, which usually appear on the bottom of the screen. Captioning may be closed or open. Closed captions can only be seen on a television screen that is equipped with a device called a closed caption decoder. Open captions are “burned on” a video and appear whenever the video is shown. Captioning makes television programs, films and other visual media with sound accessible to people who are deaf or hard of hearing.</p> <p>Telecommunications for Persons with Hearing Impairments</p> <p>Although many people who are deaf or hard of hearing use e-mail and pagers to give and receive information, TTY (teletypewriter), is still widely used. More cell phones are now compatible with TTY and hearing aids, and as they become less expensive and easier to use, their use will be more widespread.</p> <p>Bell Canada Relay Service (BCRS) lets TTY users and hearing people talk to one another by phone with the help of specially trained BCRS operators. Users dictate to the operator the conversation, which is then relayed to the TTY phone. TTY conversation is then relayed to the regular phone user. This service is confidential and the only cost is any long-distance charges that would regularly apply. Local calls using this service are free.</p>

TYPE OF DISABILITY	ALTERNATE FORMAT
Persons with Low Vision Persons with Vision Impairment (Blind) Persons with Learning Disabilities	Electronic Text Used with screen reading software that enables people who are blind, have low vision or who have learning disabilities to hear a spoken translation of what others see on the monitor. Most common type of electronic text is Word documents and PDFs.

What are Alternative Formats and For Who? from Ryerson University - The Access Centre
www.ryerson.ca/student-services/accesscentre

Ensure that Information is Accessible



Any information that is distributed, discussed and shared should be accessible to people with disabilities and Deaf people. This means ensuring information is:

- ✓ In people's own language
- ✓ In plain language - If you are translating a document to plain language, you may have to decide what information is the most important to include and what can be left out. Try using the word order *subject, verb, object* and avoid sentences that start with a supporting clause.
- ✓ Layout & Presentation is important too – It is helpful to use lots of headings. The headings should be straightforward and lead the reader through the logic of the document with ease.
- ✓ Be sensitive to design issues, i.e. use pictures, not too much text on one page and not cluttered with too many confusing images. Avoid watermark (background) images.
- ✓ Check your work. One useful exercise in attempting to see if you are using accessible language is to keep asking yourselves: “*What do I really mean to say here?*” or “*How can I say that more literally and in a more direct way?*”
- ✓ Available in alternative formats, i.e. audio tapes or CDs, large print, electronic or E-Text or PDF, Braille.

Communication and Interaction Tips

Visual Disabilities



DON'T SAY	SAY
<ul style="list-style-type: none"> • the blind • the visually impaired 	<ul style="list-style-type: none"> • a person who is blind • a person with vision loss

Visual disabilities reduce a person's ability to see clearly.

There are many degrees of vision loss. Few people with vision loss are totally blind. Many have limited vision.

Vision loss can restrict a person's ability to:

- read signs
- locate landmarks
- see hazards

People with vision loss may use a service dog or a white cane. Others may not. You may not always be able to tell if a person has vision loss.

Tips on how to interact

- Identify yourself when you approach the person and speak directly to them.
- Speak normally and clearly.
- Never touch the person without asking permission, unless it's an emergency.
- If you offer assistance, wait until you receive permission.
- Offer your arm (the elbow) to guide the person and walk slowly.
- Don't touch or address service animals — they are working and have to pay attention at all times.
- If you're giving directions or verbal information, be precise and clear. For example, if you're approaching a door or an obstacle, say so. This includes giving directions to the location of your agency i.e. we are 2 metres from the bus stop on the north side of the street.
- Don't just assume the person can't see you.

- Don't leave the person in the middle of a room. Show them to a chair, or guide them to a comfortable location.
- Identify landmarks or other details to orient the person to the environment around them.
- Don't walk away without saying good-bye or informing the person you have left even if you are planning on returning shortly.
- Be patient. Things may take a little longer.

Hearing Loss

DON'T SAY	SAY
<ul style="list-style-type: none"> · the deaf · the hearing impaired 	<ul style="list-style-type: none"> · a person who is deaf · a person who is deafened · a person who is hard of hearing

There are many degrees of hearing loss.

People who have hearing loss may be:

- Deaf (a person with profound hearing loss)
- Deafened (a person who has become deaf later in life)
- Hard of hearing (a person who has some hearing loss)

People with profound hearing loss may communicate using sign language. Other people may use assistive devices, such as hearing aids, to communicate.

Tips on how to interact

- Always ask how you can help. Don't shout.
- Attract the person's attention before speaking. The best way is a gentle touch on the shoulder or gently waving your hand.
- Make sure you are in a well-lighted area where the person can see your face.
- Look at and speak directly to the person. Address them, not their interpreter.
- If necessary, ask if another method of communicating would be easier, for example a pen and paper.
- Don't put your hands in front of your face when speaking.
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood.
- Don't touch or address service animals — they are working and have to pay attention at all times.

