National Toolkit

# Gender-based Violence Against Racialized Migrant Women, Girls, and Gender-Diverse People with Disabilities & D/deaf People

—

Ontario Council of Agencies
Serving Immigrants / 2024

# *Table of contents*

# *Acknowledgment*

**OCASI wishes to express our gratitude** to all the organizations, groups, and individuals who generously contributed their time and energy to this project. Special appreciation goes to the newcomers who took the time to share their experiences with us.

# *Message from the Executive Director*

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**In general, newcomers experience many challenges upon settling in a new country**. They must learn a new language, find employment and housing, and navigate the complexity of a new culture and the realities of discrimination.

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**The settlement process is incredibly challenging for im/migrants and refugees with disabilities and D/deaf newcomers** who experience barriers due to systemic ableism in our communities and workplaces. Therefore, learning how to address ableism and support im/migrants and refugees, with disabilities, and D/deaf newcomers is an ongoing process.

**While our broader understanding of disability has led to the enhancement of legislation and programs**, the unique obstacles facing im/migrants and refugees with disabilities and

D/deaf newcomers in settlement continue to be a challenge. We are committed to supporting the settlement sector in Canada to co-create a welcoming and inclusive space for all.

**Our goal in creating this toolkit is to provide tools to help you support im/ migrants, refugees with disabilities, and D/deaf newcomers** to live interdependent lives. In addition, we hope this resource will continue a discussion that will have a positive impact on the quality of life for im/ migrants and refugees with disabilities and D/deaf persons in Canada.

**Debbie Douglas**
Executive Director

Ontario Council of Agencies Serving Immigrants (OCASI)

# *About OCASI*

**OCASI**
Ontario Council of Agencies Serving Immigrants

Ontario Council of Agencies Serving Immigrants (OCASI) was formed in 1978 to act as a collective voice for immigrant serving agencies and to coordinate responses to shared needs and concerns.

OCASI is a registered charity governed by a volunteer board of directors. Its membership is comprised of more than 200 community-based organizations in the province of Ontario.

## Mission

OCASI champions equity and human rights for im/migrants and refugees through advocacy, collective action, collaborative planning, research, capacity-building, and information and knowledge transfer.

## Vision

A country of equity and social justice where everyone belongs.
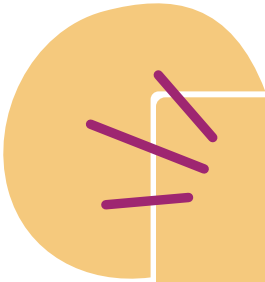
# Values and Commitments

**1** **Social Justice** - We uphold human rights and equity. We work to ensure that im/migrants and refugees have access to the services that they need and the opportunity to participate fully and equitably in the social, cultural, political, and economic life of our country.

**2** **Accountability** - We know that our words, decisions, and actions reflect our true values and commitment. We assume the leadership role entrusted to us through transparency, kindness, respect, and integrity.

**3** **Solidarity** - We affirm the collective voice and power of groups and communities in ending racism and oppression. We work collaboratively within and across sectors to effect change and the best outcomes for im/migrants, refugees, and other marginalized communities.

**4** **Innovation** - We lead and support excellence in the sector. We spearhead continuous improvement and creativity through community-led and evidence-based decisions and the development of promising and impactful practices.

Part 1

# *Introduction*
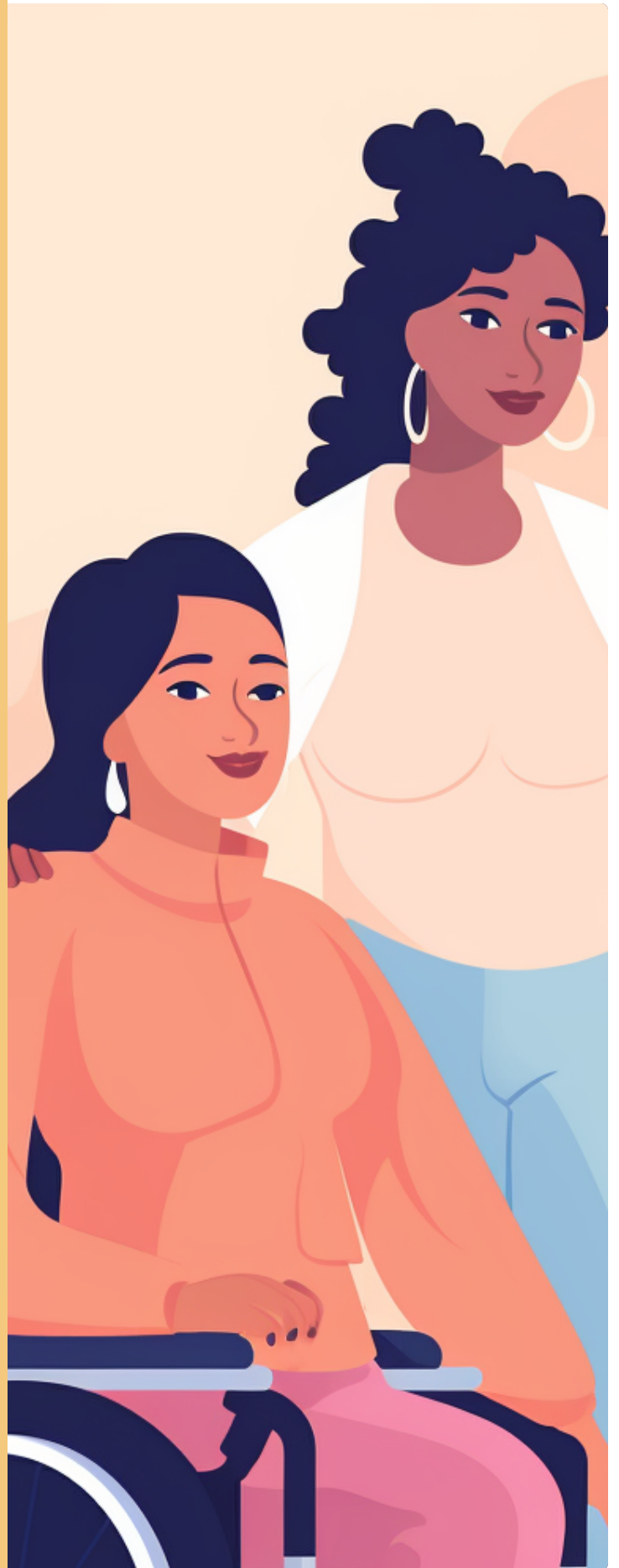
# OCASI's Accessibility Initiative

**OCASI**
Ontario Council of Agencies Serving Immigrants

Initiative pour **l'Accessibilité**

**Accessibility** Initiative

The Accessibility Initiative is a national bilingual project that aims to enhance the knowledge and skills of settlement sector professionals so that they are better equipped to serve im/migrants with/visible disabilities.

A range of online professional development activities, tools, and resources are created to assist organizations serving im/migrants in creating accessible and inclusive spaces.

Also addressed is the need for agencies to comply with national and regional legislation related to accessibility, while providing effective settlement services to migrants with disabilities.

# About this Toolkit

This National Toolkit is for im/migrant and refugee-serving sector staff and volunteers across Canada working with racialized im/migrant and refugee women, girls, and gender-diverse people with disabilities and D/deaf people. Since the first point of contact for racialized im/migrant people experiencing gender-based violence (GBV) is often an im/migrant-serving organization, rather than a GBV-specific service. This toolkit aims to enhance the

knowledge and capacity of frontline service workers to support im/migrants and D/deaf people experiencing violence.

Therefore, the im/migrant-serving sector must understand the history of exclusion that people with disabilities and D/deaf people have and continue to face in Canada and how that exclusion is increased for racialized im/migrant peoples.

**The goal of this Toolkit is to help learners:**

➤ Relate to the experiences of racialized im/migrant and refugee women, girls, and gender-diverse people with disabilities and D/deaf people.

➤ Determine how gender-based violence affects racialized im/migrant and refugee women, girls, and gender-diverse people with disabilities and D/deaf people.

➤ Identify barriers to accessing immigrant and gender-based violence services for racialized im/migrant and refugee women, girls, and gender-diverse people with disabilities and D/deaf people.

➤ Apply the foundations of a trauma-informed, strength-based, survivor-centered approach through tips and best practices when working with racialized im/migrant and refugee women, girls, and gender-diverse people with disabilities and D/deaf people.

## Part 2

# *Intersecting Experiences: Migration, Race, Gender, and Disability*

# The Context

People with disabilities and D/deaf people are amongst the poorest people in the country. Poverty is greater among people who live with invisible disabilities, especially intellectual, cognitive, or psychosocial (mental health) disabilities. Migrant people also experience many barriers in accessing employment, education, and housing, contributing to high poverty rates. Poverty increases migrant people with disabilities and D/deaf peoples' vulnerability to GBV. That is, if you are unskilled and unemployed, cannot find affordable, accessible housing, and cannot afford food or the support you need, you end up in unsafe and/or congregate living spaces where violence often occurs.

It is important to remember that people with disabilities and D/deaf people are a part of every community. They can be women and gender-diverse people, they can be seniors and youth, they can be Indigenous, Black, and other racialized groups, and they can be LGBTQIA+, as well as im/migrants and refugees.

