

Inclusive Communication, Outreach, and Engagement



A Checklist for Anti-Violence Services Supporting Indigenous Women Living with Disabilities and a Diversity of Women with Disabilities

Part of the Sexual Assault Reporting Options:
Increasing Access for Women with Disabilities
Project

Project Created by
Disability Alliance BC



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Inclusive Communication, Outreach, and Engagement: A Checklist for Anti-Violence Services Supporting Indigenous Women Living with Disabilities and a Diversity of Women with Disabilities was created by Disability Alliance BC and generously funded by the Ministry of Public Safety, as part of the project Sexual Assault Reporting Options: Increasing Access for Women with Disabilities.

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Minister’s Advisory Council on Indigenous Women
BC Aboriginal Network on Disability

For more information, please contact: Disability Alliance BC, 204-456 W. Broadway, Vancouver, BC V5Y 1R3
T: 604-875-0188 F: 604-875-9227 • www.disabilityalliancebc.org • karen@disabilityalliancebc.org



BACKGROUND

Who this Checklist is For

This booklet is for community-based Victim Services, and all community programs and services that help survivors of sexual assault.

The purpose of this booklet is to help increase the capacity of victim-serving organizations to assist two high-risk populations:

- Women with disabilities, and
- Indigenous women living with disabilities

Our focus with this checklist is to help organizations engage in effective communications and outreach to break down barriers for these women.

Women who have experienced sexual assault need easy-to-understand information to help them navigate the difficult aftermath of sexual assault. Communication formats appropriate to survivors' needs and levels of understanding become crucial: sign language, plain language and pictorial-based. There is also a need for culturally-respectful communications and engagement.

We have designed this checklist to help your program be more effective and ensure that you are reaching women with disabilities and Indigenous women in your community. This resource also presents inclusive and respectful ways to communicate and engage with women with disabilities and Indigenous women.

Why This Checklist is Needed

To genuinely address the systemic service gaps that women with disabilities and Indigenous women with disabilities experience, some hard truths need to be recognized and addressed. This resource is situated within a Human Rights Framework that guides our work. You will find reference to human rights documents and laws throughout this resource, such as: the United Nations Declaration of the Rights of Indigenous Peoples adopted by Canada in 2016; the Canada Truth and Reconciliation Commission report Calls to Action, Bill C-81 Accessible Canada Act that came into effect in 2019; the Canadian Charter of Rights and Freedoms; the Canadian Human Rights Act; and, the BC Human Rights Code.

Learning about and acknowledging the layers of systemic violence and discrimination that Indigenous women and women with disabilities experience, will help anti-violence support workers to understand the barriers many survivors face day-to-day—and find more inclusive ways forward. We know that anti-violence workers have a deep commitment to supporting victims from all corners of our communities.

Women with Disabilities and Violence

- 60% of women with disabilities are likely to experience some form of violence in their adult lives
- Women with disabilities are four times more likely to have experienced sexual assault than women without disabilities
- According to the Canadian 2014 General Social Survey (GSS) on Victimization, 38% of all women with a disability were physically or sexually abused by an adult before they were 15 years of age; 48% of women with a cognitive disability and 50% of women with a mental health-related disability
- According to the GSS 2014, 74% of women with a disability who were in government care during their childhood reported having experienced physical or sexual abuse by an adult before they were 15
- The GSS 2014 shows that, of female self-reported violent crime incidents (sexual assault, robbery, physical assault), 45% were women with disabilities
- Women with multiple disabilities experience higher rates of violence. The more disabilities, the higher the rate
- Women with a cognitive disability, who also identify as LGBTQ2S have the highest rates of violent victimization, 680 incidents per 1,000.
- Almost 80% of women with disabilities have experienced physical violence by their intimate partner
- The type of disability a woman has and her living situation can increase targeting by perpetrators and her vulnerability to violence; for example, women with intellectual disabilities living in a group home or in an institutional setting.

SEE REFERENCES ON PAGE 36

Bill C-81, Accessible Canada Act, defines disability as “a physical, mental, intellectual, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”

Indigenous World View of Disability: “Disabilities are a western construct (Pewewardy & Fitzpatrick, 2009). The construct of disability may not exist at all or may exist differently for Indigenous communities (Mushquash & Bova, 2007). This departure in perspective is another illustration of the differences in world view, and is important for educators to understand. In traditional Indigenous thought, learning is lifelong, and there is no time frame for development (Bevan-Brown, 2013).” Melanie Nelson, Samahquam (St’at’imc Nation)

The Truth and Reconciliation Commission Call to Action 20 states: “In order to address the jurisdictional issues concerning Aboriginal people not living on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit and off-reserve Aboriginal peoples.”

Indigenous Women and Violence

- Indigenous Women are three-and-a-half times more likely to experience violence than non-Indigenous women in Canada
- 54% of Indigenous women reported severe forms of family violence, such as being beaten, being choked, having had a gun or knife used against them, or being sexually assaulted
- Homicide rates for Indigenous women are almost seven times higher than those of non-Indigenous women and are more likely to go unsolved (53% of murder cases in NWAC’s Sisters in Spirit database have been solved, compared to 84% of all murder cases across Canada)
- Approximately 75% of survivors of sexual assault in Indigenous communities are girls under 18 years of age.
 - Approximately 50% of the girls are under the age of 14 and approximately 25% are under the age of 7
- Indigenous women in Canada between the ages of 25-44 are five times more likely than all other Canadian women in the same age group to die as a result of violence
- 90% of federally-sentenced Indigenous women have reported physical and sexual abuse
- 84% of homeless Indigenous girls have been sexually abused
- There are thousands of missing and murdered Indigenous women and girls in Canada. The National Inquiry of MMIWG final report, *Reclaiming Power and Place*, was released in Summer 2019. The report examines the connection between colonial violence, genocide, gender-based violence, social injustices, and systemic racism that have contributed to, and continue to contribute to, this national tragedy
- Every 8 days, an Indigenous woman goes missing in Canada

SEE REFERENCES ON PAGE 36

Definition of Indigenous: Indigenous is defined as three distinct populations of Indigenous peoples in Canada including: First Nations, Metis, and Inuit.

