

Violence Against Women with Disabilities - Violence Prevention Review

February 2011



Vecova Centre for Disability Services and Research is a leading-edge, registered not-for-profit charitable research and service organization that has been building the capacity of persons with disabilities and enriching communities through leadership, innovation and collaboration since 1969. Affiliated with the University of Calgary we are recognized as a leader in the field of disability services and research.

The following publication Violence Against Women with Disabilities - Violence Prevention Review was written by Annalea Sordi, Vecova Centre for Disability Services and Research for Canadian Women's Foundation.



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Violence Against Women with Disabilities - Violence Prevention Review

1.0 ABOUT THIS REPORT

The Canadian Women's Foundation (CWF) is dedicated to improving the lives of women and girls in three key areas: (a) ending violence against women, (b) moving low-income women out of poverty and (c) empowering girls with confidence, courage and critical thinking skills. In order to enhance its grant making, analyze emerging trends and understand the current philanthropic environment, CWF identified the need to conduct a series of violence prevention reviews. Vecova Centre for Disability Services and Research¹ was commissioned to conduct the **Violence Against Women with Disabilities – Violence Prevention Review**.

2.0 INTRODUCTION

2.1 BACKGROUND & PURPOSE

The philanthropic strategy of CWF is in support of the prevention and intervention of violence against women and girls through prevention initiatives, public education, the exchange of information and learning and social policy development. By 2015 CWF could achieve *solutions for those with disabilities* that better respond to their needs in the community and institutional settings where caregiver violence occurs. Advocacy to promote public policy changes and education and *supporting a continuum of services* from crisis intervention to economic independence that address the unique needs of this population are also emphasized (CWF, 2004).

The Violence Against Women with Disabilities – Violence Prevention Review is intended to:

- (1) Inform the CWF Violence Prevention Committee and CWF staff on the key issues and trends related to violence against women with disabilities in Canada, and
- (2) Assist them to develop a long-term strategy for preventing violence against women.

Through this research the CWF hopes to glean insights into the significant gains and losses in service provision for women with disabilities in Canada so that they may build capacity in this field, whether through partnering with key organizations who are leading the way in providing innovative services and supports for women with disabilities or facilitating the infrastructure required for policy building and advocacy at the national level.

3.0 METHODOLOGY

3.1 RESEARCH OBJECTIVES, KEY QUESTIONS, ACTIVITIES & LIMITATIONS

The objective of the Violence Against Women with Disabilities - Violence Prevention Review is to gather high-level information on:

- (1) What is the current environment for women with disabilities experiencing violence within Canada? This includes such information as:
 - The scope of violence against women with disabilities in Canada.
 - The societal context that contributes to the risk of violence against women with disabilities.

¹ Vecova Centre for Disability Services and Research is formerly known as The Vocational and Rehabilitation Research Institute (VRRRI).

- (2) What are the issues, needs and gaps in violence intervention and prevention for women with disabilities?
- (3) What trends have emerged in the last five years within the violence against women with disabilities sector? This includes such information as:
 - Legislative changes.
 - Innovative and collaborative support services and programs.
 - The funding environment.

This objective was achieved by conducting:

- An irregular, formal, electronic **environmental scan** of academic and government article indexes and databases, and the internet to gather information on violence against women with disabilities in Canada published within the last five years.
- A series of **six 1-hour semi-structured phone consultations** with key informants which included an academic, a policy maker, the executive director of a national organization for women with disabilities, service providers, and a woman with a disability who has experienced abuse.

3.2 DISABILITY DEFINED & TYPES OF ABUSE

For the purposes of this study, women with disabilities are defined as women who have:

Long-term physical, mental, intellectual or sensory impairments which, in interaction with various attitudinal and environmental barriers, hinders their full and effective participation in society on an equal basis with other. (UN Enable, 2010)

Violence against women with disabilities is perpetrated typically by an intimate partner or spouse, a family member or caregiver (i.e., frontline disability services worker, healthcare worker, personal care attendant or residential staff).

The types of disabilities represented in the literature were: activity limitation, physical, sensory, mental and intellectual/developmental disabilities.

3.3 LIMITATIONS OF THE RESEARCH

Five key limitations were identified in the violence prevention review:

- (1) Violence against women with disabilities, specifically, is still a relatively small field in academia which explains the limited collection of current research about this population, generally, and the absence of studies pertaining to women with episodic disabilities such as diabetes, in particular.
- (2) With “disability” having a variety of definitions across studies, the studies captured different rates of violence that are not comparable. “Persons with activity limitations” are those who self-reported having “difficulty in their daily lives” or a “physical or mental condition or health problem that limited the quantity or type of activities they could engage in” (Perreault, 2009; Cohen, Forte, Du Mont, Hyman & Romans, 2005). Cohen et al. (2005) noted an important implication: persons with activity limitations may encompass more people than in the disabled population which, in turn, will affect the rate of violence.
- (3) Individuals with disabilities residing in institutions are *not* included in the research on violence (Perreault, 2009; Brownridge, 2006; Cohen et al., 2005; Statistics Canada, 2006 & 2009), nor were individuals who do not speak English or French, those unable to respond to the survey, those living in the Northwest Territories and the homeless (Cohen et al., 2005). Specific studies

on the experiences of violence by First Nations and aboriginal women with disabilities are also lacking (DAWN-RAFH, 2009).