Each of these marginalized groups also experiences high poverty rates due to the impact of colonialism, racism, gender inequality, discrimination, and lack of access to education and employment support.

# Rights Recognition

Even though various legislative instruments exist, people with disabilities and D/deaf people continue to face discrimination, for instance, high unemployment rates and must fight for protection and enforcement of their rights.

**There are a few key laws in Canada that protect the rights of people with disabilities:**

- The Canadian Charter of Rights and Freedoms guarantees fundamental freedoms, legal rights, and equality under the law to every resident, whether a citizen or permanent resident.

- The Canadian Human Rights Act prohibits discrimination based on disability, and the Employment Equity Act aims to "correct the conditions of disadvantage in employment" for people with disabilities and other marginalized groups.

- The United Nations Convention on the Rights of Persons with Disabilities (CRPD) recognizes in international law the equality and human rights of persons with disabilities.

- Federally, the Accessible Canada Act, passed in 2019, applies to organizations and services that fall under federal jurisdiction, i.e., Crown corporations, Parliament, the federal government, banks, telecommunications, and cross-country transportation, such as airlines and rail services. Each province and territory also has respective human rights legislation that prohibits discrimination against people with disabilities in areas such as housing, employment, and the provision of goods and services.

- Four provinces have set out provisions for accessibility standards and compliance: the Accessibility for Ontarians with Disabilities Act (AODA), the Accessibility for Manitobans Act (AMA), the Nova Scotia Accessibility Act (NSAA), and the Accessible British Columbia Act.

While these laws aim to protect the rights of people with disabilities and D/deaf people, it is important to note the limitations of legislation to date. For example, we know that the paperwork, costs, and lack of accessibility support make it very difficult for a person with a disability to file a human rights complaint. In addition, with the existing provincial legislation and the new Accessible Canada Act, there is a lack of strong enforcement mechanisms to ensure organizational accountability. However, these legal and legislative frameworks serve as foundations for disability and civil society groups to push for timelines and influence standards development.

# Understanding Disability

## What do we mean by "disability"?

The UN Human Rights defines disability as follows:

"Persons with disabilities include those
who have long-term physical, mental,
intellectual, or sensory impairments which,
in interaction with various barriers may
hinder their full and effective participation
in society on an equal basis with others."

Impairments, conditions, or illnesses may be permanent, temporary, or irregular, and include those that are physical, sensory, psychosocial, neurological, medical, or intellectual.

For many disability rights activists, however, there is a problem with using the word 'impairment' because it implies weakness or something that is 'less than,' rather than understanding disability as another form of human diversity.

In citing the condition of a person with a disability as the obstacle to equal societal participation, the disability activists have been criticizing for decades, i.e., that society is "normal" and that the individual does not fit within it - akin to the "medical model" of disability, which focuses on individual impairment.

Disability rights, on the other hand, stem from the "social model" of disability, where the given condition of an individual does not disable them - rather, the barriers their society has placed against their capacities disable them. Thus, disability justice recognizes that fighting for people with disabilities is about accommodating societies to a norm of accessibility. Similarly, we should work in solidarity with other movements for social justice, which fight societal barriers for traits and identities beyond those associated with disabilities.

Disability Justice believes that:

- All bodies are unique and essential.

- All bodies have strengths and needs that must be met.

- We are powerful, not despite the complexities of our bodies, but because of them.

- All bodies are confined by ability, race, gender, sexuality, class, nation-state, religion, and more, and we cannot separate them.

Many people in the disability rights community tend to avoid labelling because these categories of disabilities are assigned to broad and diverse segments of our population.

The problem with these broad categories is we not only do not recognize each person's individuality but are also not focused on the real cause of disability, i.e., societal barriers.

At the same time, since we live in an ableist society, we cannot ignore these differences in ability because there are very real barriers to inclusion that people with disabilities and D/deaf people experience. These barriers influence the types of services that are needed in society.

You will notice in this Toolkit, we say: "people with disabilities and D/deaf people."

This is because people who are D/deaf often identify as a cultural and not a disability group, as this community meets the criteria for cultural identity, i.e., language, norms or behaviour, traditions, and values. For most D/deaf Canadians, the capital "D" indicates a cultural identity. Their first language is American Sign Language (ASL), and in Quebec, Langue des signes québécoise (LSQ).

Please see the Glossary section for different types of disabilities.

# Good Practice Tips for Service Providers

The following section outlines important things to be mindful of when working with immigrant and refugee women and gender-diverse people with disabilities and D/deaf people. These are general best practices, so it is important to remember to treat everyone as an individual first and foremost. The more time you spend with a person, the more you will get to understand their support needs.

## Sensory or Vision Disabilities

There are many degrees of vision loss. Few people with vision loss cannot see at all. Many people live with low vision.

**Using words**

Don't say:
- ✘ The blind
- ✘ The visually impaired

Do say:
- ✔ A person who is blind
- ✔ A person with vision loss

Vision loss can restrict a person's ability to:

- Read signs.
- Locate landmarks.
- See hazards.

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

Interacting with people with vision loss:

- Identify yourself when you approach the person and speak directly to them.
- Speak normally and clearly.
- Never touch the person without asking permission unless it's an emergency.
- If you offer assistance, wait until you receive permission.
- After receiving permission, offer your arm (the elbow) to guide the person and walk slowly.
- Don't touch or address service animals; they are working and need to pay attention at all times.
- If you're giving directions or verbal information, be precise and clear. For example, if you're approaching a door or an obstacle, say so.

- Don't just assume the person can't see you.
- Don't leave the person in the middle of a room. Show them to a chair or guide them to a comfortable location.
- Identify landmarks or other details to orient the person to the environment around them.
- Don't walk away without saying goodbye.
- In meetings, online or in person, say your name every time you speak.

## Hearing Loss

There are many degrees of hearing loss. People who have hearing loss may be:

**Using words**

Don't say:
- ✗ The deaf
- ✗ The hearing impaired

Do say:
- ✔ A person who is deaf
- ✔ A person who is deafened
- ✔ A person who is hard of hearing



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

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

If you are to meet someone with hearing loss online or in person, first find out if they need an interpreter in ASL or LSQ. If they do, ensure that you book an interpreter at least one week ahead of time. Interpreter services need advance notice, so the earlier you can book, the better. Some racialized people prefer an interpreter from their community. For example, some Black D/deaf people prefer Black interpreters. It is useful to ask people if they have any preferences before you make a booking. Interpreters often require written materials before the meeting. If a meeting is over an hour, you may be required to book two interpreters.

Interacting with people with hearing loss:

- Always ask how you can help. Don't shout.

- If necessary, ask if another method of communicating would be easier—e.g., a pen and paper. However, it is important to note that ASL is a unique separate language from English, as LSQ is unique to French. Many people who are D/deaf and use ASL or LSQ may not know English or French. This is important to know because not all D/deaf people can read English or French in closed captioning or other written formats.

- Attract the person's attention before speaking. The best way to do this is a gentle touch on the shoulder or gently waving your hand.

- Make sure you are in a well-lighted area where the person can see your face.

- Look at and speak directly to the person. Address them, not their interpreter.

- Don't put your hands in front of your face when speaking.

- Be clear and precise when giving directions and repeat or rephrase if necessary. Make sure you have been understood.

- Don't touch or address service animals; they are working and must pay attention at all times.

- Any personal (e.g., financial) matters should be discussed in a private room to avoid other people overhearing.

- Be patient. Communication for D/deaf people may be different because their first language may not be English or French. It may be American Sign Language (ASL) or Langue des signes québécoise (LSQ).

- If the person uses a hearing aid, try to speak in a quiet area. Background noise can be distracting.

## Deaf-Blind



**Using words**

Don't say:
- ✘ Deaf and dumb
- ✘ Deaf-mute
- ✘ The deaf-blind

Do say:
- ✔ A person who is deaf-blind



A person who is deaf-blind has a combined loss of vision and hearing. This makes it difficult for people to access information. Most people who are deaf-blind are accompanied by an intervenor, a professional who helps with communicating.

Interacting with people who are deaf-blind:

- Don't assume what a person can or cannot do. Some people who are deaf-blind have some sight and/or hearing, while others have neither.
- A person who is deaf-blind will probably give you a card or a note explaining how to communicate with them.
- Speak directly to the person as you normally would, not to the intervenor.

- When you approach a person who is deaf-blind, make sure you identify yourself to the intervenor.
- Don't touch or address service animals; they are working and must pay attention at all times.
- Never touch a person who is deaf-blind suddenly or without permission unless it's an emergency.