Intersection between disability- and gender-based violence

- Women and girls with disabilities live at the intersection of disability and gender discrimination. As a result, they experience high rates of violence and low rates of service access.
- Ableism and sexism set the standards for what is “normal” and “woman” that exclude, devalue and marginalize women with disabilities.
- Canada has a long history of segregation, institutionalization, stigmatization and discrimination against people with disabilities and Deaf people.
- These systemic problems affected all aspects of their lives: education, employment, housing, healthcare, family life and their human rights.
- Just some examples of the systemic violence that women with disabilities and all people with disabilities have experienced in British Columbia include:
 - forced sterilization under the BC Sexual Sterilization Act from 1933 to 1973
 - the documented systemic sexual, physical and psychological abuse that occurred at the Woodlands residential school for children with intellectual disabilities from 1950 to 1996
 - the systemic sexual, physical and psychological abuse that occurred at the residential Jericho Hill School for the Deaf and Blind from 1922 to 1995

- Another example, before the Supreme Court of Canada 2012 decision in the case of R.v.D.A.I, adults with intellectual disabilities who were victims of crime could not testify and give evidence on their own behalf in court. As a result, crimes against them went largely unpunished. The R.v.D.A.I. decision enshrined the importance of access to justice for survivors of sexual assault who have an intellectual disability.

“Most of the time the people who harmed us are also the people who helped us.” DisAbled Women’s Network Canada InFocus project, 2013

Intersection between colonial- and gender-based violence

- Prior to the creation of Canada in 1867, over 80% of Indigenous communities were matriarchal
- With the creation of Canada and enforcement of patriarchal European values and governance and the creation of the Indian Act in 1876, Indigenous women have been subject to colonial-based and gender-based violence
- Violence experienced by Indigenous women is linked to the colonial violence that was created and perpetuated by the creation of Canada and the federal policies that govern every aspect of Indigenous Peoples life through the Indian Act
- The Indian Act was created by the government of Canada to control

and assimilate Indigenous peoples into Canadian culture. Essentially, it is a set of legislative decisions and policies that govern every aspect of Indigenous people's lives, including health, education, land, governance and more

- The Indian Act is the only Act in Canada that governs every aspect of an ethnically-segregated group of people's lives. By its nature, it is discriminatory and its weaving into the very fabric of Canada has created a host of injustices for Indigenous people.
- Many legislative policies within the Indian Act are targeted at displacing Indigenous women from their inherent and rightful role as matriarchs
 - The Indian Act codified and enforced Indian Band Elections which made it illegal for Indigenous women to run for positions of Chief or Council. It was also illegal for women to vote in these elections, until 1951
 - Indigenous women were the last ethnic group in Canada to have the right to vote in federal, provincial and municipal elections. This right was granted to them in 1960.
 - Indigenous women who married non-Indigenous men lost their Indian Status which meant they were no longer a member of their Indian Band. This also meant they could not live in their

communities, receive Indian Band programs or services, and general displacement from their traditional territory, culture, lands and language. A 1985 amendment was made to the Indian Act to overturn this decision.

However, the legislation has not been inclusive, so there are many Indigenous women who are still not included in this amendment, as shown by the Sharon McIvor Case.

- It is estimated that, since the Indian Act was created, approximately 2 million Indigenous women have been displaced across Canada
- Approximately 150,000 Indigenous children were forced to attend residential schools for over 100 years in Canada. Attendance was enforced by the Canadian government and the RCMP. Parents faced criminal charges and jail, if they did not send their children to residential schools
- Indigenous children were abused sexually, physically, emotionally and spiritually
- Thousands of Indigenous children never returned home, perishing in residential schools

- The mandate of the residential schools was to “kill the Indian in the child” and to “get rid of the Indian problem”
- Indigenous children that attended residential schools reported:
 - 90% cultural loss
 - 84% loss of language
 - 64% sexual abuse
 - 93% physical abuse
- In addition to residential schools, 200,000 Indigenous children attended Indian Day schools and experienced similar treatment to those Indigenous children who attended residential schools
- As residential schools and day-schools started to close in Canada, apprehensions of Indigenous children by the Ministry of Children and Family, federally and provincially began to increase, and has been viewed by some as the agent of forced assimilation.
- At the beginning of the 1960’s, less than 1% of children in care were Indigenous
- By the end of the decade, 30-40% of children in care were Indigenous