- (4) The types of violence studied are dependent on the data collected. Three key studies used national data collected in Statistics Canada's General Social Survey of 1999 (Cohen et al., 2005; Brownridge, 2006) and 2004 (Perreault, 2009), which examined criminal victimization data

The types of abuse identified in the literature were: physical, emotional, sexual, financial and neglect.

related to offenses recognized in the *Criminal Code*. While physical assault, physical threat and sexual assault (Brownridge, 2006) and physical, sexual, emotional and financial abuse (Cohen et al., 2005; Perreault, 2009) are accounted for and analyzed, incidents of neglect as experienced by women with disabilities are not.

- (5) The majority of Canadian-based research in the area of violence against women with disabilities is quantitative and looks at their rate and likelihood of violence compared with their male counterparts or women without disabilities (Cohen et al., 2005; Brownridge, 2006; Perreault, 2009). Only a few studies explore qualitative themes that either situate violence in the lived experiences of women with disabilities (Yoshida, Odette, Hardie, Willis & Bunch, 2009) or in safety promoting behaviour (i.e., individualized safety and multiple option plans) (Brownridge, 2009 is a response to Powers, Renker, Robinson-Whelen, Oschwald, Hughes, Swank & Curry, 2009).

4.0 A PROFILE OF WOMEN WITH DISABILITIES IN CANADA

A study for the Office for Disability Issues discovered that the general public tends to regard individuals with disabilities "with polite ambivalence and even with prejudice" (Prince, cited in Community Living Manitoba, 2007, p. 51). Disability activists pose that negative societal attitudes to ability must change in order for people with disabilities to be free from violence so that they can fully participate and contribute to Canadian society (Expert 1). By identifying barriers to inclusion and strategies to overcome these barriers, inclusive social systems and services can be created to accommodate the different needs of all community members (National Clearinghouse on Family Violence, 2010).

4.1 DEMOGRAPHICS

The most recent Statistics Canada (2006) study entitled *Women in Canada* reported that, in 2001:

- **Nearly 2 million women or 13.3%** of the total female population had disabilities. This number is presumably larger as this study did not account for women with disabilities living in institutions; only women living in private Canadian households.
- **The majority (32%) have a mild disability**, 25% have a moderate disability, 28% have a severe disability and 14% have a very severe disability.
- **64% live with their family** either as a spouse, lone parent or daughter living in her parents' home. The rest (36%) live outside a family setting either alone, with another relative or an unrelated person.
- **Women with disabilities have relatively low incomes – an average income of**

I think what we have to understand about women with disabilities is that this is the most oppressed community in our society. They are the poorest people in our society. (Expert 3)

\$17,200 in 2000, which is nearly \$5,000 less than their male counterparts.

Generally, there is a lack of safe, secure, and affordable housing for women with disabilities in Canada (Expert 1, 2, 3 & 6; Community Living Manitoba, 2007).

5.0 A PROFILE OF VIOLENCE AGAINST WOMEN IN CANADA

Violence against women in Canada is a complex social issue. The rates of violence against women with disabilities have not decreased in the last 25 years (Expert 1, 2 & 3). Women with disabilities experience different types of violence across their life span (Expert 2). Not only do women with disabilities experience violence, but violence also causes disability (Expert 2).

We completed a longitudinal study of abused women across the Prairie Provinces with 600 women and 70% of them self-reported some kind of disability. I've been doing this work for 25 years and I think that is quite stunning. (Expert 2)

The environmental scan identified two types of studies: (a) violent crime and (b) intimate partner violence experienced by Canadian women with disabilities. After highlighting the important findings of the studies, an explanation of the social context will follow on the risk factors that enhance their vulnerability to violence: poverty, inaccessibility, devaluation, social isolation and the lack of awareness of their rights.

5.1 VIOLENT CRIME

Perreault (2009) analyzed the 2004 General Social Survey (GSS) data to discover links between criminal victimization and persons with activity limitations. He found that:

- The 2004 **rate of violent victimization** (robbery, sexual and physical assault) was **2 times higher** for persons with activity limitations than for persons without limitations.
- **65%** of violent crimes against persons with activity limitations were **perpetrated by someone the victim knew**.
- **51%** of **women with activity limitations** experienced **more than one violent crime** in the 12 months preceding the 2004 GSS.
- The implications for abuse were reflected in **self-rated poor or fair health, sleep disorders and the use of antidepressants**.