## Physical Disabilities

**Using words**

Don't say:
- ✖ Crippled
- ✖ Lame
- ✖ Physically challenged
- ✖ Confined to a wheelchair
- ✖ Wheelchair-bound

Do say:
- ✔ A person with a disability
- ✔ A person with a physical disability
- ✔ A person with arthritis
- ✔ A person who uses a wheelchair (or a walker or a scooter)
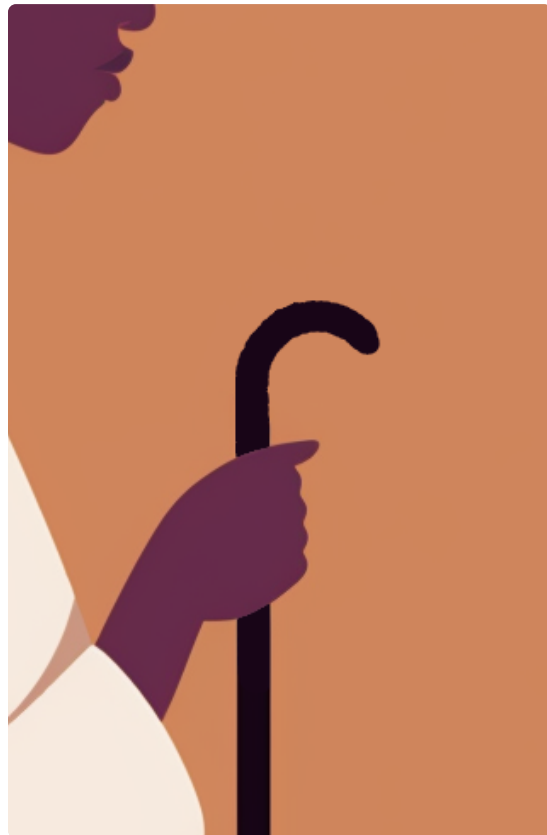


There are many types and degrees of physical disabilities. Not all physical disabilities require a mobility device, like a wheelchair. People who have arthritis, heart or lung conditions, or amputations may also have difficulty with moving, standing, or sitting. It may be difficult to visually identify a person with a physical disability.

Interacting with people with physical disabilities:

- Speak normally and directly to the person. Don't speak to the person who is with them.
- People with physical disabilities often have their own ways of doing things. Ask before you help.
- Be patient. People will tell you what they need.
- Don't touch assistive devices, including wheelchairs, unless it's an emergency.
- Tell the person about accessible features in the surrounding area (automatic doors, accessible washrooms, etc.).
- Remove obstacles and rearrange furniture so they have clear passage.
- For in-person meetings, ensure that your office is accessible, e.g., there is an accessible entrance with a ramp, a person using a wheelchair can enter through the front door, there is an elevator, an accessible washroom, etc.

## Speech or Language Disabilities

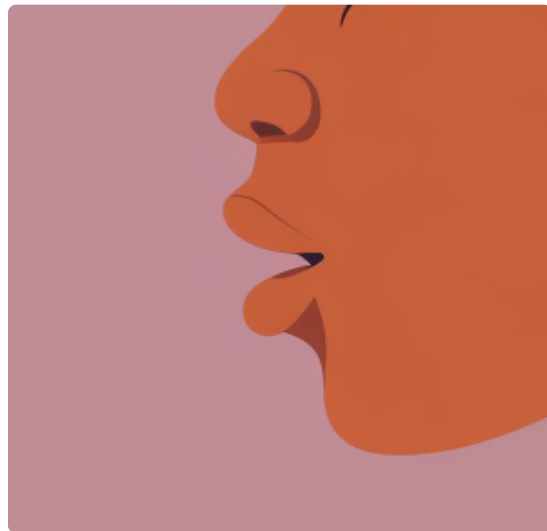**Using words**

Don't say:
- ✘ Stutterer

Do say:
- ✔ A person who stutters.
- ✔ A person with a communication disability
- ✔ A person with vision loss



Every person can communicate. Some people communicate differently than most people. This may be due to cerebral palsy, hearing loss, or another condition that:

Some people may use communication boards or other assistive devices.

Interacting with people with speech or language disabilities:

- Just because a person has one disability doesn't mean they have another. For example, if a person has difficulty speaking, don't assume they have an intellectual or developmental disability.
- If you don't understand, ask the person to repeat the information.
- If possible, ask questions that can be answered with yes or no.
- Be patient and polite. Give the person whatever time they need to get their point across.
- Don't interrupt or finish the person's sentences. Wait for them to finish.
- Patience, respect, and a willingness to find a way to communicate are your best tools.

# Psychosocial or Mental Health Disabilities

**Using words**

Don't say:
- ✗ Crazy
- ✗ Insane
- ✗ Lunatic
- ✗ Psycho
- ✗ Mental
- ✗ Mental patient
- ✗ Maniac
- ✗ Neurotic
- ✗ Psychotic
- ✗ Unsound mind
- ✗ Schizophrenic

Do say:
- ✔ A person with a mental health or psychosocial disability
- ✔ A person with a mood disorder (e.g., a person with bipolar disorder)
- ✔ A person with a personality disorder (e.g., a person with an antisocial personality disorder)
- ✔ A person with an anxiety disorder (e.g., a person with obsessive-compulsive disorder)
- ✔ A person with schizophrenia
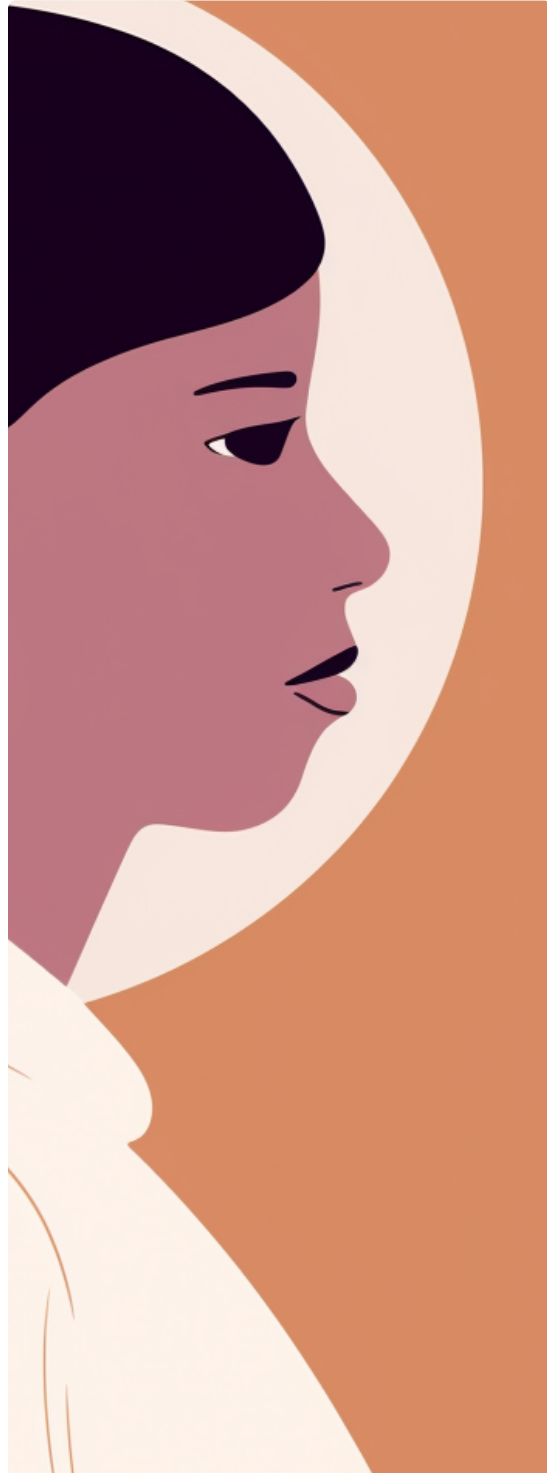
Mental health disabilities are rarely visible. Some people with mental health disabilities may have:

- Hallucinations (hearing voices or seeing things that aren't there)
- Difficulty concentrating or remembering.
- Acute mood swings

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

- Schizophrenia
- Depression
- Phobias
- Bipolar, anxiety, and mood disorders

Interacting with people who have mental health disabilities:

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

## Learning Disabilities

Learning disabilities are information-processing impairments. They can affect how a person acquires, organizes, expresses, retains, understands, or uses verbal or non-verbal information. Some examples include:

- Dyslexia (problems in reading)
- Dyscalculia (problems in mathematics)
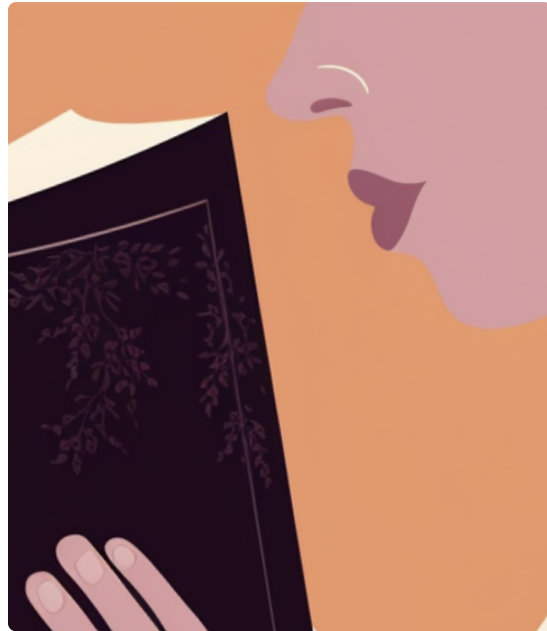- Dysgraphia (problems in writing and fine motor skills).

**Using words**

Don't say:
- ✘  Learning disabled
- ✘  Learning disordered
- ✘  Dyslexic

Do say:
- ✔  A person with a learning disability or people with learning disabilities
- ✔  A person with dyslexia

People with learning difficulties may have problems communicating. You may not know that a person has a learning disability unless you are told.