- Be patient. Communication for people who are Deaf may be different because their first language may not be English. It may be American Sign Language (ASL) or Langue des signes québécoise (LSQ).
- If the person uses a hearing aid, try to speak in a quiet area. Background noise can be distracting.

Deaf-Blind

DON'T SAY	SAY
<ul style="list-style-type: none"> · deaf and dumb · deaf mute · the deaf-blind 	<ul style="list-style-type: none"> · a person who is deaf-blind

A person who is deaf-blind has a combined loss of vision and hearing. This makes it difficult for people to access information.

Most people who are deaf-blind are accompanied by an intervenor, a professional who helps with communicating.

Tips on how to interact

- Don't assume what a person can or cannot do. Some people who are deaf-blind have some sight or hearing, while others have neither.
- A person who is deaf-blind will probably give you a card or a note explaining how to communicate with them.
- Speak directly to the person as you normally would, not to the intervenor.
- When you approach a person who is deaf-blind, make sure you identify yourself to the intervenor.
- Don't touch or address service animals — they are working and have to pay attention at all times.
- Never touch a person who is deaf-blind suddenly or without permission unless it's an emergency.

Physical Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> · the cripple · crippled · lame · physically challenged · confined to a wheelchair · wheelchair bound 	<ul style="list-style-type: none"> · a person who with a disability · a person with a physical disability · a person with arthritis · a person who uses a wheelchair (or a walker or a scooter)

There are many types and degrees of physical disabilities. Not all physical disabilities require a wheelchair.

People who have arthritis, heart or lung conditions or amputations may also have difficulty with moving, standing or sitting.

It may be difficult to identify a person with a physical disability.

Tips on how to interact

- Speak normally and directly to your customer. Don't speak to the person who is with them.
- People with physical disabilities often have their own ways of doing things. Ask before you help.
- Be patient. People will tell you what they need.
- Don't touch assistive devices, including wheelchairs, unless it's an emergency.
- Tell the person about accessible features in the surrounding area (automatic doors, accessible washrooms, etc.).
- Remove obstacles and rearrange furniture so they have clear passage.

Speech or Language Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> · stutterer · mute 	<ul style="list-style-type: none"> · a person who stutters · a person who is non-speaking · a person with a communication disability

Some people have problems communicating. It could be due to cerebral palsy, hearing loss or another condition that:

- makes it difficult to pronounce words
- causes slurring or stuttering
- prevents someone from expressing themselves or understanding written or spoken language

Some people who have severe difficulties may use communication boards or other assistive devices.

Tips on how to interact

Just because a person has one disability doesn't mean they have another. For example, if a person has difficulty speaking, don't assume they have an intellectual or developmental disability as well.

- If you don't understand, ask the person to repeat the information.
- If possible, ask questions that can be answered 'yes' or 'no.'
- Be patient and polite. Give the person whatever time they need to get their point across.
- Don't interrupt or finish the person's sentences. Wait for them to finish.
- Patience, respect and a willingness to find a way to communicate are your best tools.

Mental Health or Psychosocial Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> · crazy · insane · lunatic · psycho · mental · mental patient · maniac · neurotic · psychotic · unsound mind · schizophrenic 	<ul style="list-style-type: none"> · a person with a mental illness · a person with a mental disability · a person with a mood disorder (for example, a person with bipolar disorder) · a person with a personality disorder (for example, a person with an antisocial personality disorder) · a person with an anxiety disorder (for example, a person with obsessive-compulsive disorder) · a person with schizophrenia

Mental health disabilities are not as visible as many other types of disabilities.

Some people with mental health disabilities may have:

- hallucinations (hearing voices or seeing things that aren't there)
- difficulty concentrating or remembering
- acute mood swings

Other people may not show any signs. You won't know that a person has a mental health disability unless you are told.

Here are some examples of mental health disabilities:

- schizophrenia
- depression
- phobias
- bipolar, anxiety and mood disorders.

Tips on how to interact

- Treat a person with a mental health disability with the same respect and consideration you have for everyone else.
- Be confident and reassuring. Listen carefully and work with the person to meet their needs.
- If someone appears to be in a crisis, ask them to tell you the best way to help.

Learning Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> · the learning disabled · the learning disordered · the dyslexic 	<ul style="list-style-type: none"> · a person with a learning disability or people with learning disabilities · a person with dyslexia

Learning disabilities are information processing disorders. They can affect how a person acquires, organizes, expresses, retains, understands or uses verbal or non-verbal information.