5.2 INTIMATE PARTNER VIOLENCE

Perreault (2009) also reported that:

- Persons with disabilities were between **50 and 100 % more likely** to have experienced **spousal violence** than persons without disabilities.

Furthermore, Cohen et al. (2005) found that:

- **Women with activity limitations** had about **twice the odds** of experiencing **intimate partner violence** than women without activity limitations.

Brownridge (2006) analyzed the 1999 GSS data to identify whether Canadian women with disabilities reported a higher risk for partner violence than women without disabilities. In the year preceding the 1999 GSS, he discovered that:

- The **rate of intimate partner violence** experienced by **women with disabilities** was **1.2 times** that of women without disabilities and this rate increased to **1.4 times** in the preceding 5 years.
- **Women with disabilities** were **2 times** as likely to report **severe physical violence** (i.e., beaten, kicked, bit or hit) and **3 times** as likely to be **forced into sexual activity** (i.e., being threatened, held down or hurt).
- The **male partners of women with disabilities** were more likely to behave in a **patriarchal dominating manner and engage in sexually proprietary behaviours** than were male partners of women without disabilities, which appeared to account for the higher risk of partner violence.

Sometimes when the phone rings I'm still traumatized. Sometimes I can't open my mail. [My abuse] affected my speech, my writing skills, my confidence level, my ability to stand up for myself, my hearing was impaired, and I have a stutter. Now these are all things that could all probably have been lessened if I had gotten the help I needed. (Expert 6)

5.3 THE SOCIAL CONTEXT OF VIOLENCE AGAINST WOMEN WITH DISABILITIES

Although a US-based study, Powers et al. (2009) provide a succinct explanation of the social context of disability that rings true to the situation of women with disabilities in Canada today.

The social context of disability, including poverty, inaccessibility, devaluation and social isolation, increases women's vulnerability to abuse, duration of abuse experience and complexity of addressing abuse. (Powers et al., 2009, p. 1041)

Poverty often leads to a lack of control over their personal affairs, such as choosing their caregivers or the ability to leave their abuser (Expert 1-6; National Clearinghouse on Family Violence, 2009; Community Living Manitoba, 2007; Springtide Resources, 2001). Complexities arise when their caregiver on whom they are **dependent** is the abuser (Expert 1, 3 & 6; ACCPC, 2004). Leaving their abuser will inevitably jeopardize the supports and assistance they receive currently and, consequently, some women stay in unsafe relationships (Expert 1 & 6; Yoshida et al., 2009). It is often very difficult for women who are on a fixed income to leave their adapted homes because of their reliance on specialized transportation and attendant care (DAWN-RAFH, 2009).

Women tend to stay longer in unhealthy relationships. They're deeper in the cycle because they're completely and totally dependent on either their caregiver or partner. (Expert 5)

Abuse intervention services are often **not accessible** and there is a lack of service options that accommodate women with disabilities and their children (National Clearinghouse on Family Violence, 2009; Yoshida et al., 2009; ACCPC, 2004; Springtide, 2001; DAWN-RAFH, 2009). Shelters may not offer accessible facilities and quality

supports for daily living (e.g., bathing, dressing or eating), or respond to the specific communication needs of women with disabilities. Shelter workers often **lack disability sensitivity training** to equip them with the knowledge and skills to best communicate and respond to the needs of these women (Expert 1, 3, 5 & 6; Yoshida et al., 2009).

Women with disabilities are **undervalued** in society and are susceptible to abuse (Expert 1, 3, 4 & 6; Community Living Manitoba, 2007). On an individual level, this may lead to low self-esteem and the feeling that they deserve or are responsible for the abuse they experience (Expert 6; National Clearinghouse on Family Violence, 2009).

Many women with intellectual disabilities, notably, have lived in institutional settings which **segregate and exclude** them from their family and community life (Expert 1, 3 & 6; Canadian Association for Community Living, 2005). Being **isolated** and restricted from developing natural supports in the community only enhances women's vulnerability to violence (Expert 1-6).

Women with disabilities often do not disclose abuse because they may **not recognize** the behaviour as such and are **unaware of their basic rights** (Expert 1, 3, 5 & 6; Ontario Women's Justice Network, 2006).