Interacting with people with learning disabilities:

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

# Intellectual or Developmental Disabilities

**Using words**

Don't say:
- ✘ Mentally retarded
- ✘ Idiot
- ✘ Simple
- ✘ Slow
- ✘ Retarded
- ✘ Feeble-minded
- ✘ Imbecile
- ✘ Mongoloid
- ✘ Down's

Do say:
- ✔ A person with an intellectual disability
- ✔ A person with a developmental disability
- ✔ A person with Down syndrome
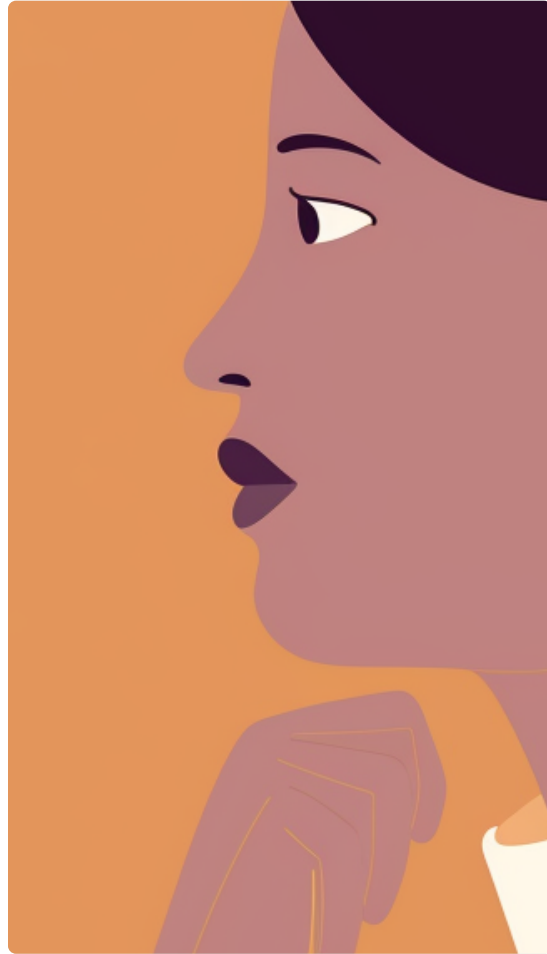
Intellectual or developmental disabilities may mildly or profoundly limit a person's ability to learn, socialize, and take care of their everyday needs. You may not be able to know that someone has this disability unless you are told or notice the way they act, ask questions or use body language.

Interacting with people with an intellectual or developmental disability:

- Don't assume what a person can or cannot do.
- Use plain language and speak in short sentences.
- Make sure the person understands what you've said.

- If you can't understand what's being said, don't pretend. Just ask again.
- Provide one piece of information at a time.
- Be supportive and patient.
- Speak directly to the person, not to their companion or attendant.

# Gender, Disability and the Migration Process Image

## Important Information About Canadian Immigration Policies

- There is a history of racism in immigration policies in Canada.

- European peoples were encouraged to settle in Canada, while people from non-European countries were not.

- Non-European people were brought in to do the most laborious jobs, while at the same time discouraged, through legislation, not to settle here.

- Many im/migrant women experience multiple barriers to inclusion in Canadian society. Especially, official 'refugees', refugee claimants, those with precarious immigration status under temporary work permits, and the Migrant Domestic Workers' program.

- An example of a barrier to inclusion and of settlement discrimination is in temporary foreign workers, who are usually called to work at long-term jobs through the Temporary Foreign Worker Program, yet are not allowed to work longer than four years at a time. Since they cannot surpass four years, they cannot meet the five-year mark that would qualify them for permanent resident status and are thus denied the right to access permanent resident status in Canada.

- Immigration policies also have a history of discriminating against people with disabilities. The "Excessive Demand Clause" of Canada's Immigration and Refugee Protection Act (IRPA) allows immigration officials to decide if an individual might cause an "excessive demand" on health or social services in Canada.

- People with disabilities are routinely barred entry due to this clause.

## Women and Gender Diverse People

Intersecting barriers result in racialized im/migrant and refugee D/deaf women and gender-diverse people with disabilities feeling isolated – making them more vulnerable to gender-based violence. They experience limited opportunities because of their gender and disabilities.

Problems im/migrant and refugee women and gender-diverse people with disabilities might experience are:

- Trying to integrate into a different culture with different gender roles.

- Attempting to access paid employment and education; language and racism impacting this.

- Navigating the health and social service systems, including mental health supports

- Barriers to accessing housing and

- Increase in gender-based violence due to increased dependency on family or a spouse for care.

Part 3

# *Gender-Based Violence and Racialized Migrant People with Disabilities & D/deaf People*
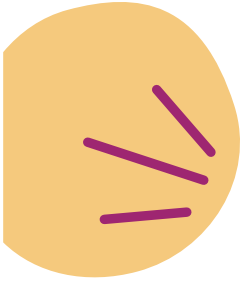
# The Nature of Gender-Based Violence

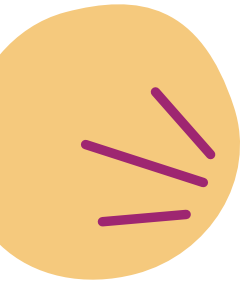Why are racialized immigrant and refugee women, girls and gender-diverse people with disabilities and D/deaf people vulnerable to gender-based violence?

- Not being born in Canada, being racialized, and having a disability leads to many challenges that can make you vulnerable to gender-based violence.

- Poverty makes you vulnerable to gender-based violence.

- Live-in caregivers coming into Canada through the Live-In Caregiver Program often come from impoverished backgrounds and are placed into situations where violence can occur in settings where women and gender-diverse people are isolated and 'invisible to the outside world.

- The Refugee Determination System denies a person the right to appeal a failed claim from a designated "safe country"; further the process bars failed claimants from making a Humanitarian and Compassionate claim within a year.

- The 'crack-down' on "illegal immigrants" makes women and gender-diverse people more vulnerable to exploitation, violence, and limits access to needed health and social services.

Being undocumented leads to:

- Lack of access to legal, health and social services
- Loss of community and family support.
- Economic dependence on their spouse places them at the risk of intimate partner violence where they hold the burden of proof to demonstrate abuse and neglect.
- Intimate partner violence leads to a risk of homelessness.
- Fear of losing their children
- Fear of deportation and detention.

# Types of Violence Classification Tips

The Learning Network presents this diagram to help us understand the relationship of intersecting identities.

Racialized im/migrant and refugee women, girls, and gender diverse people with disabilities and D/deaf people, experiences of gender-based violence is connected to their experiences of sexism, ableism, and racism – manifesting in the following forms of violence:

## Psychological and Verbal

- Telling them they are worthless.
- Telling them that they are incapable of doing anything meaningful, e.g., going to work or school.
- Telling them that their disability limits what they can do and dream of doing.
- Criticizing their cooking or parenting and relating perceived inadequacies to their disability
- Controlling every aspect of their life, e.g., what they can eat, where they can go, and who they can talk to
- Society thinks that D/deaf people are ignoring them when they can't hear them.
- Society does not believe D/deaf or hard-of-hearing people when they tell them what their limitations are, they hear things like: "You look able-bodied."
- Not acknowledging or appreciating their contributions
- Threatening to withhold primary care like eating, bathing, or using the toilet.
- Threatening physical harm to women, gender-diverse people and children
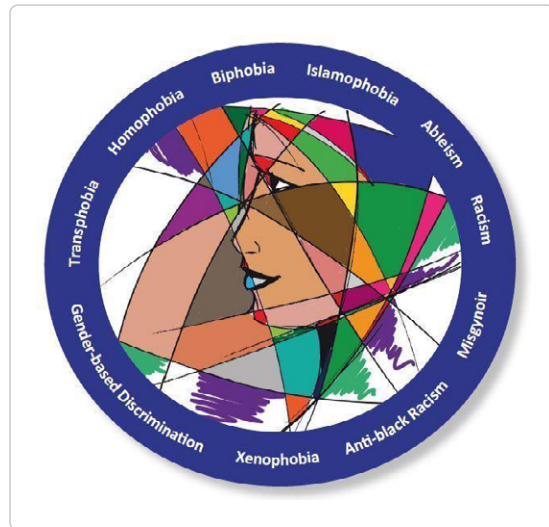
- Demanding and aggressive behaviour
- Insulting and degrading language
- Laughing and belittling them, and telling them that they are unattractive and undesirable.
- Public verbal abuse of people wearing hijab.
- Cyberbullying
- Forced isolation, denying help in leaving the home or communicating with others.

## Physical Violence and Neglect

- Extreme violence involving yelling and throwing of objects.
- Physical violence often being the cause of their disability, particularly brain injuries.
- Physical abuse is ongoing and often goes undetected.
- Abuse of service animals
- Withholding medication
- Prevented from using a wheelchair, respirator, or assistive device.
- Withholding primary care services, i.e., not taking them to the washroom, leaving a person soiled in their bed.
- Destruction of assistive devices, such as their hearing aids or mobility devices

## Sexual Violence

- Sexual violence committed by those in positions of authority, for example, transit workers, personal support workers, etc.
- Many gender-diverse people have experienced ongoing childhood sexual abuse.
- Sexual abuse often committed by a family member or informal caregiver.
- Inappropriate touching by caregivers when washing, bathing, and dressing gender-diverse people in homes and health care settings.
- Gender-diverse individuals experienced to date, violent partner, and gang rape
- Violent rape by male partners
- Cyberbullying

# Financial Violence

- Caregivers taking their disability social assistance money.
- Caregivers and family members control their bank accounts and limit access to their own money.
- Being told what they can and cannot do with their own money.
- Outside caregivers stealing from them in their homes
- Paid caregivers using people's money for their personal needs and pleasures.
- Forcing Power of Attorney and Substitute Decision Making arrangements against their will to gain access to their assets.