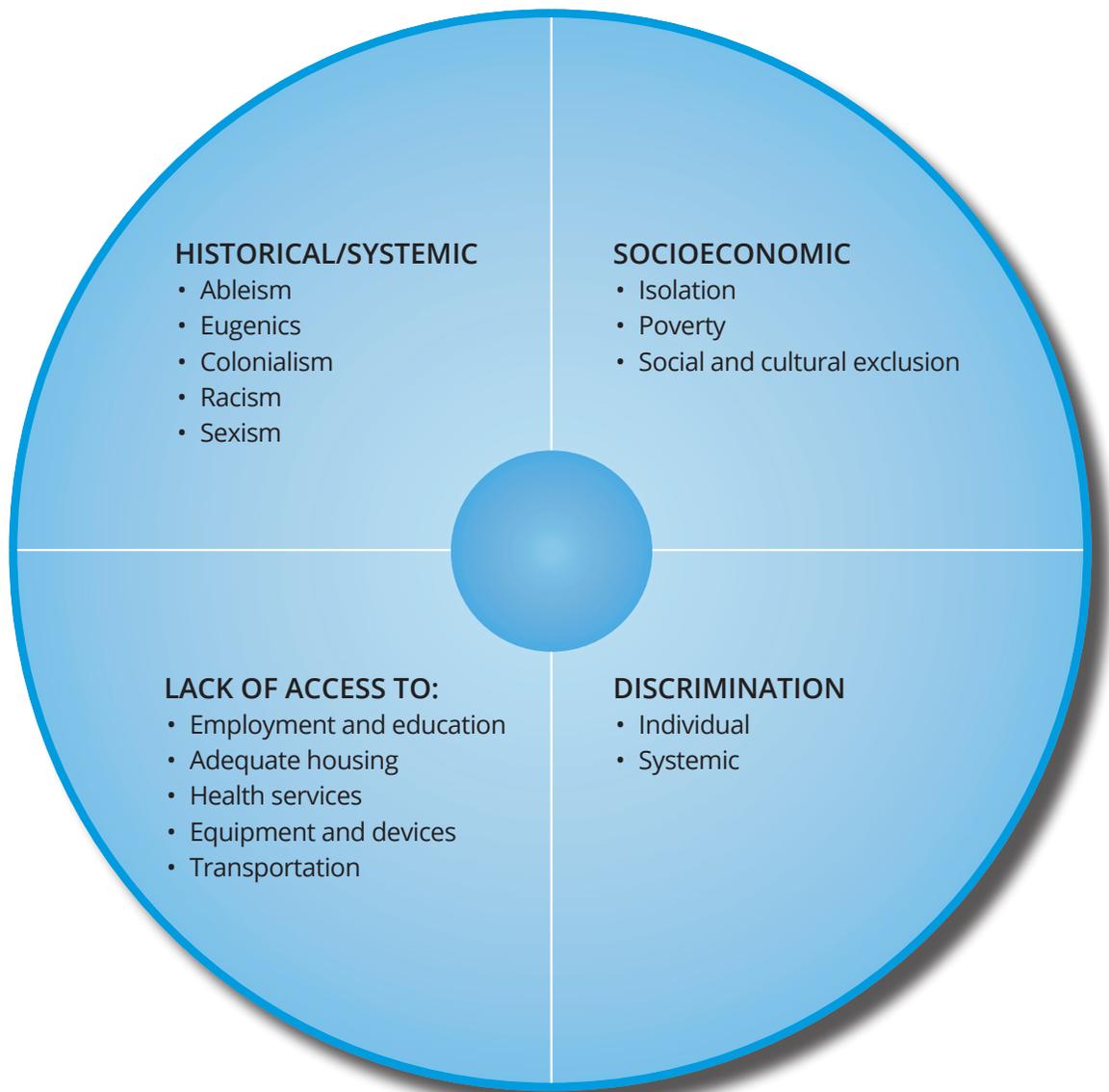
Intersectionality

Canadian government definition of intersectionality: Gender-based Analysis Plus (GBA+). Our experiences are affected by intersecting parts of our identity, the context we are in and our lived realities. We all have multiple identity factors that intersect to make us who we are. This is called intersectionality. The “plus” highlights the fact that GBA goes beyond sex and gender. It examines how sex and gender intersect with other identities such as: race, ethnicity, disability, religion and age.

The discrimination experienced by Indigenous women and women with disabilities is complex. It is the result of the intersection of multiple oppressions related to:

- Disability
- Gender
- Sexual orientation
- Racialization
- Colonization
- Ableism
- Ageism
- Culture
- Socio-economic status
- Geographic location
- Religion

Barriers to Accessibility and Inclusion



LIVING WITH DISABILITIES: MEET BETH AND HAZEL

Beth

Beth is 35 years old and has lived with cerebral palsy since birth. She is only able to work part-time and with workplace accommodations.

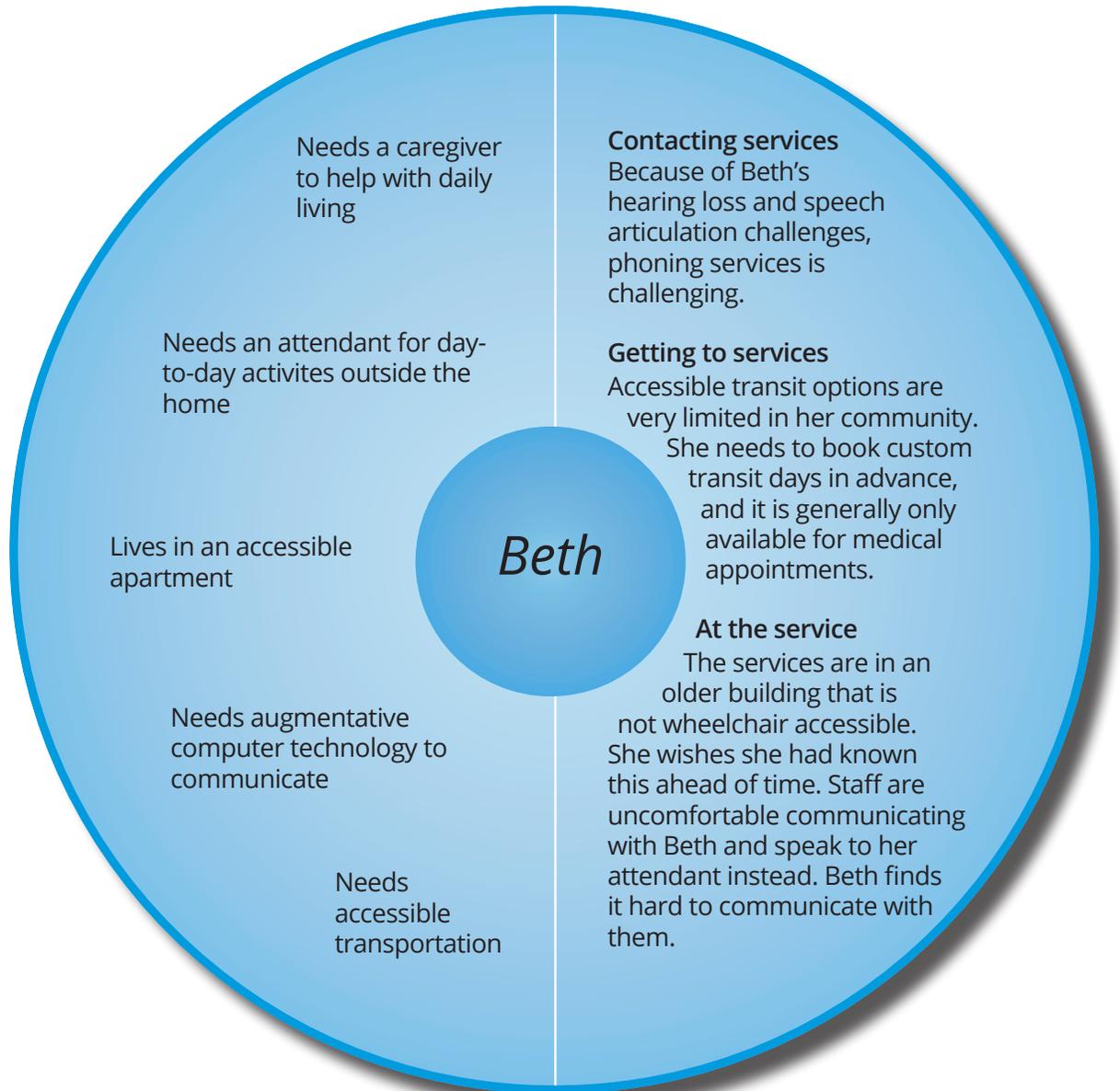
Beth uses a power wheelchair. She lives alone in a BC Housing wheelchair-accessible apartment in a medium-size community in BC. The community has limited accessible transportation which affects her ability to independently access community services, such as health care.

Beth has:

- Stiffness of joints and muscles that affect her mobility and agility
- Hearing loss; she uses a hearing aid
- Speech articulation challenges

United Nations Convention on the Rights of Persons with Disabilities, Article 6.2 states “parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them in exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.”

Beth's Barriers to Accessing Services



Hazel

Hazel is a 51-year-old First Nation's woman and residential school survivor who resides in a small rural, semi-isolated First Nation community. Hazel lives with chronic arthritis, Type II diabetes and PTSD.

Due to the complex physical, emotional, psychological and spiritual challenges Hazel has faced, she has been unsuccessful in completing her Dogwood Diploma and unable to hold consistent employment. These factors and others have contributed to Hazel's reliance on income assistance and social housing within her community, living below the poverty line, and facing many accessibility barriers.