6.0 A PROFILE OF VIOLENCE INTERVENTION IN CANADA

It costs much more to do nothing than to act. The price of operating shelters for abused women in Canada is more than \$135 million a year. Factoring in social services, education, criminal justice, lost employment days and health care interventions, physical and sexual abuse costs Canadians more than \$4 billion annually. And that is only the cost in dollars. The human toll on Canadians is incalculable. (YWCA, 2009, p. 4)

In order for shelters to respond to women with disabilities who are fleeing abuse, their facilities must be accessible. The *Family Violence in Canada* report profiled Canada's shelters for abused women (Statistics Canada, 2009) using the 2008 Transition Home Survey (THS):

- **569 shelters** provided residential services to women and children across Canada who tried to escape abusive situations.
- **58% of shelters emphasized the need for additional or improved services** to meet their clients' needs, 8% of which desired specialized services for specific populations (e.g., cultural sensitivity).
- **Shelters spent an estimated \$18.7 million on facility improvements and repairs.** 30% of the repairs were structural improvements such as making rooms in shelters wheelchair accessible and building ramps among other things (Statistics Canada, 2009).
- Approximately **10% of women** residing in shelters reported **having a disability**.
- **75% of shelters** reported having at least **one building entrance** that was **wheelchair accessible** and **66%** provided **wheel-chair accessible bedrooms and bathrooms**. To accommodate sensory impaired women, **22% of shelters had TTY/TDD** specialized telephones, **17%** provided **sign language or interpretation services and large print reading materials** and **5%** offered reading materials in **Braille**.

For my friend there is no place in Toronto that is equipped to support her because of her MS [Multiple Sclerosis]. There's only one shelter that could take her and only one bed. What does that mean to me? That's a red flag. So she has to go live in a retirement home, pay \$3,000 a month and not be subsidized by the government in order to get away from her abuser? She had to go back to her abusive husband. She had no other options. (Expert 6)

Participants in Community Living Manitoba's (2007) research indicated that shelters were "not always accessible, nor were staff always knowledgeable about how to intervene, especially where the challenging behaviours of women are at issue" (p. 61). Women with disabilities, on the whole, were **not aware of violence intervention services** and how they could help them (Ontario Women's Justice Network, 2006; DAWN-RAFH, 2009).

As a follow-up to their 1992 survey on shelters and the experiences of women with disabilities, DAWN-RAFH Canada (2009) created the National Accessibility and Accommodation Survey (NAAS) to get a “snapshot of accessibility and accommodation for women with disabilities within Canadian shelters” (p. 2). The report is called *Bridging the Gaps*. For the 43 shelters interviewed:

- **Accessibility was often equated with wheelchair accessibility**, which is indicative of the need to educate shelter workers about the complexity of disability and how women with various disabilities can be best accommodated.
- **The lack of funding continued to pose a significant challenge in making shelters accessible for women with disabilities and their children.**
- **Shelters need to enhance their outreach** to community organizations, police and social workers to ensure women with disabilities know of their services.

7.0 A PROFILE OF RECENT LEGISLATIVE CHANGES

Over the last five years there have been a few notable changes to legislation intended to safeguard people with disabilities from abuse: the United Nation’s Convention on the Rights of Persons with Disabilities, and the introduction of Alberta’s *Adult Guardianship and Trusteeship Act (2009)* and British Columbia’s *Bill 29 Adult Guardianship and Planning Statutes Amendment Act (2007)*. Two working groups in Ontario and British Columbia are addressing legislation that affects the safety of persons with disabilities.

7.1 THE UNITED NATION’S CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

At the international level Canada signed the United Nation’s **Convention on the Rights of Persons with Disabilities** in 2007, which recognizes that persons with disabilities are at greater risk of experiencing violence. Signing this human rights convention demonstrates Canada’s commitment to working for the protection of persons with disabilities (Perreault, 2009).

The issue of violence against women in our society is one we’re struggling with internationally. At the [United Nations] Ban Ki-moon has said that the most important thing we need to do towards achieving world peace is to reduce the amount of violence against women. (Expert 3)

7.2 ADULT ABUSE, NEGLECT & GUARDIANSHIP LEGISLATION

Canadian legislation on adult abuse, neglect and guardianship is addressed at the provincial/territorial level with each province creating its own response framework (BC Adult Abuse/Neglect Prevention Collaborative, 2009). This legislation varies across jurisdictions with respect to intervening to protect vulnerable adults or safeguarding their independence as much as possible. However, sometimes this legislation sets parameters for protection, for example, Manitoba’s *Vulnerable Person’s Act* restricts protection to eligible individuals who have an IQ below 70 (Community Living Manitoba, 2007).

Recent changes to Alberta legislation (**Adult Guardianship and Trusteeship Act, 2009**) consider a mental capacity and substitute decision making “continuum” acknowledging that “adults have different levels of decision making ability and that an adult’s capacity may change over time” and, consequently, “certificates of incapacity” are no longer issued (Government of Alberta, 2009). **Bill 29 Adult Guardianship and Planning Statutes Amendment Act (2007)** amended the *BC Adult Guardianship Act* and repealed the *Patients Property Act*, thereby broadening support and decision making beyond simply protecting the adult’s estate, and promoting the proactive use of personal planning tools in the event of incapability (Government of British Columbia, 2007; BC Adult

Abuse/Neglect Prevention Collaborative, 2009). It should be emphasized that these legislative changes only have implications for adults who are assessed as having decreased capability for personal and financial decision making and have guardians or trustees in place to assist with such matters.