# Systems' Violence

- Rude and disrespectful treatment by health care professionals and hospital personnel
- A refusal and unwillingness to provide the medical services and social support they need.
- Rude and disrespectful services from shelter workers and social workers
- Rude and disrespectful treatment by the police and the legal system
- Incarceration of refugee women in detention centers

# Violence in Employment

- Underpaying im/migrant women domestic helpers
- Low-paying jobs and precarious work
- Sexual harassment that is racist and ableist. e.g., racist stereotypes about hypersexuality and thinking that a woman and gender-diverse person with a disability won't complain.

# Locations and perpetrators

As outlined above, it is important to think beyond intimate partner violence when addressing the issue of gender-based violence for women and gender-diverse people with disabilities and D/deaf women. For example, we know that violence happens in residential care institutions, where many women with disabilities live because they may require extensive health care and support with daily living.

Discrimination, devaluation, and segregation are violence woven into most avenues of racialized im/migrant women and gender-diverse people with disabilities' lives, resulting in multiple perpetrators. In addition to an increased dependency on both formal and informal caregivers, which also increases their vulnerability to violence.

For example:

➡ People who are in positions of providing care, including family members

➡ Residential and health care workers and other service providers

➡ Personal attendants or social service workers

➡ Transit drivers

➡ Interpreters

➡ Employers

➡ Family members, i.e., parents, in-laws, siblings, aunts, and uncles

This is not to say that intimate partner violence against racialized im/migrant women and gender-diverse people with disabilities does not occur, rather it is intensified. Since they may depend on their partner financially and for primary care, they may be easy targets for financial exploitation and kept isolated in their home from mainstream Canadian society. They may be forced to live in inaccessible settings with a threat of institutionalization.

# Barriers to Accessing Services

Racialized im/migrant women and gender-diverse people with disabilities experience significant institutional barriers to responding to and preventing the violence in their lives. For example, problems in accessing the justice system, lack of communication accommodations, lack of French or English language skills, and the lack of disability awareness services supports, e.g. shortage of American Sign Language and Quebec Sign Language interpreters, inaccessible shelters. In addition, the fear of racism, sexism, and ableism can prevent a woman from using services and support that might be available to them.

Women and gender-diverse people with disabilities are less likely than men with disabilities to disclose the violence in their lives: for example, 49% of men with "activity limitations" reported the violence they experienced to police compared to only 30% of women with the same categorization.

Evidence illustrates that male partners of women with disabilities are more dominating and sexually possessive than male partners of non-disabled women.

## The main barriers to disclosure of violence, include:

- **Fear of repercussions**: Women are fearful that the violence will intensify if their abuser finds out that they have disclosed the abuse.

- **Fear of losing primary care services**: There is a fear of losing the daily support needed to live their lives, such as cooking, feeding, bathing, medication, etc. Often, people with disabilities tolerate the abuse because they need this support.

- **Fear that they won't be believed**: Women with disabilities are often seen as not credible due to communication differences and/or cognitive impairment. Women with disabilities also indicated that they feel like they will not be listened to. Further, due to racism and discrimination, if you are racialized and/or from an LGBTQIA+ community, the fear of not being believed is intensified.

- **Fear of losing their children**: Women with disabilities are often deemed incapable of raising their children and thus fear losing custody of their children. This is intensified for Indigenous and racialized people, particularly Black and Indigenous women due to the over-representation of these populations' children in the Child Welfare system.

- **Fear of losing their immigration status**: Often, abusers will use pending immigration status or threaten deportation to an im/migrant or refugee woman with a disability as a deterrent to reporting the abuse.

- **Unable to communicate in a way that is understood**: All people communicate, but some people with disabilities may communicate in ways that are not understood by most people, for example, people who are nonverbal, who live with speech differences, or who use sign language.

- **Lack of awareness of what defines abuse**: Given the life-long segregation of women with disabilities from mainstream society and lack of knowledge of rights in Canada for im/migrant women – some women may not even be aware that what they are experiencing is abuse.

- **Do not know where to go for help**: Related to the segregation and isolation experienced, racialized im/migrant women with disabilities may not know what services and supports are available.

- **Lack of disability and migrant sensitive service**: There is a myth that im/migrants do not have disabilities and there are almost no im/migrant disability services available.

- **Inaccessible social services**: GBV services are often not accessible for women and gender-diverse people with disabilities, either physical or related to communication access. For example, most GBV shelters are not accessible, services have limited access to sign language interpreters, information is not in plain language, etc. Disability services are not focused on the distinct needs of im/migrants and vice versa.

- **Lack of financial resources**: As outlined earlier, racialized im/migrant women with disabilities are poorer than the non-disabled population, thus a woman is more likely to be financially dependent on their abuser and/or not have the financial means to leave an abusive situation.

- **Mistrust of police**: A partner may also be racialized and/or belong to gender-diverse groups, making them hesitate to contact the police. If their abuser is Black for example, there is a fear that they will experience racially motivated police brutality or a person in a same-sex relationship may not want to be outed. Im/migrant women with disabilities may also be fearful of police and the justice system because of their negative experiences with authority figures from their home countries.

- **Loyalty to the family and ethno-racial community**: An im/migrant woman with a disability may come from societies with different family expectations and roles in the context of the family unit and the community. In some cultures, there is an emphasis on interdependence rather than independence, a strong feeling of group identity and shared values and beliefs which may be founded on religious affiliation, their original country and/or language group. This can be another barrier to disclosure due to loyalty to their family and ethno-racial and/or faith community, where group needs may override individual needs for safety.

Note: There are many false myths and assumptions relating to racialized im/migrant women and gender-diverse people with disabilities that can make them further vulnerable to gender-based violence. These myths and assumptions can further isolate im/migrant women with disabilities and create conditions where they are not believed and supported to get help.

Part 4

# *Tips & Best Practices*
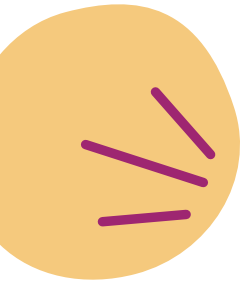
# Trauma-Informed, Strength-Based, Survivor-Centred Approach

When working with racialized im/migrant D/deaf and disabled women and gender diverse peoples it is important to use trauma-informed, strength-based, survivor-centred interventions – but what do these terms mean?

## Trauma-Informed

Trauma-informed work can be described as an approach that recognizes the impact distressing experiences can have on behaviour, mental health, and the decisions you make. Key to this approach is understanding the historically shaped roots and systems in society that keep that trauma in place for certain groups.

Such as:

- Racialized immigration policies as instruments for relegating the most laborious economic tasks to 'non-preferred' peoples while at the same time hindering the ability of non-white populations to settle in Canada.

- Policies related to Indigenous peoples, including the Indian Act – developed in direct relationship to the need for control of labour, resources, and lands. Segregation and genocide, e.g., Pass system, residential schools, 60's scoop.

- The enslavement of African people resulted in intergenerational trauma from extreme violence and the destruction of nations, families, languages, and cultures.

- Polices of mass institutionalization for people with intellectual disabilities, resulting in exploitation and physical and sexual violence.

**The first step is to understand this broader context of historical and ongoing** violence that has direct implications for how certain groups in society are treated and valued. That is understanding that people may be coming from countries that were under colonial rule and/or have experienced the impact of imperialism

**The next step in using a trauma-informed approach is to understand an individual's or family's pre and post-migration experience of trauma and exclusion** and create a service environment of trust and safety. For example, learn about the country that a person is coming from, i.e., current conflicts, reasons for leaving etc. In the pre-migration period, people may have lost family members, had their homes destroyed and/or experienced pronounced GBV in refugee camps. Upon arrival, we need to be aware of how racialized people are treated here in Canada. i.e. anti-Black racism, Islamophobia, etc.

## Strength-Based

A strength-based approach is grounded in a set of beliefs that all people have skills and capabilities and can learn, make decisions, and solve problems with the proper support in place. A strength-based approach focuses on what a person can do, not what they cannot. Service providers need to put the proper support that people need in place to nurture and grow their personal strengths.

## Person and/or Survivor-Centred

This means to put the person first and not define the person as a victim of violence, disabled, racialized and/or as an im/migrant. While there is some disagreement around the language of 'survivor' as some women have stated that they do not feel like they have survived the violence as they are still experiencing it, for many, 'survivor' is an empowering term which highlights that a person is on the path to healing and has not been defeated by the violence in their life.

# Inclusive & Accessible Service Provision

A holistic approach is necessary to make your services accessible to racialized im/migrant women and gender-diverse survivors with disabilities. This means your location, building, office space, and practices need to be accessible and welcoming in the areas of:

- The Physical Environment
- Direct Intervention and Communication
- Policies, Procedures and Protocols
- Service Outreach and Promotion

With these areas in mind, we can think of the things we can do in the following three areas:

**1** How to create an inclusive environment

**2** Inclusive direct intervention with service users

**3** Establish a support group.

When a person feels that an environment and staff are understanding and sensitive to their disability, migration experience, culture and faith and the intersectional discrimination that they may experience, this can lead to an increased feeling of comfort, safety, and support to disclose the violence that they have/are experiencing.