Hazel's day-to-day experience includes:

- Daily, severe back pain that makes it difficult to walk, bathe, get in and out of bed, and other activities of daily living
- Due to her limited financial resources, Hazel cannot afford the diet necessary for someone living with Type II diabetes. This has a further negative impact on her physical and emotional well-being
- Frequent PTSD Episodes. Due to past childhood and adult trauma, Hazel experiences frequent debilitating emotions
- Facing racism and discrimination when she's away from her community, both for being Indigenous and for living with a disability
- At times, Hazel experiences lateral violence within her community

The United Nations Convention on the Rights of Persons with Disabilities, Article 6.1 states "parties recognize that women and girls with disabilities are subject to multiple discriminations, and in this regard, shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms."

"Through the implementation of the TRC (Truth and Reconciliation Commission), UN-DRIP (United Nations Declaration on the Rights of Indigenous Peoples), and the UN Convention on the Rights of Persons with Disabilities into Canadian law, accessibility for Indigenous women, girls, and gender diverse people will be more attainable and they will be able to enjoy their human rights in a fuller capacity." From NWAC: https://www.nwac.ca/wp-content/uploads/2018/05/Accessibility-Final-Report_1.pdf

Hazel's Barriers to Accessing Services

Financial Accessibility:

To access health care services when she is away from the traditional territory of her first nation, Hazel will need funds. Even if she is reimbursed later through her health benefits, her cash flow is very tight.

Transportation: There are only two public buses a day that go in and out of her First Nation. So, often when Hazel goes into town to access health care services, she has to wait all day to get back to her First Nation territory.

Accessibility: When Hazel goes to non-First Nation communities to access services, she often experiences racism from health care providers who have little to no knowledge of colonial history in Canada and the impacts it has on Indigenous women, children and families. This results in a lack of understanding and empathy, and most important, how to provide pathways to solutions that resonate with Hazel.

It's not unusual for Hazel to be asked by non-First Nation healthcare providers why she isn't accessing services through her own First Nation. This makes her believe she can't receive help from their organization. Hazel often feels judged, misunderstood and further marginalized.

On the other hand, when Hazel goes to access health services in her own community, she sometimes experiences lateral violence (violence from her own people) from healthcare workers. This also becomes an unsafe environment for her to receive the care and support she needs. Hazel already feels like the world is an unsafe place; this treatment further isolates her.

Knowledge of Services

Hazel does not always know the type of treatment she needs for her different ailments, or what is available and accessible to her within her health care benefits. She is not fully aware of the different health centres, organizations, programs or services that are available for her multiple health conditions. Hazel suffers from chronic arthritis in her back, but does not receive appropriate care (i.e., massage, chiropractic, pain relief). As a result, she suffers pain daily.

Support: Hazel lacks the support she needs due to her multiple challenging health conditions: PTSD, colonial trauma (lived and intergenerational), racism and lateral violence. On most days, Hazel is simply focussed on survival. She does her best to create moments of joy while living with chronic pain, possible cognitive and emotional disabilities, and PTSD.

HOW CAN WE BE MORE INCLUSIVE: CHECKLISTS

An Introduction to Accessible and Inclusive Services

Bill C-81, Accessible Canada Act defines “barrier” as “anything—including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice—that hinders the full and equal participation in society of persons with a physical, mental, intellectual, learning, communication or sensory impairment or a functional limitation.”

The Act discusses accessibility in this way. “A broad definition is required when talking about accessibility. It includes all the things that help or support a person with disabilities in their daily life to be independent and participate fully in community. Some examples are: accessible transit and buildings, accessible communication formats, mobility devices, hearing aids, sign language and large print documents.”

A service is accessible for people with disabilities when it is:

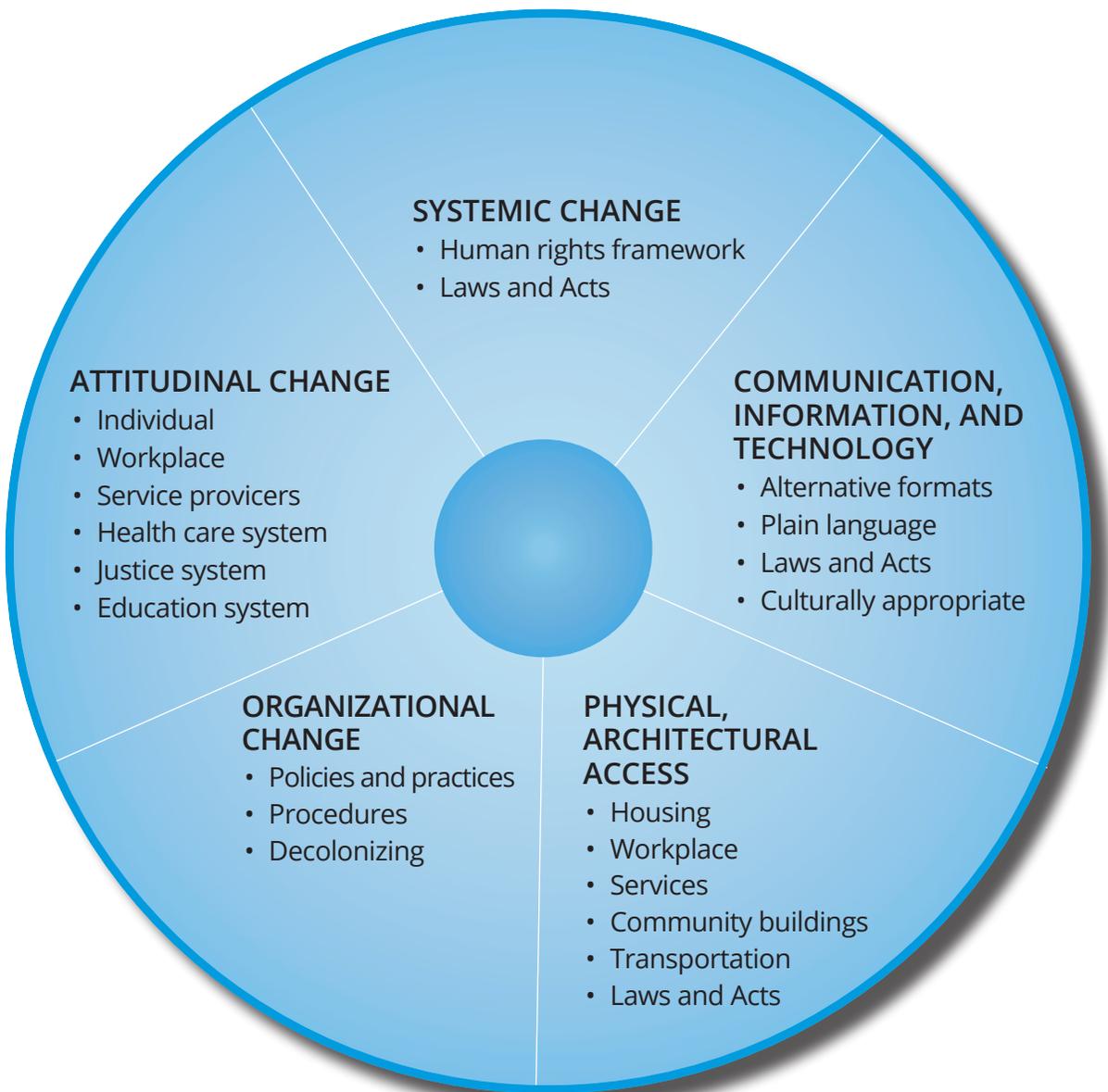
- Easy to find out about
- Easy to understand
- Easy to get to
- Easy to use