7.3 INITIATIVES TO ADDRESS LEGISLATION

Community Living Ontario, a provincial organization that advocates for individuals who have intellectual disabilities to be fully included in all aspects of community life, began the **Freedom From Harm Working Group and Social Policy Committee** to lessen the vulnerability to abuse, neglect and other forms of harm experienced by individuals with intellectual disabilities. The Working Group, predominantly composed of **self-advocates**, has called for establishing legislation to ensure provincial mandatory reporting and response mechanisms which would require disability service practitioners to report abuse when it is suspected or witnessed (Community Living Ontario, 2010). This is in direct response to the lack of consistent and effective policies and procedures across disability service agencies for reporting and intervening in situations of abuse and mistreatment, which inevitably lead to poor handling of the incidents (Community Living Manitoba, 2007; Springtide Resources, 2001). Relatedly, safety planning by devising individualized safeguards is needed as a preventative measure to stop violence before it starts (Community Living Manitoba, 2007).

The **BC Adult Abuse/Neglect Prevention Collaborative (2009)** was established to support a cross-disciplinary collaboration and strategy to protect the rights of **vulnerable adults** who may have diminished or diminishing capability, including individuals who have a disability or mental illness and the elderly. Provincial partners include the Ministry of Public Safety & Solicitor General, the Public Guardian & Trustee of BC, provincial nonprofits working in the abuse response and prevention field (e.g., BC Centre for Elder Advocacy and Support, BC Association of Community Response Networks, etc.), researchers and academics and concerned community members. Besides advising on legislation such as the *Adult Guardianship Act*, this collaborative assists agencies to develop their own protocols for safeguarding vulnerable adults.

8.0 KEY BARRIERS & INITIATIVES ADDRESSING THE NEEDS OF WOMEN WITH DISABILITIES WHO ARE EXPERIENCING VIOLENCE IN CANADA

Women with disabilities encounter significant barriers in responding to and preventing violence in their lives. These significant barriers are related to: disclosing abuse, gaining access to the justice system, lacking supports to build strong networks, the lack of intervention by the health care system and lacking abuse prevention, self-advocacy and rights education.

Barrier 1: Disclosure of Abuse

Perreault (2009) noted that a smaller proportion (**30%**) of cases where the victim of violence was a **woman with activity limitations** was **reported** to the **police** than if the victim was a man with activity limitations (49%). He suggested possible explanations for underreporting: the fear of losing financial security, housing or welfare benefits; the fear of not being believed or perceived as credible by police or courts and the belief that appropriate intervention services are not available. The International Network of Women with Disabilities cite additional barriers that affect women with disabilities, in particular, such as difficulties contacting intervention services, lack of access to information services, difficulties accessing transportation and fear of being institutionalized (DAWN, 2010).

While initiatives addressing this barrier may exist in Canada, no such initiatives were discovered within the limited timeframe of this review.

Barrier 2: Difficulties Accessing the Justice System

Difficulties accessing the justice system pose significant challenges for women with disabilities who experience abuse due to existing physical, financial, informational, cultural and behavioural barriers (Expert 1, 3, 4 & 6; BC Adult Abuse/Neglect Prevention Collaborative, 2009). When incidents are in fact reported to police, **39%** of persons with activity limitations expressed that they were **very dissatisfied** with the **police response** compared to 21% of those without activity limitations (Perreault, 2009). Police may filter out cases that may be difficult to prosecute, especially if the woman has communication difficulties with expressing the details of her abuse (Community Living Manitoba, 2007). An added risk exists for a woman with an intellectual disability or a woman who uses augmentative and alternative communication in court: her capacity may be questioned and her testimony may be considered as less credible (Community Living Manitoba, 2007; ACCPC, 2004; Springtide Resources, 2001; Ontario Women's Justice Network, 2006).

Initiatives to Address this Barrier

Victim services programs exist in all provinces and territories such as Ontario's Victim/Witness Assistance Program which provides support and resources to abused women with disabilities (National Clearinghouse on Family Violence, 2009). Additional improvements to increase the accessibility of the courts include: preparing resource materials in alternative formats; sensitivity training to police, Crown prosecutors, and judges; offering shorter court proceedings with breaks; moving proceedings to accessible courthouse locations and requesting lawyers and judges to speak slowly and explain questions to women who may have difficulties because of an intellectual disability (National Clearinghouse on Family Violence, 2009).

I fought for my pension. I fought for my criminal compensation. I have to fight for everything because it's not a given. So if I have a hard time doing it, can you imagine what other women have to go through to get their needs recognized? (Expert 6)

Barrier 3: The Absence of Supports for Forming and Maintaining Strong Networks

Having a strong network of relationships helps safeguard individuals with disabilities from violence; however, there is a considerable lack of supports to facilitate this process. Creating strong networks takes planning to ensure individuals are meaningfully involved in the community and have stable relationships across their lifespan as relationships change inevitably as friends and family age (Community Living Ontario, 2010).