Here are some examples:

- dyslexia (problems in reading)
- dyscalculia (problems in mathematics)
- dysgraphia (problems in writing and fine motor skills)

People with learning difficulties may have problems communicating.

You may not know that a person has a learning disability unless you are told.

Tips on how to interact

- Patience and a willingness to find a way to communicate are your best tools.
- When you know that someone with a learning disability needs help, ask how you can best help.
- Speak normally and clearly, and directly to the person.
- Take some time — people with some kinds of learning disabilities may take a little longer to understand and respond.
- Try to find ways to provide information in a way that works best for them. For example, offer to give instructions in writing, use diagrams, or demonstrate a process.
- If you're dealing with a child, be patient, encouraging and supportive.
- Be courteous and patient. The person will let you know how to best provide service in a way that works for them.

Intellectual or Developmental Disabilities

DON'T SAY	SAY
<ul style="list-style-type: none"> · mentally retarded · idiot · simple · retarded · feeble-minded · imbecile · mongoloid · mongolism · Downs 	<ul style="list-style-type: none"> · a person with an intellectual disability · a person with a developmental disability · a person with Down Syndrome

People with intellectual or developmental disabilities may find it hard to do many things most of us take for granted.

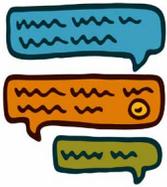
These disabilities can mildly or profoundly limit their ability to learn, socialize and take care of their everyday needs.

You may not be able to know that someone has this disability unless you are told, or you notice the way they act, ask questions or use body language.

Tips on how to interact

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- Make sure the person understands what you've said.
- If you can't understand what's being said, don't pretend. Just ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the person, not to their companion or attendant.

Plain Language



Language is very important for opening doors and welcoming everyone. We need to recognize that often in the work we do in the non-profit sector we may use words that keep people out – sometimes the very people that we want to open up to! Therefore we need to use plain language to ensure we are accessible and inclusive to as many people as possible.

Using plain language when speaking:

- ✓ Use language that is more universal in nature, is accessible to most communities, like people with a variety of disabilities, people whose first language isn't English, people with lower literacy levels.
- ✓ Use direct language, more literal in nature
- ✓ Avoid jargon, academic or policy language, avoid idioms, etc.
- ✓ Break down ideas, don't present too many ideas at once
- ✓ Use shorter sentences or paragraphs
- ✓ Use lots of examples
- ✓ Best to talk in the first person
- ✓ Avoid big words! Little words can de-complicate "big" ideas
- ✓ Be concise
- ✓ Avoid terminology like;
 - "differently-abled"
 - "physically or mentally challenged"
 - "mentally retarded"
 - "wheelchair bound" or "confined to a wheelchair"
 - "handicapped"

Communicating with People with Disabilities on the Phone



- ✓ Speak normally, clearly and directly.
- ✓ Don't worry about how their voice sounds. Concentrate on what's being said.
- ✓ Be patient, don't interrupt and don't finish your customer's sentences. Give your customer time to explain him or herself.
- ✓ Don't try to guess what your customer is saying. If you don't understand, don't pretend. Just ask again.
- ✓ If you're not certain what was said, just repeat or rephrase what you've heard.
- ✓ If a telephone customer is using an interpreter or a TTY line, just speak normally to the customer, not to the interpreter.

If your customer has great difficulty communicating, ask them if they prefer another way to communicate, including making arrangements to call back when it's convenient to speak with someone else.

Communication and Interaction Tips uses information from: *Achieving Accessibility in the Home and Community Support Services Sector: Tips And Tool Kit*. Ontario Community Support Association. 2009.

Ten Inclusive Practise Tips



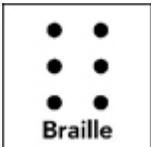
1. Speak directly to the person rather than through their companion, family member or even an interpreter who may be present. Even if they are non-verbal.
2. Offer to shake hands when introduced. People with limited hand use or an artificial limb can usually shake hands. You might have to offer the left hand and that is okay if necessary.
3. Place yourself at eye level when speaking with someone.
4. Face hard of hearing or Deaf people directly when speaking to them, for lip reading. Speak clearly, slowly (but normally) and with the appropriate expressiveness. Try to – face a light source and keep hands, pens or food away from your mouth when speaking. To get the attention of someone with a hearing disability, wave your hand or make a gesture. Never shout, speak in your normal tone of voice OR if you think they are struggling to hear you, you may ask: “Would you like me to speak a little louder?”
5. Always identify yourself and others who may be with you when meeting with someone with a vision disability. Further, when discussing things in a group, always say your name before you begin – i.e. “This is Ayshia” and also identify the person to whom you are speaking.
6. Listen carefully when talking to people who have difficulty speaking and wait patiently for them to finish. It might be useful to ask questions that require short answers or a non-verbal response – like yes or no. Never pretend to understand – instead repeat what you think you understood and ask the person to confirm.
7. If you think someone needs help , for example a person who is blind or who may be unsteady walking – offer your assistance, wait until it is accepted and then ask for instructions. For example:
 - “Would you like to hold my arm?” If they respond with a yes, then:
 - “Which side is best for you?” OR
 - “Do you want me to walk down with you to the exit?” If they say yes, use your own judgement, i.e. if the person uses a wheelchair open doors for them and get the elevator buttons