A service is culturally inclusive of indigenous women when it has:

- Employees, staff and board members who are educated on the colonial history of Canada and the impact on Indigenous women, girls, families and communities.
- Employees, staff and board members, who are committed to an individual and collective journey of truth and reconciliation in their own lives, workplace and communities, and actively working towards it
- A workplace that is committed to and actively working towards truth and reconciliation and relationship building/partnership with the surrounding Indigenous communities (First Nations, Metis, Inuit, on-reserve, off-reserve, status, non-status) in the area that it is servicing
- Mandatory colonial history training, cultural safety training, and trauma-informed/healing-centered approach training for all staff and board members, so a holistic approach can be applied to Indigenous women when receiving health care
- Accessible information about existing programs and services available, and options for removing or minimizing barriers to accessing them

- Sustainable and adequate funding to meet the unique cultural and traditional needs of Indigenous peoples
- The provision for Indigenous women to have self-determination and decision-making power and have control over their holistic healing plan and the options that they choose for their own well-being
- Reliable and accessible transportation options to get to and from your service location or have the option of services traveling to the Indigenous person
- Indigenous artwork, traditional medicines, and less “formal/institutional” meeting environment (i.e. couches, comfortable chairs, no table in between, etc.)
- Respectful communication, staff with active/deep listening skills, and a desire to make the person feel comfortable from the time they come into your centre until they leave (i.e. have coffee/tea/water available, small snacks, friendly receptionist, etc.).

5 Key Areas of Accessibility and Inclusion



Systemic change is woven throughout the other four areas of accessibility and inclusion we discuss in the following tables.

Attitudinal Barriers Organizations	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We are aware of historical social attitudes that persist and exclude people with disabilities and our organization takes action to counter this	
Staff and volunteers have taken disability awareness training and their learning about disability is ongoing	
Our organization works collaboratively with the disability community towards systemic change	
We are aware of the colonial history in Canada and how it has created and contributes to systemic racism towards Indigenous peoples in Canada, how it has historically impacted them and how it continues to impact them now and intergenerationally. We are committed to be on a continuing learning journey of how this manifests in our country; how it affects our values, beliefs, principals, thoughts towards Indigenous peoples and how that affects our practice. We are committed to moving forward in the spirit of truth and reconciliation and will actively work towards transformative change in our workplace and overall practice.	

Attitudinal Barriers Organizations	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
Our organization works collaboratively with the First Nations, Metis, Inuit, Status, non-Status, individuals and communities to better understand our roles as allies to creating impactful transformative change that is Indigenous-lead, informed, and executed.	
Staff, volunteers, management, board members, and stakeholders have taken Colonial history training, cultural safety training, diversity & inclusion training, and trauma-informed/healing centered approach training as it relates to Indigenous peoples in Canada and are committed to a continued learning journey (i.e. book club established within the workplace that reads a book a month by an Indigenous author, online training, articles/ book circulated to staff, Indigenous author library started at the workplace, shared events with the surrounding Indigenous communities – craft nights, feasts, dancing, sharing circles, etc.)	
Review of organizational values, vision, mission, etc. and commitment to incorporating truth and reconciliation into the systems/structures/organizational culture	

Attitudinal Barriers | Individuals

- Acknowledge you have learned prejudicial information about others
- Become aware of your own negative self-talk about people with disabilities
- Confront without guilt or blame the stereotypes you have learned and be open to change
- Acknowledge that you have not learned the full history of the creation of Canada and the impacts it has and continues to have on the First Peoples of this land
- Acknowledge that the image of Canada's politeness, diversity inclusivity, and first world-ness has not been experienced by the First Peoples of this land
- Become aware of the dominant narrative of Indigenous peoples in the Canadian media outlets (news, newspapers, social media) and recognize that it perpetuates racist notions about Indigenous peoples
- Increase your exposure to Indigenous peoples lived experiences in Canada by reading books written by Indigenous authors, reading arti-

cles that are informed or written by Indigenous journalists/academics, watching Indigenous made documentaries/movies, attending Indigenous-lead events, etc.

- Become aware of your own internal dialogue as it pertains to Indigenous peoples – be curious about your thoughts, feelings, beliefs and be open to shifting these as you commit to a learning journey
- All of these actions require courage as you will be committing to a journey that goes against the deeply ingrained values, beliefs, and dominant narrative that has been resistant to change since the creation of Canada. Keep at it!

See the Privilege Walk Worksheet in the Resources section. This is an exercise individuals can do to learn about their own privilege or marginalization in our society.

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
There are multiple ways that people can contact our services, including alternative formats that people with disabilities use	
We outreach to disability groups in our community or region on a regular basis	
We actively are building meaningful, respectful, and culturally-safe relationships with Indigenous peoples in our surrounding area (First Nations, Metis, Inuit, Status, non-Status) on a regular basis	
We specifically target our outreach efforts to community programs that people with disabilities engage with	
We work collaboratively with the surrounding Indigenous (First Nations, Metis, Inuit, On-reserve, Off-Reserve, Status, non-Status) individuals and communities to co-design community programs that Indigenous peoples can access	

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
Our program information (print, website, social media) is in plain language for people with low-literacy	
We work collaboratively with the surrounding Indigenous communities and/or Indigenous Communications Professionals to ensure that our program information (print, website, social media) incorporates images and language that is inclusive of Indigenous people's values, beliefs, ways of being, and world-view	
Our website is screen-reader friendly so people with visual disabilities that use this technology can access the information we provide	
We take into account that some people are not able to use or do not have access to technology to get information and forms online	
We reach out to the local Indigenous communities and/or First Nations Technology Council (First Nations, Metis, Inuit, Status, non-Status) to understand accessibility to technology in the local area and adapt how we provide access to information and forms where appropriate	