# Creating an Inclusive Environment

There are several physical barriers people with disabilities might face when attempting to access an office.

These include:

- Location, i.e. not near public transit;
- Inaccessible transit drop off/pick up location;
- Limited reserved parking for people with disabilities;
- Pathway to entrance inaccessible and/or uneven;
- Entrances not wide enough for a mobility device;
- No automatic doors with access buttons;
- Steps; Poor signage, i.e. no Braille or signs are placed too high;
- Narrow hallways and doorways; and
- Inaccessible rooms, i.e. washrooms and offices.

The first step to creating an inclusive environment would be to consider ways to address these access barriers, i.e., create accessible signs to assist people with a variety of disabilities, check to see if an office could accommodate people who use wheelchairs or scooters and ensure that washrooms are accessible with features such as grab bars.

To demonstrate that an agency is physically accessible and welcoming to all people with disabilities and D/deaf people, display a rainbow pride flag indicating that the office is LGBTQIA+ positive and include the International Symbol of Access for people with disabilities and D/deaf people on company materials. Finally, people with disabilities will be drawn to a service if informational materials are offered in alternative formats, i.e., large print, audio format, Braille, and plain language.

# Inclusive Direct Intervention

As discussed, people should not be defined by their marginality, i.e., they are people first and foremost. This is a good starting point for all interactions with people who are seemingly different from us, whether that difference is based on:

- Race
- Indigeneity
- Gender identity
- Sexual orientation and identity
- Age
- Country of origin
- Income and education level and/or disability.

It is important to be knowledgeable of the different types of disabilities and how that experience might intersect with gender, being racialized and an im/migrant person; the impact of lifelong exclusion; and the barriers to disclosure that we discussed when attempting to discern a warning sign of gender-based violence.

Think of this as your background research, but then the focus should be on that unique individual's life. The more time spent with an individual, the more you will learn about their individuality, i.e., their past experiences, current situation, how they communicate and the types of support they need to benefit from your service.

# Prepare for the appointment ahead of time

It is helpful to plan and prepare for a person with a disability's visit ahead of time to ensure that the appropriate supports are in place. Therefore, before you have a meeting with an im/migrant with a disability, during the intake process you should ask all clients if they have any access needs. The emphasis is on 'all' because we might not necessarily know if a person has a disability or not. You can use the Access Form in the appendix to help you prepare for their needs ahead of time. Some people with disabilities may need to bring an attendant with them or a support person. You may also need to have an ASL or LSQ sign language interpreter present at your meeting.

## Provide person-centred and accessible service

As outlined earlier, it is important to see the person first, not their disability; however, what does that mean in practical terms? First, by emphasizing the person-centred approach, we try not to assume a person's needs as it is important that a person self-disclose their disability. For people with invisible disabilities, particularly those with psychosocial or mental health disabilities, it may be more difficult because of social stigma. If we always start by seeing the individual first and not their disability, we engage in a process of sensitive communication that is non-judgemental, and non-labelling and helps to build trust between you and your client. Demonstrating sensitivity to a person's specific experiences is key to building trust.

However, it is also important not to 'culturalize' people's experiences. For example, an im/migrant woman with a disability's challenges of integrating is not due exclusively to cultural differences, rather as we know, they face numerous systemic barriers that are out of their control, e.g., discrimination in employment.

Being sensitive to the layers of barriers women experience should be the starting point in getting to know your client.

# Inclusive Communication and Practice

Some people with disabilities may communicate differently than the majority of the population, and others do not. Again, it is important not to make any assumptions about how that person communicates; just begin a discussion as you would with any person.

There may be times when a person does not seem to be receptive and/or is struggling to hear or understand what you are saying. The information sheet listed in the Resource section, entitled: Communication and Interaction Tips for People with Disabilities and Deaf People, from the Keeping Safe! resource guide, offers communication and interaction tips for different types of disabilities, that may be useful here.

These tips include practical information, i.e.

- For people with a sensory or vision disability;
- Identify yourself when you approach the person and speak directly to them;
- Never touch the person without asking permission, unless it's an emergency, and offer your arm (the elbow) to guide the person, etc.

When booking appointments and meetings, allow for more time for people with disabilities. They may need more time to get comfortable and communicate at their own pace, and you may need more time to ensure everyone understands the information provided.

Plain language is useful for people with intellectual and cognitive disabilities and for those whose first language is neither English nor French.

Lastly, be conscious of using hetero-CIS normative language, such as assuming someone's partner is male if they are a woman or using binary language (like she or he) that assumes a person's gender.

It is important to not be patronizing when speaking to someone with a disability. For example, if a person needs you to speak slower and repeat what you say, you might naturally begin speaking to them like you would a child, as we are accustomed to speaking to children slowly, using simple words and repetition. We mustn't infantilize people. People with disabilities are fully aware of your tone to how they are being spoken to.

Once you have established inclusive communication and interaction practices with a person with a disability, you have established a foundation of trust and safety. If you suspect or feel a person may be at risk of gender-based violence, you could adhere to the following practices to encourage disclosure:

✔ **Allow for a support person to be present at the meeting**: This person should be of the client's choosing to assist in communication and to make them feel at ease.

✔ **Don't ask directly if they are experiencing abuse**: It is often very difficult for a woman to disclose violence because they have kept the abuse a secret, often due to threats from their abuser and the fears outlined earlier, i.e., not being believed

and the fear of losing their children. A person with a disability may also be hesitant to disclose because they do not communicate in a way that is easily understood. Therefore, start off emphasizing the confidentiality of the meeting, and you may also wish to initiate more informal conversational questions, i.e. if they work or ask about their children.

As outlined earlier, family caregivers (i.e., a spouse/intimate partner, adult sibling, parent, or an extended family member) can be the perpetrators of violence. When dealing with both the person with the disability and their family caregiver, be aware of the risk factors outlined in the previous section (i.e., dependency, controlling partner, age, and financial gain) and look for the following warning signs:

- If the caregiver speaks/answers for the person with a disability
- Tells you that the person with the disability doesn't understand what you are asking or saying.
- The person with the disability seems to defer to their family member in a fearful manner.

A supportive family member will stop to explain things to the person with the disability, particularly if they have a cognitive or intellectual disability, will not speak for them unless given permission to and will allow them to take the time to speak at their own pace without getting frustrated.

If you are dealing solely with the person with the disability, you might want to ascertain; the extent to which the person seems dependent on their family member and the relationship they have with them, i.e., if their family member is their caregiver and/or Power of Attorney and if their finances are intertwined.

# Identifying Abuse

Your client may exhibit certain behaviours and characteristics that may signal to you that they are experiencing violence. Some indications of abuse:

- Physical Signs, i.e., bruises or a black eye
- Acts fearful.
- Displays low self-esteem.
- Appears depressed and anxious.
- Cancels appointments and/or is difficult to contact.
- Receives constant calls and text messages during appointments from their partner.
- Always comes to appointments with their partner who never lets them speak and/or the partner answers for them when you ask questions.

# Responding to Disclosures

First and foremost, it is critical to recognize that as Settlement Workers, you are not trained therapists or GBV workers. Therefore, your main objective if you suspect abuse is to assess the client's immediate risk and connect them to GBV services. The reason why it is important to connect people who are at risk of GBV to specialized services, rather than attempt to intervene yourself, is to protect their safety.

If your suspect abuse or a client discloses, the following outlines some things to consider:

✔ Practice active listening and get comfortable with waiting during long pauses of silence.

✔ Repeat the confidentiality of the discussion. But also discuss the limits of that confidentiality and the "duty to warn". The duty to warn is a provision in the law that asks you as a service provider to break confidentiality when you decide it's of the utmost importance to keep people safe.

✔ First and foremost find out if the person is in immediate risk. Rather than trying to provide direct support, focus on safety outcomes. For example, you could say something like this:

✔️ Would it be helpful if I provide some information on cost-free services that can help you with [ insert client's priorities, i.e., finding housing or employment] and who can also talk about your safety?

✔️ You would want to refer them to services that can assist with crisis safety planning, i.e., GBV shelter, abuse hotline, and feminist counselling services.

✔️ Formal risk assessments will be enacted by shelters.

✔️ You also should be aware that shelters may not have space therefore expectations could be set up that might not be met. Therefore, you can contact relevant services with your client to learn more about the process and their availability.

# Establish a Support Group

You might consider starting a disability support group at your agency specifically for women and gender-diverse people. A study on im/migrant women with disabilities found that women who were connected to a disability community facilitated a positive sense of identity.

There is a model of such a group with the Pacific Im/migrant Resource Society in British Columbia which started a program called Building Bridges for Im/migrant and Refugee Women with Disabilities.

## What could you do in the support group?

✔️ Share experiences.
✔️ Exchange information on accessible programs, activities and supports.
✔️ Get involved in advocacy work.
✔️ Offers opportunities for public speaking.
✔️ Socialize and plan community events.

Part 5

# *Resources*

This section lists some key resources that might be useful when working with racialized migrant women and gender-diverse D/deaf people and people with disabilities.