8. Treat adults as adults – Address people with disabilities as formally as you would anyone else, i.e. by their last name or first name if that is the type of familiarity you are accustomed to using. Never pat a person who uses a wheelchair on the head or shoulders, this is patronizing.
9. Respect people's personal space, i.e. wheelchairs, crutches or canes – do not rest on them, tap, or lean against them, etc. Often people may regard their personal devices as extensions of their bodies, so do not touch them without their permission or request.
10. Don't pet or play with service dogs when their harnesses are on; this means they are working and shouldn't be distracted.

Ten Inclusive Practise Tips uses and adapts the work of Tara Geraghty's Powerpoint presentation entitled, *Helping Newcomers with Disabilities Settle and Succeed*. Dixie Bloor Neighbourhood Centre.

Understanding the universal symbols of accessibility

The following symbols can be used to promote and publicize accessibility of places, programs and other activities for people with various disabilities.

UNIVERSAL SYMBOLS OF ACCESSIBILITY	
	<p>International Symbol of Accessibility (ISA)</p> <p>This is probably the most recognizable symbol of accessibility. The wheelchair symbol should only be used to indicate access for individuals with limited mobility, including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users.</p>
	<p>Braille Symbol</p> <p>This symbol indicates that printed matter is available in Braille, including exhibition labelling, publications and signage.</p>
	<p>Accessible Print</p> <p>The symbol for large print is 'Large Print' printed in 16-20 point font size. In addition to indicating that large print versions of books, pamphlets, museum guides and theatre programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided in large print.</p>
	<p>Assistive Listening Systems</p> <p>This symbol is used to indicate that assistive listening systems are available for the event. The systems may include infrared, loop and FM systems.</p>
	<p>Sign Language Interpretation</p> <p>This symbol indicates that Sign Language Interpretation is provided for a lecture, meeting, performance, conference or other program.</p>
	<p>Closed Captioning (CC)</p> <p>This symbol indicates that a television program or videotape is closed captioned for Deaf or hard of hearing people (and others).</p>

Please see the Ministry of Economic Development, Trade and Employment. Government of Ontario http://www.mcass.gov.on.ca/en/mcass/programs/accessibility/understanding_accessibility/symbols_accessibility.aspx

Support Needs Form



Personal Information (optional):

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Access Needs: *Preamble: One of the goals of our centre is to provide excellent access to our services for people with mental health issues, people with disabilities and Deaf people. One of the ways that we do this is by asking clients before they come in about their access needs. Do you have a disability or any special needs that we should know about?* YES NO

If yes, can you tell us a little more about your disability? _____

Do you need a support person to help you communicate? _____

Do you have any special communication needs? (e.g. Hard of Hearing, American Sign Language (or Langue des Signes Québécoise), other interpreters, etc.) YES NO

Do you use a wheelchair or have a mobility disability? YES NO

Is there anything else we should know that will help make this appointment an easier experience? YES NO

Thank you for helping us prepare for your visit!

Accessibility Workplan Exercise



ACCESSIBILITY WORKPLAN ¹			
BARRIERS BEING ADDRESSED	ACTIVITIES	PERSONS INVOLVED	TIMELINE
Attitudinal Organizational Technological Information or communications	Examples <ul style="list-style-type: none"> · Budgeting for accessibility · Allowing service animals on premises · Disability sensitive staff training · Service expanded to include home visits 	Executive Director Board of Directors Staff	
Attitudinal Architectural and physical Technological	Example <ul style="list-style-type: none"> · Respectful communication · Accessible washroom · Adapted computers 	IT Staff	
Attitudinal Information or communications	Example <ul style="list-style-type: none"> · Outreach materials in alternative formats 	Communication/marketing staff	
Attitudinal	Example <ul style="list-style-type: none"> · Attend disability events, reps from disability org on Board 		

ACCESSIBILITY WORKPLAN				
TASK	BARRIERS BEING ADDRESSED	ACTIVITIES	PERSONS INVOLVED	TIMELINE
Establish policies, practices and procedures				
Creation of a welcoming environment				
Outreach - how you promote your service				
Partnerships and networking				