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We provide alternative formats of communication when survivors with disabilities arrive at our service and we advertise this in our outreach materials	
We have culturally informed, culturally safe, and culturally appropriate formats of communication for when Indigenous survivors with disabilities arrive at our service and we clearly communicate this in our outreach materials (this is informed by partnership with Indigenous Communications Professional and/or local Indigenous communities (First Nations, Metis, Inuit, Status, non-Status)	
We make sure that survivors with intellectual disabilities understand the information we are giving them – including the meaning of consent	
We make sure that survivors who are deaf know they have a right to an interpreter when going through the justice system and accessing health services	

Communication and Information Barriers

Alternative Formats for People with Disabilities

There are a number of alternative formats used for communicating, depending on the each person’s communication needs. Here are some of the formats survivors using your services may need:

- Audio
- Descriptive Video Service
- Windowing
- Captioning
- Telecommunications for people with hearing disabilities
- Electronic text

For a full description of each alternative format, please refer to pages 16-18 of DABC’s *Right to be Safe* resource booklet that can be viewed or downloaded from our website: <http://disabilityalliancebc.org/category/publications/violence-prevention/>

Universal Symbols of Access for People with Disabilities:

Most of us are familiar with the wheelchair accessible symbol, but there are several other commonly used universal symbols. If you provide any of these alternative formats in your program, be sure to use these symbols in all of your outreach and communication materials—online or in print.

Int'l Symbol of Accessibility	Braille	Accessible Print	Assistive Listening Device	Sign Language Interpretation	Closed Captioning
	 Braille	Large Print			

Communication and Information: Using Plain Language

Please use these tips to check all of your print and online information for plain language. Your goal is to be accessible to people with as many communication needs as possible, including people with low literacy levels.

- Use direct, literal language
- Avoid jargon, academic language or policy language
- Break down ideas. Don't present too many ideas at once
- Use short sentences and paragraphs
- Use a lot of examples to explain ideas
- Talk in the first person
- Avoid big words! Small words can make "big" ideas understandable
- Be concise. Less is more.

Organizational Making your policies, practices and procedures accessible	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We ask all survivors if they have access needs at intake	
We plan appointments based on the access needs identified	
We allow more time for appointments with survivors with intellectual, cognitive and communication disabilities	
We provide more time for appointments with Indigenous survivors, and have cultural support and traditional medicines present (as an available option, not enforced or assumed) with a local knowledge keeper/Elder to ensure proper protocols and usage are respected	
We provide forms in alternative formats and plain language	
We ask the survivor what their preferred communication method is	
We ask the survivor if they have understood the information we have provided, or if they would they like us to explain it in a different way	
We use the universal symbols of access to let survivors know our services are accessible and inclusive	

Organizational Making your policies, practices and procedures accessible	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We train staff and volunteers in disability and accessibility awareness and accommodation	
We train staff and volunteers in colonial history in Canada, cultural safety training, trauma-informed/healing-centered approach	
We hire people with disabilities	
We hire Indigenous people to work directly with Indigenous survivors and to educate our organization on how we can be more informed on colonial history, Indigenous communication practices, local community protocols, and an ongoing commitment to truth and reconciliation	
We consult and collaborate with disability groups in our community or region on an ongoing basis	
We actively build respectful and culturally safe relationships and collaborative partnerships with the Indigenous communities (First Nations, Metis, Inuit, Status, non-Status) in our surrounding area	
Our program meets the Duty to Accommodate in the BC Human Rights Code. We do not directly or indirectly discriminate against or deny any individual or group protected under the BCHRC any service or facility.	

Organizational Making your policies, practices and procedures culturally inclusive for Indigenous women	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We commit to and invest in relationship building with the local Indigenous women in our surrounding communities (First Nations, Metis, Inuit, Status, non-Status)	
Once a relationship is established, we engage in a respectful dialogue with Indigenous women on how to make our services more culturally inclusive	
We commit to a learning (and un-learning) journey about the colonial history of Canada through the lens of Indigenous women, e.g. read Indigenous-women-authored books, take the online training “Canadian History Through the Lens of Indigenous Women,” read articles written by Indigenous women journalists and academics, attend Indigenous women conferences, attend Indigenous women events, host and/or co-host Indigenous women events	

Organizational Making your policies, practices and procedures culturally inclusive for Indigenous women	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
We ensure Indigenous women are informing the updating of our policies, practices, and procedures so they are culturally inclusive to our local Indigenous communities (First Nations, Metis, Inuit, Status, non-Status)	
We acknowledge and state that we are on a learning journey. We are actively committed to implementing truth and reconciliation in our policies, practices and procedures, and our approach is to be open, humble, curious and respectful.	

Architectural and Physical How well does your program’s physical site meet these accessibility and inclusion criteria?	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
For people with mobility disabilities	
Location is close to transit	
Location has accessible drop-off/pick-up spots	
There are designated accessible parking spots	
Entrances are wheelchair accessible and have uninterrupted pathways to the entrance from the parking lot and street	
Doors are easy to open; there is an automatic door opener	
There are accessible and universal washrooms	
For people with visual disabilities	
Lighting is non-glare	
Surfaces are slip-resistant	

Architectural and Physical How well does your program’s physical site meet these accessibility and inclusion criteria?	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
Signage is large print and in high contrast colors	
There are no tripping hazards. For example, loose carpets with corners that could trip someone	
For people who are hard of hearing	
A loop system is installed that is compatible with hearing aids	
For Indigenous peoples	
Artwork done by Indigenous peoples is displayed (local if possible)	
A local Indigenous person was hired to design a culturally appropriate, dedicated office space for Indigenous clients. It is less “clinical” with comfortable seating, traditional medicines, Indigenous artwork, Indigenous resources, coffee/tea/water, healthy snacks.	

BETH AND HAZEL REVISITED

Accommodating Beth

Using what we've covered in this checklist, here is what your organization can do to better meet Beth's accessibility needs.

WHEN?	WHAT?
Prior to Intake	<ul style="list-style-type: none"> • The information you provide about your services lets Beth know how accessible your services are: printed materials you distribute in the community, information on your website/social media, presentations you deliver in the community. • Staff and volunteers have been trained in disability awareness.
Intake	<ul style="list-style-type: none"> • Include questions about accessibility needs in your standard intake process. Let Beth know you ask everyone these questions so that you can better meet their needs. • Staff are respectful of Beth and allow more time for communication with her because of her hearing and speech articulation disabilities. • If your building is not wheelchair accessible, select a safe, accessible, alternative location to meet Beth to provide her with the help she needs.
Short-to-medium-term Considerations	<ul style="list-style-type: none"> • If Beth needs to relocate because of the sexual assault, she will need wheelchair accessible, low-income housing, and, • she may need help setting up home support and attendant care for her new location.
Long-term Considerations	<ul style="list-style-type: none"> • Work with other organizations in your community to ensure better accessible transportation options are available, so sexual assault survivors can access services. • Work with others to advocate for better access and inclusion for people with disabilities in all aspects of your community. • Apply for grants to make your location accessible.