While initiatives addressing this barrier may exist in Canada, no such initiatives were discovered within the limited timeframe of this review.

Barrier 4: The Absence of Health Care Intervention

Health care professionals have an important role to play in identifying when a woman with a disability has been abused. There is the need for effective health and social care interventions for women with disabilities, for example, routine medical screening to uncover abuse (Cohen et al., 2005; Yoshida et al., 2009).

While initiatives addressing this barrier may exist in Canada, no such initiatives were discovered within the limited timeframe of this review.

Barrier 5: The Lack of Sensitivity Training for Professionals

Professionals across all sectors who are involved in violence intervention (e.g., police, healthcare workers, violence against women organizations and disability service providers) require training in working with women with disabilities so they are sensitive not only to the women's experiences of

abuse, but also understand the complexities of having a disability and the interplay with culture, religion, age, class and sexuality. Community capacity can be enhanced by creating partnerships with organizations across sectors in order to provide continuity of services for women (Yoshida et al., 2009). Involving women with disabilities as trainers will ensure their active participation in the awareness process (Expert 1; ACCD, 2009).

I know of a woman who went to a transition house and because staff didn't understand her disability, she worked her way out of the system. All too often victims end up back on the street because staff aren't trained about issues that women with disabilities may have.
(Expert 5)

disabilities to talk about their experiences with violence with agencies which serve abused women. The Alberta Committee on Citizens with Disabilities' (2009) **Safe Haven** workshop raises awareness among shelter staff and management about the unique situations facing women with disabilities, and how shelters can appropriately and respectfully support women and adapt their services.

Barrier 6: The Lack of Violence Prevention Training for Women with Disabilities

A deep-rooted assumption is that persons with disabilities are asexual and the people in their lives are there to protect them from harm (Springtide Resources, 2001; Ontario Women's Justice Network, 2006). Consequently, women with disabilities are denied or lack information and training about healthy relationships, sexuality and abuse prevention (ACCPC, 2004). Such programming, first beginning in schools and then continuing in disability service agencies, must respond to the call and accommodate the different access needs of women (Yoshida et al., 2009; Community Living Manitoba, 2007).

Do we ask people with disabilities to suspend their sexual expression when they go home? They feel like they're not even seen as a human being let alone feeling like they could talk about sexuality with their attendant. (Expert 1)

Initiatives Addressing this Barrier

CWF-Funded Initiatives: Tackling Dating Violence Against Women with Disabilities is a series of resources in plain language to help women with disabilities recognize, understand and prevent dating violence (in development by Vecova in Calgary, AB). **La Passerelle** is offering violence prevention workshops to adolescents and young women with disabilities (Weedon, QC).

Springtide Resources conducted a survey with 400 persons with disabilities on their experiences around negotiating their sexuality to understand the key issues, such as requesting attendant workers to support individuals with their sexual expression (Expert 1).

Barrier 7: The Lack of Rights Education and Self-Advocacy Training for Women with Disabilities

When women do not understand their basic human rights they are vulnerable to violence. Rights education is necessary to ensure that women with disabilities know their rights and can identify when their rights have been violated (Expert 1-6; Community Living Manitoba, 2007). When coupled with

self-advocacy training women would also gain the skills to communicate their rights and needs effectively. Female self-advocates have a key role to play in training their peers in these areas (Community Living Manitoba, 2007).

Initiatives Addressing this Barrier

CWF-Funded Initiative: Building Bridges Across Barriers is a leadership training series for women with disabilities, deaf women and immigrant/refugee/newcomer women to create understanding and build allies in ending violence against women (in development by Springtide Resources in Toronto, ON).

It's a Matter of Rights is based on the premise that "when people know their rights, they are less likely to be abused." Community Living Ontario's Freedom From Harm Working Group developed this book along with **four plain language brochures** to raise awareness among individuals with intellectual disabilities who receive supports, disability service practitioners and community members at large (Community Living Ontario, 2010, p. 5). According to Community Living Manitoba (2007), the Independent Living Resource Centre offers **violence programming** for women with disabilities and People First of Canada works on their **leadership skills** and provides a venue for them to share experiences about safety and security. **All Women. One Family Law. Know Your Rights** is a series of plain language information on legal rights under Ontario's family law on topics such as criminal and family law, finding help with a family law problem, child protection, marriage and divorce and family issues (Expert 3). The series was created by the Family Law Education for Women (FLEW) for immigrant, refugee and non-status women. FLEW also worked with Springtide Resources to translate a selection of materials into alternative formats for women with disabilities (e.g., American Sign Language, large print, Braille, audio and video recordings) and produce the booklet "Advocacy Tips for Women with Disabilities and Deaf Women Dealing with Family Law Issues."