Case Study Exercise



For this small group exercise use the Inclusive Best Practices framework to identify the following:

- barriers
- access and inclusion needs and solutions

A. BARRIERS

ATTITUDINAL	PHYSICAL	PROCEDURES & PRACTICES

B. SOLUTIONS

ATTITUDINAL	PHYSICAL	PROCEDURES & PRACTICES

Case Study Exercise is excerpted from *Violence Against Women in Relationships, Victim Worker Handbook*, BC Ministry of Public Safety, 2007



CASE STUDY NUMBER 1: Susan

Susan, a woman with severe cerebral palsy, has left her abusive husband and accessed her local women's shelter with her 5-year old child. Susan needs attendant care for activities of daily living – dressing, bathing, and eating. She was able to arrange for an attendant to come to the shelter to provide these services, but the services do not extend to taking care of the child's daily needs nor does she have any provision for help with child care. In her own home she had adaptive equipment to help her with her child and a space that was designed for her and her child's safety.

The shelter requested support for the mom for child care and the response from authorities was that the child should be placed with the able-bodied parent (the abuser).

Other background information:

Susan has low self-esteem because of years of verbal and psychological abuse by her mother who always told her that because of the way she looked no man would want her. Her parents continually used the threat of being put in an institution if she did not behave.

Susan has very part time work in an office.

Adapted from *Bridging the Gaps*, DisAbleD Women's Network Canada and the InFocus project focus groups on women with disabilities and violence.



CASE STUDY NUMBER 2: Jody

I identify myself as an Indigenous deaf woman. I am an advocate for women with disabilities in my community, especially deaf women, and I help them to access services so they can find out about their health and legal rights. I am able to be an advocate because I have had personal involvement with the legal system. I know what it's like to be disregarded and disrespected by the legal system because I am Indigenous, deaf and living in a same-sex relationship.

My experience of the legal system stems from five years of trying to protect myself from being victimized and harassed. This man had eight breaches of an Intervention Order. The stalking laws had only just been introduced at that time, but these didn't help me.

I'd had enough of being a victim in my own home and community. I refused to accept that my freedom to go into public places and visit friends was being dictated by someone else. This man had other court cases for stalking at the same time.

The police made assumptions that since other members of my family had prior involvement with the police and courts that I was the same 'type of person'. The views of the senior police caused me to question what was real. They tried to tell me that I was 'imagining' the abuse, and that I should count myself 'lucky' that this man was 'interested in me'.

When I persisted, I was interviewed, but without an interpreter. I wasn't sure of the language that they used. I was told my request for an interpreter was too 'expensive' and time consuming. They told me that my speech was great and they would slow down for me. They said that my hearing loss wasn't a concern for them. I explained to them that while I can speak and lip-read well, I needed an interpreter to give me the full context of the questions that they were asking me. I felt intimidated by their use of the English language and found it harder when they used unfamiliar terminology.

Adapted from *Sticks and Stones: Disabled People's Stories of Abuse, Defiance and Resilience*, New Hampshire Coalition Against Domestic and Sexual Assault



CASE STUDY NUMBER 3: Estelle

Estelle, age 50, has an acquired brain injury from a recent vehicle accident. Her partner began abusing her shortly after her injury. Estelle has come to a women's shelter fleeing the abuse. The effect of her injury is some short term memory loss and a slight speech impairment which, when she is stressed, becomes more slurred making it difficult to communicate and be understood.

At a staff meeting one shelter worker says they feel the shelter is an inappropriate place for Estelle as her behaviour might be unpredictable and disruptive.

Further background information:

Estelle is highly educated and was an accountant for many years before her brain injury, but is unable to work now. She has become reliant on her husband's income to support her.

Adapted from *More Than Just a Ramp*, Women with Disabilities Australia and Disability Alliance BC's access and inclusion training materials.



CASE STUDY NUMBER 4: Mai

It is late at night and Mai wants to leave her domestic violence situation immediately. She uses an electric communication board as she can't speak. She also uses a power wheelchair. Her friend phones the shelter referral service for Mai, but is told that unless they can talk to Mai directly to be sure she understands the process they can't take her. They suggest she goes to the nearest outreach service, which won't be open until the next day and they don't know if the facility is wheelchair accessible.

To get to the outreach office, Mai needs to take accessible custom transportation, which needs to be booked two days in advance and priority rides are given to those with medical appointments.

Further background information:

Cantonese is Mai's first language. She has low-literacy in English.