# Crisis Lines

## Ontario

### 211 Ontario
It is a helpline that easily connects people to the social services, programs and community support they need. (Ontario)
→ Website: 211ontario.ca
→ Toll-Free: 1-877-330-3213
→ TTY: 855-405-7446

### Assaulted Women's Helpline
Provides anonymous and confidential crisis counseling, informational and emotional support to women. (Toronto, ON).
→ Website: www.awhl.org
→ Toll Free: 1-866-863-0511
→ Toll Free TTY: 1-866-863-7868

### Talk for Healing
Talk4Healing is a helpline available to all Aboriginal women living in urban, rural, and remote communities, both on and off reserve, throughout Northern Ontario.
→ Website: https://oca.si/UtQ20b
→ Telephone: 1-855-554-4325

### Mental Health Crisis Line
A 24/7 helpline to assist people experiencing a mental health problem or crisis. (Ottawa, ON)
→ Website: www.crisisline.ca
→ Telephone: 613-722-6914
→ Toll Free: 1-866-996-0991

### Fem'aide

Provincial helpline for francophone women in Ontario dealing with violence.

→ Website: www.femaide.ca

→ Telephone: 1-877-336-2433

→ TTY: 1-866-860-7082

# British Columbia

### Battered Women's Support Services

Provides education, advocacy, and support services to assist women. (Vancouver, BC)

→ Website: www.bwss.org

→ Crisis line: 604-687-1867

→ Toll Free: 1-855-687-1868

### Greater Vancouver Crisis Line

Non-profit organization that provides emotional support to youth, adults, and seniors in distress. (Greater Vancouver, BC)

→ Telephone: 604-872-3311

→ Toll Free: 1-866-661-3311

→ TTY: 1-866-872-0113

### Domestic Violence Helpline (Victim Link)

Helpline designed to provide information and support to those experiencing domestic violence.

→ Website: https://oca.si/YU6Dvr

→ Phone: 604-875-0885

→ Toll Free TTY: 1-800-563-0808

### Surrey Women's Center

Offer a range of crisis services to victims of domestic violence, sexual assault, child abuse and other forms of family violence. 24/7 helpline services provided. (Surrey, BC)

→ Website: surreywomenscentre.ca

→ Telephone: 604-583-1295

### Salal Sexual Violence Support Centre

Works to end violence against women through various support programs and services including an emotional and informational support 24-hour crisis line.

→ Website: https://www.salalsvsc.ca/

→ 24-Hour Crisis Line: 604-255-6344

→ Toll free: 1-877-392-7583

### North Shore Crisis Services Society

NSCSS is a transition house and also provides related support services. (North Vancouver, BC)

→ Website: nscss.net

→ Telephone: 604-987-3374

### Seniors Abuse and Information Line (SAIL)

A confidential information line providing emotional and legal information and referral for seniors experiencing abuse. (Vancouver, BC)

→ Webpage: www.seniorsfirstbc.ca/programs/sail/

→ Telephone: 604-437-1940

→ Toll free: 1-866-437-1940

→ TTY: 604-428-3359

→ TTY Toll free: 1-855-306-1443

## Alberta

### Crisis Association of Vegreville

General helpline for those experiencing a problem and require assistance. (Vegreville, Alberta)

→ Telephone: 1-780-632-2233

→ Toll Free Helpline: 1-780-632-7070

### Family Violence Info Line

24/7 helpline in over 170 languages to provide support and advice for people experiencing family violence.

→ Telephone: 780- 310-1818

### Edmonton Women's Shelter Ltd.

A non-profit agency with three shelters for women with or without children leaving domestic violence situations. A 24-hour support and information line is provided. (Edmonton, AB)

→ Website: www.winhouse.org
→ Telephone: 780-479-0058

### Capella Centre

A secure women's shelter in St. Paul, Alberta that provides safe and supportive environments for women with or without children who are experiencing family violence. 24/7 crisis line available for information and emotional support. (St. Paul, AB)

→ Website: capellacentre.ca
→ Telephone: 645-5195
→ Toll Free: 1-800-263-3045

### Camrose Women's Shelter Society

Women's shelter proving safe environments for women and children needing protection from family violence. 24-hour crisis line for additional assistance. (Camrose, AB)

→ Website: camrosewomenshelter.org
→ Phone: 780-672-1035 (main line)
→ Toll Free Crisis Line: 1-877-672-1010

### Calgary Women's Emergency Shelter

Offers support to individuals and families fleeing family violence and abuse. The 24-hour helpline provides support, information, and access to programs at the shelter. (Calgary, AB)

→ Website: www.calgarywomensshelter.com
→ Telephone: 403-234-7233
→ Toll Free: 1 (866) 606-7233

### Sucker Creek Women's Emergency Shelter

Provides range of services for women and children experiencing abuse and assault including a 24-hour crisis line. (Edmonton, AB)

→ Telephone: 780-523-2929
→ Crisis Phone: 780-523-4357
→ Toll Free: 1-866-523-2929

# Saskatchewan

### La Ronge 24-Hour Crisis Line

General crisis line for men and women in crisis in La Ronge, Saskatchewan. (La Ronge, SK)

→ Crisis Line: 306-425-4090

### Moose Jaw Domestic Violence Crisis Line

Moose Jaw offers a transition house for women and children affected by family violence and abuse. The crisis line offers 24-hour emotional, informational and referral support to women. (Moose Jaw, SK)

→ Website: www.mj-transitionhouse.com

→ Hotline: 306-693-6511

### Prince Albert Domestic Violence Crisis Intervention

General crisis line for those experiencing domestic violence. (Prince Albert, SK)

→ Crisis Line: 306-764-1011

### Yorkton Domestic Violence Crisis Line

General crisis line for those experiencing domestic violence in Yorkton. (Yorkton, SK)

→ Crisis Line: 1-888-783-3111

### Mobile Crisis Services Regina

Provides 24-hour social and health crisis response to community of Regina. Serving Regina, Emerald Park, White City, Lumsden, Craven, Regina Beach, Balgonie, & Pilot Butte

→ Website: www.mobilecrisis.ca

→ Telephone: 306-757-0127

→ Crisis Line: 306-525-5333

# Manitoba

### Toll-Free Province Wide Domestic Abuse Crisis Line (24 hours)

General crisis line for people experiencing domestic violence and abuse in the province of Manitoba.

→ Toll Free: 1-877-977-0007

### Klinic Crisis Line

Offers confidential counseling, support, and referral to people in crisis.

→ Website: www.klinic.mb.ca

→ Crisis Line: (204) 786-8686

→ Toll free: 1-888-322-3019

→ TTY (204) 784-4097

# New Brunswick

### Battered Women's Support Services

Provides education, advocacy, and support services to assist all women in its aim to work towards the elimination of violence and to work from a feminist perspective that promotes equality for all women.

→ Crisis line: 1-855 687-1868

→ Website: www.bwss.org

### Crossroads for Women

Helps women and children transition from crisis to empowerment by providing safe housing, education, counselling and support.

→ Crisis line: 506-853-0811

→ Crisis Line: 1-844-853-0811 (available 24/7)

→ Website: crossroadsforwomen.ca/en/

### Miramichi Emergency Centre for Women Inc.

The centre provides a wide array of FREE services to any woman and child who are the victims of domestic violence and/or intimate partner abuse.

→ Crisis line: 506 622 8865

→ Toll free: 1-888-836-1016

→ Website: www.emergencycentreforwomen.com

# Northwest Territories

### NWT Help Line

General helpline there to provide support to those in crisis.

→ Telephone: 1-800-661-0844

# Nunavut

### Nunavut Kamatsiaqtut Help Line

Provides anonymous and confidential counseling for northerners in crisis.

→ Website: www.nunavuthelpline.ca

→ Telephone: 867-979-3333

→ Toll Free: 1-800-265-3333

# Quebec

### Domestic Violence Hotline

Provides anonymous and confidential domestic violence services via telephone or email. (Montreal, QC)

→ Website: www.sosviolenceconjugale.ca

→ Telephone: 514-873-9010

→ Toll free: 1-800-363-9010

### Info-aide violence sexuelle/Sexual Violence Helpline

Free, bilingual, anonymous and confidential service, across Québec.

→ Crisis Line: 514 934-0354, ext. 7456

→ Toll Free: 1 888 933-9007

→ Website: sexualviolencehelpline.ca

# Newfoundland

**Hope Haven Transition House Crisis Line**

Provides confidential and safe emergency shelter to women and children who are experiencing violence and abuse. 24-hour crisis line offers information, emergency planning and emotional support. (Labrador City, NL)

→  Website: www.hopehaven.ca
→  Crisis Line: (709) 944-6900
→  Toll Free: 1-888-332-0000

# Nova Scotia

**Helpline**

General helpline for people experiencing crisis in Nova Scotia.

→  Toll Free: 1-877-521-1188
→  TTY: 1-855-443-2660

# Yukon

**Kaushee's Place / Yukon Women's Transition Home**

Offers shelter, outreach, support and advocacy for women and their children fleeing abuse.

→  Webpage: https://oca.si/4JMcuP
→  Crisis Line: 867-668-5733 (collect calls accepted from outside Whitehorse)
→  Telephone: 867-633-7720

# Resources for Service Providers

## Creating a Safety Plan

This booklet developed by the Peel Committee Against Woman Abuse in Ontario. BC Housing and the Ministry of Justice was designed to support women with strategies to increase their safety.