Respectful Engagement with Hazel

How to ensure Hazel’s needs are met in a respectful and culturally safe and appropriate manner.

WHEN?	WHAT?
<p>Prior to Intake</p>	<ul style="list-style-type: none"> • Active, respectful relationship-building with the surrounding Indigenous communities (First Nations, Metis, Inuit, On-reserve, Off-Reserve, Status, non-Status) and collaborative partnerships in an attempt to fully understand and meet the needs of Indigenous women in the area • The information you provide about your services let’s Hazel know how accessible your services are: printed materials you distribute in the community, information on your website/social media, presentations you deliver in the community • Staff, volunteers and board members have been trained in colonial history in Canada as it pertains to Indigenous women; have received training on the MMIWG Final Report, <i>Reclaiming Power and Place</i>, to understand the impacts of colonial history and how they are still being perpetuated in Canada today; and, have been trained in a trauma-informed/healing centered approach training • Hire and engage with a local Indigenous knowledge keeper or Indigenous Communications Professional to redesign office space to include Indigenous art, Indigenous dedicated office space, etc. • Hire at least one Indigenous practitioner and an Indigenous Elder to provide culturally safe and appropriate services to Indigenous women (we recommend other Indigenous peoples are actively recruited for other staff, e.g. as a receptionist) • Actively recruit Indigenous peoples to be on your board to inform how the organization can commit to truth and reconciliation, and culturally safe, respectful and appropriate services • Work with local Indigenous communities to ensure there is accessible transportation for Indigenous women to come to your location • Work with the local Indigenous community to attend community health related events, celebrations or information sessions where you can provide information about the programs and services you have available

WHEN?	WHAT?
Intake	<ul style="list-style-type: none"> • Ask Hazel if she has any accessibility needs and give examples, such as transportation or mobility. Let her know this is your standard practice to ask clients, so you can ensure that each person is respected and has the opportunity to have their needs met • Ask Hazel if she would like a cup of coffee, tea or water and a light snack while she is waiting or providing the appropriate information. Ask if she would like to have a seat, so you can talk more comfortably • Ask Hazel if she would prefer to verbally give you the information you need, so you can fill out the form for her • Ensure Hazel knows where the washrooms are and that she is welcome to use them whenever she needs • Introduce Hazel to the Indigenous dedicated staff and walk her to the dedicated Indigenous office space. Make sure she is comfortable while waiting for her appointment • Communicate to Hazel this is a safe space and that all staff are committed to ensuring it is a safe space
Short-to-medium-term Considerations	<ul style="list-style-type: none"> • Provide support for Hazel to access holistic health and wellness services to support her on her healing journey • Hire a local knowledge keeper/Elder to come in and use traditional medicines to ensure proper protocols and usage are respected
Long-term Considerations	<ul style="list-style-type: none"> • Build the cost of access and inclusion into your organization's budget. • Research and apply for adequate, sustainable funding to provide services for Indigenous women • Commit to long-term partnerships/relationships with Indigenous communities in the area and, more specifically, with Indigenous women

Creating a New Outreach and Communication Plan: An Overview



Access and Inclusion Barriers to Address	Activities/Tasks	Who Needs to be Involved and Process	Resources Needed to Achieve	Time Needed
<p>Information and Technology: website is not screen-reader friendly</p>	Review public access to website information	Meetings with Organization's IT and communications people	Time and funds allocated to IT and communications staff	1 year
<p>Outreach: We do not target disability groups directly</p>	Identify disability groups we can connect with	Staff and disability groups meet to talk about improving access to service	Designating staff time to identifying disability groups and ongoing outreach	6 months
<p>Organizational: Written policies and procedures do not specifically address cultural inclusivity of Indigenous peoples</p>	Do a review of policies and procedures	Designate program staff, hire Indigenous women consultants to review policies, practices	funding to hire Indigenous consultant(s)	1 year

CONCLUSION

Our goal with this checklist is to help victim-support organizations to better reach and support women with disabilities and Indigenous women living with disabilities.

The checklist will help you assess where you are now and show you ways to create an accessible and culturally-respectful communication and outreach plan. You'll know more about how your organization engages in outreach and communication and, most of all, the checklist will help you to implement steps to become more accessible and inclusive.

United Nations Declaration on the Rights of Indigenous Peoples article 21.2 states "states shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities."

REFERENCES

The Canadian General Social Survey (GSS) on Victimization, 2014

DisAbled Women's Network Canada (DAWN Canada):

- *Women with Disabilities and Violence Fact Sheet*
- *Women with Disabilities and Abuse: Access to Supports*, 2011
- *More than a Footnote: A Research Report on Women and Girls with Disabilities in Canada*, 2019
- www.dawncanada.net

Indigenous References

https://www.nwac.ca/wp-content/uploads/2015/05/Fact_Sheet_Violence_Against_Aboriginal_Women.pdf

https://www.amnesty.ca/sites/amnesty/files/iwfa_submission_amnesty_international_february_2014_-_final.pdf

https://www.gov.nl.ca/VPI/facts/aboriginal_women_fact_sheet.pdf

http://endingviolence.org/files/uploads/Researched_To_Death_Final_2005.pdf

<http://rabble.ca/news/2016/02/indigenous-women-and-girls-disabilities-bigger-targets-sexual-violence>

https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive_Summary.pdf

- Indian Act: https://indigenousfoundations.arts.ubc.ca/the_indian_act/
- Indigenous Women Vote: https://www.elections.ca/res/rec/part/paper/aboriginal/aboriginal_e.pdf
- Indigenous Vote: <https://www.thecanadianencyclopedia.ca/en/article/indigenous-suffrage>
- Elected Chief and Council: <https://www.ictinc.ca/blog/indian-act-and-elected-chief-and-band-council-system>
- Band Council System: https://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._950/FullText.html
- Indigenous Vote: <https://www.thecanadianencyclopedia.ca/en/article/indigenous-suffrage>
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- Residential Schools: <http://www.cbc.ca/news/canada/a-timeline-of-residential-schools-the-truth-and-reconciliation-commission-1.724434>
- Residential Schools: The Canadian Encyclopedia: <http://www.thecanadianencyclopedia.ca/en/article/residential-schools/>
- Residential Schools: CBC (Articles and more information on residential schools) <http://www.cbc.ca/news/indigenous/21-things-you-may-not-know-about-the-Indian-act-1.3533613>
- Residential Schools: Truth and Reconciliation Commission of Canada: <http://www.trc.ca/websites/trcinstitution/index.php?p=10>
- 60's Scoop- Cindy Blackstock Article - <https://www.thestar.com/news/insight/2016/03/27/cindy-blackstock-single-mom-to-163000-kids.html>
- 60's Scoop - <https://www.thecanadianencyclopedia.ca/en/article/sixties-scoop>
- 60's Scoop - <https://globalnews.ca/news/2898190/what-was-the-60s-scoop-aboriginal-children-taken-from-homes-a-dark-chapter-in-canadas-history/>
- 60's Scoop - https://indigenousfoundations.arts.ubc.ca/sixties_scoop/
- 60's Scoop – Image – Stolen Children, Stolen Identities - <https://cdnhistorybits.wordpress.com/2016/09/06/what-is-the-60s-scoop/>