Barrier 8: The Lack of Funding and Resources to Enhance the Accessibility of Intervention Services

With the decline of government funding over the last five years, organizations that provide services to women who have experienced violence have limited resources and face significant challenges in fund development. Besides offering only short-term program funding and not long-term funding for operational costs, the trend is for funders to require that applicants have a charitable taxation number, which restricts some grassroots organizations from receiving essential funding (Expert 3). Partnering with other organizations and providing detailed reporting of the program's outcomes and impact are also requirements for funding (Expert 5). If service providers are to enhance the accessibility of their services to accommodate women with disabilities, adequate and continuous funding and resources are necessary. This means securing the commitment of government and private funders to realize their accessibility goals (Yoshida et al., 2009).

Initiatives to Address this Barrier

The **Canadian Mortgage and Housing Corporation** (CMHC) offers the Shelter Enhancement Program to provide financial assistance (i.e., fully forgivable loans) for the repair, rehabilitation and improvement of existing shelters as well as help in the acquisition or construction of new shelters and second stage housing. Applicants are eligible for funding to improve shelter accessibility for persons with disabilities.

9.0 A PROFILE OF FUNDERS FOR VIOLENCE AGAINST WOMEN WITH DISABILITIES INITIATIVES

In addition to the CWF, there are a few federal government agencies and foundations which support violence against women initiatives. Below is a brief overview of the Status of Women Canada, the Office for Disability Issues Canada, Community Foundations of Canada, corporate foundations and law foundations as well as the related initiatives they have funded if such information was available on their websites.

9.1 FEDERAL GOVERNMENT FUNDING

Status of Women Canada (SWC) offers two funding streams: (a) the Women's Community Fund and (b) the Women's Partnership Fund, and supports women-centred initiatives across the country, providing multi-year funding into the hundreds of thousands. Over the last three years, SWC has supported initiatives on safety and violence prevention (e.g., a life coaching program) and abuse education materials. SWC-funded projects about violence against women with disabilities have been examined in this report: ACCD's (2009) Safe Haven workshop and DAWN-RAFH Canada's (2009) report called *Bridging the Gaps*.

The Office for Disability Issues Canada has three funding streams: (a) the Enabling Accessibility Fund, (b) the Opportunities Fund for Persons with Disabilities and (c) the Social Development Partnerships Program, and supports disability-centred initiatives across the country. The first funding program supports small and mid-sized community-based projects that improve accessibility and remove barriers to enable the full participation of Canadians with disabilities. The second stream assists individuals, employers and organizations in preparing, obtaining and maintaining employment or self-employment for individuals with disabilities. The final program supports innovative ways that community partnerships remove barriers and address social issues that individuals with disabilities encounter through improving access to programs and services. There are two funding streams herein: (a) Social Development Projects to nonprofit-led projects that provide accessibility or support youth and seniors with disabilities and (b) Accommodation Projects to nonprofit-led projects that facilitate full participation of people with disabilities in community events through accessibility measures. Unfortunately, the website only lists the names of grant recipients and does not post information on funded projects.

9.2 FOUNDATIONS FUNDING

Community Foundations of Canada is comprised of 176 local foundations across the country to enhance community vitality and build strong, resilient communities for Canadians to live, work and play. Most sizable municipalities have their own community foundation and some have supported initiatives that benefit Canadians with disabilities, such as adapted arts and recreation programs for youth and adults (Edmonton Foundation, Winnipeg Foundation and Foundation of Greater Montreal) and future planning training for parents who have children with disabilities (Fredericton Foundation). In particular, the Community Foundation of Ottawa and the Benjamin Moore Community Restoration Program have funded women's shelters.

Through **corporate foundations** the private business sector invests in community initiatives that fulfill their individual social responsibility mandates. Financial institutions such as the Royal Bank of Canada (RBC Foundation) and Bank of Montreal (BMO Employee Charitable Foundation) have supported the Canadian Women's Foundation, and the North York Women's Shelter and the Rape Crisis Centre, respectively. IBM Canada Ltd. Charitable Fund has funded the Elizabeth Fry Society of Toronto and the Canadian Centre for Abuse Awareness, while the Encana Cares Foundation has

supported the Calgary Women's Emergency Centre and Discovery Society House for family violence prevention.

Similarly, various **law foundations** have funded the Calgary Women's Resource Centre (Alberta Law Foundation), the Elizabeth Fry Society of Ontario (Law Foundation of Ontario) and the Metropolitan Action Committee on Violence Against Women and Children (Law Foundation of Ontario).

10.0 KEY RECOMMENDATIONS

No one system alone, whether education, justice or social services, academic or frontline workers, can generate sufficient resources to eradicate violence against women and girls . . . Such changes are possible only through collaboration and coordinating strategies. (CWF, 2004, p. 35)

Based on the findings of this violence prevention review, five key recommendations are offered to enhance CWF's long-term strategy in support of the intervention and prevention of violence against women with disabilities:

Recommendation 1: Create sustainable and long-term funding programs for operational costs and multi-year funding; not just short-term project funding (BC Adult Abuse/Neglect Prevention Collaborative, 2009; Yoshida et al., 2009; Community Living Manitoba, 2007). Take a creative approach to funding that pools resources across government sectors and departments, or establishes public-private funding arrangements.