Adapted from *More Than Just a Ramp*, Women with Disabilities Australia



CASE STUDY NUMBER 5: Katya

Katya, age 29, has an intellectual disability and lives in a group home. She has been experiencing verbal and physical abuse from another resident. One group home staff member tells Katya that she caused the violence and that she should just stay away from the other resident. A friend of Katya's tells her that she has rights and that abuse is a crime.

Katya decides she wants to leave the group home until either the violent male resident leaves or she can find another place to live. Her friend helps Katya and she phones about getting into a woman's shelter, but she is told that she should contact the agency that runs the group home where she lives about finding her an emergency placement.

Further background information:

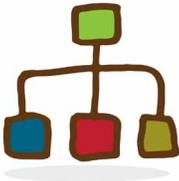
Katya experienced long-term physical and sexual abuse by a family member as a child and she was bullied by other children at school for years.

Katya volunteers with a disability organization in her community, but she does not work.

Adapted from *More Than Just a Ramp*, Women with Disabilities Australia

Community Safety Audit

Step 1: Bring the Community Together



The purpose of this step is to build awareness and alert the community that violence against people with disabilities and Deaf people is in fact an issue that is not being appropriately addressed. Key sectors involved in violence prevention and response are brought together with people with disabilities and Deaf people to hear about the issue and make a commitment to work on the development of a coordinated community response to address it.

Step 2: Pulling Together the Audit Team

The role of the Audit Team is to identify how community organizations, services and systems understand, deal with and act responsibly on anti-violence and safety issues. Team members will participate in mapping, observing, interviewing, gathering of data and analysis of data specific to each organization. The Audit Team could be the Local Steering Committee.

Three key mainstream organizations could be selected to do a safety audit in each community.

An Audit Coordinator would be hired in each community to design, organize, and develop the work-plan of activities for each participating organizations and would develop a final report outlining key learnings and recommendations based on the 3 audits.

Step 3: Designing the Audit Process

In developing the design of the Audit Process for your organization, you first have to be clear of your objectives:

- ✓ To determine the need for new programs and policies;
- ✓ To evaluate the functioning or results of current practices or policies; and
- ✓ To provide direction and contribute to the collaborative effort to develop a coordinated community-based response by participating on the Local Steering Committee

The next step is to identify your audit questions that would be applied to each participating organization. Questions such as:

How does the affected community define the problem?

You have received some of this information having participated in this workshop.

What has your organization already done to address this problem?

It is important to obtain a sound sense of what has been done already in this area. By developing an understanding of the history of addressing this problem you are better equipped to expand and build on this work. It is very important that auditors understand how people within the organization perceive this issue.

How is the community set up to respond to this problem?

This would involve a series of questions that can be asked when attempting to learn more about how the broader local community is set up to respond to the issue of violence against people with disabilities and Deaf people.

More specific questions include:

- Who are the key players and policy-makers?
- Who is not interested in participating in this issue and why?
- Who has the power to make or limit change?
- How are people with disabilities and Deaf people represented in the decision-making and planning processes?
- What anti-violence services are available to people with disabilities and Deaf people in the community?
- What advocacy groups are involved?
- What other community-specific groups could be involved, i.e. immigrant settlement services, women's groups, etc..
- What specialized anti-violence projects have been implemented in the past? Are they still in operation?
- Were they or are they still successful?
- What studies and research have been done in the past in this area? Were recommendations acted upon?

Step 4: Identify Resources for the Audit

Next we need to identify the resources in the community that will be available to support the audit process. Find out:

- What financial resources might be available for the audit.
- What personnel/skills are available
- What non-financial resources are available in the community

Remember to explore financial support that is available at all levels of government, i.e. municipal, provincial/territorial and federally that could potentially support an anti-violence initiative.

Many communities are highly organized and resourced around anti-violence work already, yet have not included the issue of violence against people with disabilities and Deaf women. You might want to tap into these pre-established anti-violence networks and partner with them to access funding for the project.

The Local Steering Committee may decide to apply for funding for the whole Community Safety Audit process. You would need to develop a budget for the following costs:

- ✓ To hire an Audit Coordinator;
- ✓ To conduct individual safety audits in 3 organizations;
- ✓ To support the meeting costs of the Local Steering Committee; and
- ✓ To fund tasks related to the community response protocol.

Step 5: Organizing the Audit Process

Once the community has named the problem, an audit coordinator hired and the team has been established, organizations have committed to participating, the design is complete and resources have been identified, the next step is to organize each individual audit.

Who Will Participate in the Audit Process? This should include all key stakeholders, management and direct service staff. People who have both internal and external affiliations to the organization or institution being audited.

Outreach to Participants – A Communication Strategy

You will need to develop an internal communication strategy which would include a presentation that uses common phrases that explain how to think about and understand the issue of violence against people with disabilities and Deaf people.