RESOURCES

Disability Alliance BC

DABC has a number of videos and information help sheets for people with disabilities who have been victims of crime. These resources are in plain language and sign language and can help facilitate communication between survivors of sexual assault and support workers.

The resources cover the following topics:

- *How to Report a Crime to Police*
- *How to Write Your Victim Impact Statement*
- *Being a Witness in Court*
- *What Happens When You Go to Court*
- *What to Do if You Have Been Sexually Assaulted*
- *How to Report a Crime When You Have a Communication Disability*

Information help sheets:

- <http://disabilityalliancebc.org/category/publications/violence-prevention/>

Videos:

- <http://disabilityalliancebc.org/how-i-need-to-know-videos/>

DABC has created a new help sheet and video: *I've Been Sexually Assaulted: Who Can I Tell?* These will be on our website fall 2019.

Right to be Safe: Creating Inclusive Services for Women with Disabilities Experiencing Violence, 2016: <http://disabilityalliancebc.org/rtbsguideupdate/>

Communication Disabilities Access Canada (CDAC):

- How to communicate with people who have speech and language disabilities at: <http://www.communication-access.org/make-your-service-accessible/>
- Guidelines for justice professionals working with victim/witnesses who have speech and language disabilities: <http://www.access-to-justice.org/justice-sector/guidelines-for-working-with-a-victim-or-witness/>
- Communication Intermediaries: <http://www.access-to-justice.org/communication-intermediaries/roster/communication-intermediaries/>

British Columbia Aboriginal Network on Disability Society (BCANDS)

www.bcands.bc.ca

Ending Violence Association of BC

<http://endingviolence.org>

Native Courtworkers & Counselling Association of British Columbia – Indigenous Women’s Right to Be Safe

<https://nccabc.ca/justice/womens-right-to-be-safe/>

British Columbia Association of Friendship Centres

<https://bcaafc.com/initiatives/ending-violence/>

Other Resources

Eight Step Advocacy Plan for Deaf and Hard of Hearing Survivors of Sexual Assault, Resource Sharing Project, Rural Training and Technical Assistance

Understanding the Sexual Assault Disclosure Experiences of Deaf Women, Opsahl, Noelle, and Pick, Lawrence H., Gallaudet University, 2017

Demas, Doreen. (1989). *Triple Jeopardy: Native Women with Disabilities*. *Canadian Woman Studies*, 13(4), 53-55.

Durst, D., Morin, G., Wall, S. & Bluecharadt, M. (2007). *A First Nations Woman with Disabilities: “Listen to what I am saying!”*. *Native Social Work Journal*, 6(1), 57-77.

Truth and Reconciliation Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg: Truth and Reconciliation Commission of Canada.

UN General Assembly, 21(2), United Nations Declaration on the Rights of Indigenous Peoples: resolution/adopted by the General Assembly, 2 October 2007, A/RES/61/295.

Privilege Walk Worksheet

Before you begin, please note that the goal of this exercise is not to assess how privileged or marginalized you are in society. Every piece of your experience may not be fully identified with either privilege or marginalization as described in this worksheet, but this exercise intends to provide an opportunity to explore how different domains of your social identity may shape your everyday experience. This exercise is not complete in and of itself. It is meant to encourage personal reflection and discussion about the concept of privilege. It also helps us think about the different aspects of our identity that may influence our experience and inform GBA+.

Instructions

- To interpret each statement, think about your background or a group of people you identify with, such as race, class, ethnicity, ancestry, nationality, gender, sexual orientation, religion, and dis/ability.
- You may have lived in different places. Unless the statement is about your circumstances while you were growing up, think whether the statement applies to your current life situation.
- If the statement applies to you, place a checkmark (✓) in the specified column. If it does not apply to you, leave it blank.

	Privilege	Marginalization
If you see a group of people, with whom you identify, widely represented in the media, check privilege.		
If your native language is not English, check marginalization.		
If you have ever felt as though you were a feared, inferior, or unwanted member of society, check marginalization.		
If your parents were professionals (e.g., doctors, lawyers), check privilege.		
If you can assume that you will easily have physical access to any building, check privilege.		
If you are taught the culture and history of your ancestors in school, check privilege.		

	Privilege	Marginalization
If you or someone in your family attended a residential school, check marginalization.		
If you were raised witnessing violence, addiction to drugs or alcohol, prostitution, or crime, check marginalization.		
If you ever had to skip a meal or were hungry because there was not enough money to buy you food when you were growing up, check marginalization.		
If you were raised in a single-parent household, check marginalization.		
If you can use a public washroom without anxiety, or fear of physical or verbal abuse, check privilege.		
If your family owned the house where you grew up, check privilege.		
If you can show affection for your romantic partner in public without fear or ridicule or violence, check privilege.		
If you were ever afraid of physical or sexual violence because of your race, ethnicity, gender, or sexual orientation, check marginalization.		
If you are the first person in your family to receive university education, check marginalization.		
Total (count checkmarks in each column)		

Important note

The purpose of this exercise is to understand how we are positioned in a social structure and to reflect on how different aspects of our social identity shape our everyday experience, including our relationship with one another. Regardless of how privileged or underprivileged you are compared to others, you may find the experience very uncomfortable, and it may trigger challenging feelings, such as shame, guilt, anger, and denial.

We are born and socialized into the social structure, and we tend to see the structure and our relationships in it as “normal.” However uncomfortable it may be, uncovering the structure and the social positions we occupy in it in a tangible and personal way is a necessary learning process in order for us to engage with critical and productive analysis and reflection.

Note: This activity was adapted from Privilege Walk: www.ipas.org/Publications/asset_upload_file357_3785.pdf and www.uncp.edu/cae/seminar/privilegewalk.doc. And Time and Place at UBC: Our Histories and Relations: <http://time-andplace.ubc.ca/>