Recommendation 2: Map out agencies across various sectors that are involved in the violence intervention and prevention sectors to highlight successful programs and services for women with disabilities, identify gaps in service and facilitate the coordination of services in order to ensure women with disabilities are provided with a continuum of support (Expert 2, 3 & 4; BC Adult Abuse/Neglect Prevention Collaborative, 2009).

Women with disabilities are much more barriered from receiving service and, therefore, there needs to be more coordination in all systems – justice, health, the women's service sector, etc. (Expert 4)

Recommendation 3: Develop best practice tools to educate, train and support women with disabilities on violence prevention. Safeguarding women from abuse requires that women understand what abuse looks like, what local intervention supports are available and have the knowledge and skills to effectively advocate for their rights (Expert 1, 3, 5 & 6; BC Adult Abuse/Neglect Prevention Collaborative, 2009; Yoshida et al., 2009; Community Living Manitoba, 2007). Please see sections 8.6 and 8.7 for initiatives currently addressing this need.

Recommendation 4: Develop best practice tools to educate, train, support and guide the work of professionals in the violence intervention sector so that they are sensitive and responsive to the needs of women with various disabilities, i.e., the legal system, healthcare system, women's shelters, disability sector, criminal justice system and financial institutions, etc. (Expert 1, 3 & 6; BC Adult Abuse/Neglect Prevention Collaborative, 2009; Yoshida et al., 2009; Community Living Manitoba, 2007). Please see section 8.5 for initiatives currently addressing this need.

Recent Initiatives

The Right to be Safe: A resource guide addressing violence against people with intellectual disabilities in your community was created by the Canadian Association for Community Living (2005) and instructs communities and community organizations on how to conduct a safety audit. Through a safety audit organizations and the larger service systems of which they are a part can

examine their systems, policies and practices in terms of where individuals with disabilities are vulnerable to abuse and how they are meeting the needs of the individuals they serve. Once problem areas are identified organizations can develop strategic plans for better service coordination. The **Calgary Sexual Assault Response Team** at the Sheldon M. Chumir Health Centre provides the coordination of services for victims of sexual assault, such as medical treatment, crisis intervention, counseling, follow-up and court assistance (Expert 2).

Recommendation 5: Develop a comprehensive national strategy to address violence against women with disabilities.

Violence against women with disabilities is not front and centre in society's concerns and, therefore, is not a priority issue (Expert 2 & 3). A national strategy will involve key stakeholders from various government ministries, the justice, health, education and housing systems, community organizations and women with disabilities to set clear, realistic objectives (Expert 3). By taking a cross-sectorial and collaborative approach, key stakeholders can work in partnership and coordinate systems and services to reduce violence against women with disabilities (Expert 3, 4 & 5; Community Living Manitoba, 2007; ACCD, 2009). Engage women with disabilities in this consultative process (Expert 1, 3 & 6; Springtide Resources, 2001).

Any strategy in moving forward needs to be defined by and developed in concert with women with disabilities. (Expert 3)

Recent Initiatives

DAWN-RAFH Canada is gathering key stakeholders such as YWCA Canada and Independent Living Canada to work in partnership in order to develop a national strategy to address violence against women with disabilities in Canada; however, funding is required to continue the process.

The Family Violence Initiative is a "long-term commitment of the Government of Canada to address violence within relationships of kinship, intimacy, dependency or trust" led and coordinated by the Public Health Agency and involving 15 partner departments, agencies and Crown corporations (Public Health Agency of Canada, 2009). Although touted as a "comprehensive federal approach," the federal agency concerned with persons with disabilities – the Office for Disability Issues – is **not** an initiative partner and, assumingly, disability issues are not being represented and addressed adequately.

11.0 CONCLUSION

This violence prevention review illustrates the important and complex issues that arise, not only for women with disabilities who experience violence, but also the spectrum of social systems working to intervene and assist victims in overcoming the abuse and preventing violence. Despite the valiant efforts of committed organizations across Canada, women with disabilities continue to encounter violence at an alarming rate. Multiple risk factors increase their vulnerability and place them at great risk of violence.

Profiles of promising initiatives give a snapshot of what is being done today to end violence against women with disabilities in Canada and what gaps still remain. Insights identified in the literature and highlighted by expert consultants informed the five recommendations presented. With this knowledge, the CWF can create a long-term strategy for making a lasting impact on this key social issue

12.0 GLOSSARY

Plain language is simple language or clear language to ensure that the reader will understand the material.

Self-advocates are individuals with disabilities who speak up for their rights and needs.

Vulnerable adults are persons with disabilities, seniors, and individuals who need a guardian's help to make personal decisions (Government of Alberta, 2010).

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