The presentation must be formulated in such a way as to “make light bulbs go off” and secure the audience’s buy-in. You may consider not using the term “interview” - something more like: *“we would like to talk to you, in order to collect information on our interaction with people with disabilities and the Deaf community.”*

It is important to emphasize that we are not looking at people or individuals but examining how institutions and systems function. Inherent in this perception, is that everybody needs to re-think how they understand the operations of the organization and therefore everyone needs training.

Step 6: Collecting Information

Who do we get information from?

In the information gathering phase of the safety audit process, we need to collect information from two groups of people - a) people with disabilities, Deaf people and their families and b) staff - front line and management.

What kind of information do we want? - We are seeking information about : The **gap** between what people experience (people with disabilities and Deaf people as victims of, or vulnerable to, abuse) and what services are provided.

How the gap is produced in order to locate how a problem is produced.

How to solve the problem once you locate how a problem is produced.

Where do we get this information from?

The first step is to understand the key areas where we can get the information we need for a comprehensive safety audit. Most organizations have organized their work in 8 areas:

1. **Administrative Practices** - This would include procedures, protocols, forms, intake processes, and any documentation process.

2. **Rules & Regulations** - Any order that workers, service users, and volunteers have to follow, such as policies, and laws.
3. **Linkages** - Any past, present, or future links an organization has with other services or organizations in the course of their work.
4. **Resources** - This includes technological, staffing, support services, and documented resources.
5. **Education & Training** - Any professional, informal, and internal training that staff possesses or has access to.
6. **Concepts & Theories** - This is the philosophical framework of an organization, which includes language used, how things are categorized, and assumptions that are made in the course of their work.
7. **Mission Purpose and Function** - Here we are referring to three things; 1) the overall mission of an organization, i.e. “advocacy or service on behalf of residence of this community”, 2) examining the purpose of a specific process, e.g. to determine a person’s eligibility for a program and 3) the function of a worker in a specific context, e.g. an intake worker at a counselling centre.
8. **Accountability** - This includes a) the way the abuser is made accountable for his/her actions, b) the way the organization is accountable to victims, and c) the way the organization is accountable to other organizations that it links with.
9. **Other Areas** - The ninth area is for anything that we may have missed within an organization in relations to how work is organized.

Organizations tend to operate through these kinds of policies and priorities. By examining them, we can determine the effectiveness of the service that is provided.

Large organizations put these policies and practises in place as ways to “standardize” their workers’ actions. These are what Praxis International calls “core standardizing methods” that organizations use to direct and control workers to act in the appropriate, authorized ways.

The next step is to go through each of the above 9 areas and ask specific questions about internal processes, i.e. design, intent, how they are working, etc.

Step 7: Analyzing Information and Offering Solutions

The next step is to organize and make sense of all the information that has been collected. The Audit Coordinator would develop a report that presents the findings and practical recommendations outlining the resources needed to implement them. The report would also include a timeline for implementation.

The results of individual organizational audits are then shared with the larger Community Audit Team/Steering Committee for the purpose of learning about specific types of organizational barriers and solutions.

The end goal is for the Steering Committee to develop a plan for coordinating their efforts in violence prevention and response towards more effective intervention with people with disabilities and Deaf people.

The **Community Safety Audit** section uses information from: *The Praxis Safety and Accountability Audit Tool Kit* Available from Praxis International, 5402 North Shore Drive, Duluth MN 55804 218.525.0487. Also you can visit the Praxis International's website at www.praxisinternational.org for more information on how institutional ethnography has been applied to develop the safety audit approach

This section also sourced *Right to Be Safe: Resource Guide for Addressing Violence against People with Intellectual Disabilities in your Community*. Written by Doris Rajan. 2004

Steps in Analyzing Information

1) The Audit Question

Understand its relationship to all the findings.

2) Describe what you heard, saw, & read

- Interviews
- Observations
- Text

3) Write Problem Statements by asking and answering:

- How is what we've learned, a problem?
- Related to the Audit Question?
- For who?
- As a safety problem?
- As an accountability problem?

4) What is our evidence? From ...

- Interviews
- Observations
- Text
- Do we need more information?

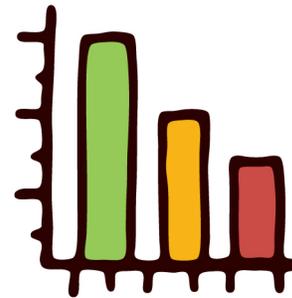
6) How do we solve this problem?

- What needs to be redesigned and how?
- Who needs to be at the table?

5) How is the problem produced?

7) Final Steps

- Write a draft report
- Get feedback from the organization



Source(s) of the problem

- Administrative Practices
- Rules & Regulations
- Linkages
- Resources
- Education & Training
- Concepts & Theories
- Mission Purpose and Function
- Accountability
- Other Areas

My Accessibility Needs: For Women with Disabilities



How I describe myself

When it comes down to it, accessibility is about what I need from the world around me to be who I want to be. How would you describe who you are as a person? Are you a social person, a quiet person, or a little bit of both? Do you like nature, or is the city the place you like to be? What are the things that make you....you?

What I need the physical world around me to look like:

Everyone needs buildings, public and spaces to be accessible to them for access, safety, and comfort. These types of things could include accessible buildings or transit. This could also include gender inclusive bathrooms or culturally specific housing options.

My Technology Needs

These are pieces of technology that I need in my everyday life to access my community. These can include communication boards, voice recognition software, or other computer programs. This could also mean mobility or hearing devices.

My Communication Needs

This could include ASL interpretation, someone I know well helping me to communicate certain things, a translator, brail, or a communication board. This can also include what gender pronoun I want to be referred to by (Do I want to be called he, she, they etc.)

My Emotional Needs

These are the things you need to access in order to feel happy, fulfilled, or just get through the day. These could include talking to a friend, worker, community leader, or family member. It could also include things like going to the library, taking a walk, or watching your favorite TV show. If taking medications or getting other types of treatments helps with your emotional needs, they can be written here too.

If I'm in trouble, who are the people I trust to support me?

Anyone can get into a place where they are in some kind of trouble. Whether they are stuck somewhere without transportation, having an emotional crisis, or need help with housing issues it can help to have a list of people you or others can contact if you are in trouble and can support you.

Name:

Phone #:

Other Ways to get in touch with them:

Name:

Phone #:

Other Ways to get in touch with them:

Name:

Phone #:

Other Ways to get in touch with them:

The people I don't want to see:

These are people I don't want to have around me in rough times

If I get into trouble, this is what I need to help get me out:

The places I want to go if I'm in trouble:

(Friend's house, crisis centre, shelter, hospital – be specific about these places)

The places I don't want to go:

These are the places you don't want to go if you are in trouble (certain hospitals, shelters etc.)

If I end up in a hospital or medical facility, these are the treatments that I want:

If I end up in a hospital or medical facility, these are the treatments that I don't want:

If I end up in a hospital or medical facility, these are my dietary needs:

Supported Decision-making/Substitute Decision-making while in hospital:

Sometimes, when people go to hospital the doctors determine that someone else needs to make decisions for them. This can be unfair, but if you had to, who would you want to make decisions on your behalf. This can be one or more people (and can also be the supportive people you wrote down in the previous section):

Name:

Phone #:

Other Ways to get in touch with them:

Name:

Phone #:

Other Ways to get in touch with them:

Name:

Phone #:

Other Ways to get in touch with them:

Pocket Card

Name: _____

In crisis/emergency please contact:

1 | Name & Phone Number: _____

2 | Name & Phone Number: _____

Description of communication challenge:

Support Organization:

Right To Be Safe Workshop Resource List



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Violence Against Women with Disabilities and Deaf Women

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LearningNetwork

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Violence Against Women with Disabilities and Deaf Women

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

Ableism – A Form of Violence Against Women

By Fran Odette

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

Ableism adheres to the “medical model” whereby people/women are defined by their disability and where the focus is on the individual’s deviation from the “norm”, rather than recognizing everyone’s individuality and specific sets of experiences. One of the problems with the medical model is that we are encouraged to define people by their impairment rather than seeing the person first. “Similarly, audism can be defined as the devaluation of people who are Deaf, deafened or hard of hearing. An example of this would be assuming that sign language is an inferior language and/or the cultural ways of Deaf people are somehow inferior”.⁴

Mythologies about disability and gendered violence abound for women living with impairments and ableism dictates the kinds of services women with disabilities have available and are able to access. For example, limited access to sexual health information for women with disabilities is based on the belief that disabled women

CONTINUED ON PAGE 2, SEE **ABLEISM**

¹ Disability Studies for Teachers, “Reassigning Meaning”, Center on Human Policy, pg. 1, <http://www.disabilitystudiesforteachers.org/files/ReassigningMeaning.pdf>
² Linton, S. (1998). Claiming Disability. New York, NY: NYU Press.
³ “Reassigning Meaning”, pg. 1
⁴ Nellie’s Position Paper on Accessibility: Women with Disabilities and Deaf Women (March 2013), pg. 1 <http://dev.innovachannel.info/nellies.org/wp-content/uploads/2013/03/Nellies-Position-Paper.pdf>

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Right to Be Safe: Creating Inclusive Services For Women With Disabilities Experiencing Violence

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