→ Website: https://oca.si/Nws3Nl

## Factors to Consider When Domestic Violence Safety Planning

These worksheets developed by BC Housing and the Government of BC, offer a summary of the risk and safety factors that have been associated with an increased likelihood of future violence in relationships. This resource was developed to assist support workers in safety planning and is consistent with tools used by police in domestic violence cases, including the Summary of Domestic Violence Risk Factors job aid and the B-SAFER risk assessment tool.

→ Website: https://oca.si/t5U10H

## HELP Toolkit: Identifying and Responding to Family Violence for Family Law Legal Advisers – Supplement Materials. "Making Referrals"

While targeted to family law professionals, this resource is applicable to the Immigrant Service Sector because of its inclusion of legal and social service referrals. It aims to connect clients with resources that are fundamental when identifying and responding to family violence. Government of Canada.

→ Website: https://oca.si/Q6gRsu

## Inventory of Spousal Violence Risk Assessment Tools Used in Canada

This is a well researched and comprehensive resource developed by the Government of Canada offering tools, investigative checklists and protocols related to intimate partner violence in Canada.

→ Website: https://oca.si/K6O4Wp

## Guiding Systemic Responses to Survivors of Gender-Based Violence Through Risk Assessment: A Survivor-Centric Approach

The Barbara Schlifer Commemorative Clinic with funding from Women and Gender Equality Canada, has partnered with agencies across Canada, researchers, and survivors of violence, to develop promising practices, frameworks, and resources for gender-based violence risk identification and assessment.

→ Website: https://oca.si/0NNhfJ

## Gender-Based Violence (GBV) Counselling: Tools and Approaches That Empower

Developed by the Canadian Association of Social Workers, this resource offers webinars on tools for counsellors working in the area of gender-based violence.

→ Website: https://rb.gy/f31mxs

## Be a Signal for Help Responder

The Canadian Women's Foundation developed this Action Guide that offers strategies to identify hidden gender-based violence and how to respond.

→ Website: https://oca.si/6xmv5D
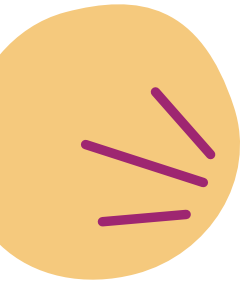
# Resources Specific to Women with Disabilities and D/deaf women and/or Racialized Migrant Women

## Gender-Based Violence Settlement Strategy

The Gender-Based Violence Settlement Strategy is a national partnership of gender-based violence and settlement sector agencies, that work collaboratively to build capacity and networks to better support migrants, immigrants, and refugees through research, creating tools and resources and sharing best practices. Partners include, Ending Violence Association of Canada, YWCA Gender-Base Violence Project, CISSA-ACSEI, and OCASI.

→ Website: https://oca.si/7fKkj8

## Violence Against migrant Women with Disabilities

This information sheet was developed by the Neighbours, Friends, and Families Ontario-wide campaign to raise awareness about the signs of woman abuse and promote bystander intervention.

→ Website: https://oca.si/7fKkj8

## Keeping Safe! Preventing and Responding to Violence against People with Disabilities and Deaf People

By Doris Rajan for IRIS - Institute for Research and Development on Inclusion and Society. The objective of this guide is to act as a resource for anti-violence service providers to learn about the nature and impact of, and barriers to, seeking help for diverse people with

disabilities and D/deaf people who experience and are at risk of violence, so that they can proactively address these issues within the context of their service provision and in the community as a whole. Refer to the appendices section which offers many practical resources to increase accessibility in the workplace.

→   Website: https://oca.si/ksdtd1

# Learning Briefs - The Learning Network

There are several relevant learning briefs developed by the Learning Network at the Centre for Research & Education on Violence Against Women and Children which has a collection of Learning Network resources designed to synthesize and disseminate knowledge on topics related to Gender-Based Violence (GBV).

These resources provide foundational GBV knowledge including commonly used language, important gaps and emerging issues, recent research, and important educational tools and resources.

**Violence Against Women with DisAbilities and Deaf Women: An Overview.** Learning Network Brief 12.

→   View webpage: https://oca.si/4OYDAM

**Issue 26: Intimate Partner Violence Against Immigrant and Refugee Women.**

→   View webpage: https://oca.si/hxOwAh

**Issue 27: Women with Disabilities and D/deaf Women, Housing, and Violence.**

→   View webpage: https://oca.si/tIFSQT

**DisAbled Women's Network - Factsheet: Women with Disabilities and Violence.**

→   View PDF online: https://oca.si/1773br

# The following lists key government and disability NGO resources on inclusive practice

**Accessibility/Inclusion Guide for Virtual Meetings & Events**
→ Contact IRIS Institute
→ Contact person: Doris Rajan
→ Email: d.rajan@irisinstitute.ca

**Guide to Planning Accessible Online Meetings and Events**
Nova Scotia Accessibility Directorate, Department of Justice
→ View PDF online: https://oca.si/6K3MGc

**Making communications accessible in the Government of Canada**
Government of Canada.
→ View webpage: https://oca.si/xVf2Ek

**Accessible Communication**
Guidelines for making services accessible for people who have disabilities that affect their communication, Communication Disabilities Access.
→ View PDF online: https://oca.si/r15SCM

**Accessibility Guide for Businesses and Service Providers, Canadian Hearing Society**
This guide aims to increase accessibility to people who are D/deaf or have hearing loss.
→ View PDF online: https://oca.si/xVAfnt

**Guide for people who are blind or low vision Microsoft**
This guide describes the most popular accessibility features of Windows and Microsoft Office. It also covers assistive technology products for Windows and Microsoft Office that are designed for people who are blind or low vision.
→ View webpage: https://oca.si/h9YDnj

**Accessibility Services Canada, Resources**
The following link provides resources specific to Ontario and the Accessibility for Ontarians with Disabilities Act (AODA). Information provides tips on: Social Media Accessibility, Technical Guides, Design Best Practices, Contrast and Colour Checkers and the Built Environment.
→ View webpage: https://oca.si/bAMY68

Part 6

# *Glossary & Bibliography*

# Ableism

Ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability. Like racism and sexism, ableism classifies entire groups of people as 'less than,' (https://rb.gy/wmin8j) and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.
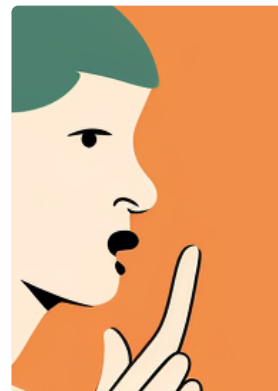
# Gender Diverse

The term "gender-diverse" is used to refer to persons whose gender identity, including their gender expression, is at odds with what is perceived as being the gender norm in a particular context at a particular point in time, including those who do not place themselves in the male/female binary; the more specific term "trans" is used to describe persons who identify with a different sex than the one assigned to them at birth.

# Gender-Based Violence

The experience of violence because of gender, gender expression, gender identity or perceived gender. Certain populations are more likely to experience GBV, including:

- women
- young women and girls
- Indigenous women, girls and Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, and Asexual Plus LGBTQIA+) people

- Women and gender-diverse people living in Northern, rural, and remote communities; and,
- women and gender-diverse people living with disabilities.

Im/migrant: It is used in this toolkit to mean "newcomers", refugees, migrants, and temporary residents.

# Racialized

Racialization refers to the processes by which a group of people is defined by their "race. Processes of racialization begin by attributing racial meaning to people's identity and, in particular, as they relate to social structures and institutional systems, such as housing, employment, and education. In societies in which "White" people have economic, political, and social power, processes of racialization have emerged from the creation of a hierarchy in social structures and systems based on "race." The visible effects of processes of racialization are the racial inequalities embedded within social structures and systems.
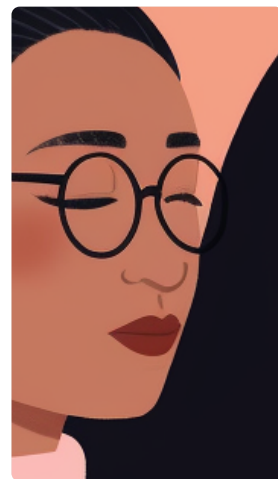
# Types of Disabilities

## D/deaf

The small 'd' may refer to people who have hearing loss or no functional hearing and have not been socialized into Deaf culture and/or do not use Sign as their first language.

## Hard of Hearing

In this community, individuals may have hearing levels that range from mild to profound hearing loss.

## Episodic Disabilities

People with this type of disability experience periods of good health, which are then interrupted by periods of illness or disability. This disability group includes HIV, multiple sclerosis, lupus, arthritis, cancer, diabetes, and mental and mood disorders.

## Vision or Sensory

This disability relates to sight and can range in intensity from low vision to blindness.

## Intellectual Disabilities

This disability is also known in some provinces such as Ontario and BC, as 'Developmental disability, which is a broad label formerly known as "mental retardation" which covers a wide group of different people, i.e., verbal, non-verbal, Downs Syndrome, Autism, etc. People from the developmental disability community may have delayed or limited development in learning that can affect one's ability to comprehend, remember or discern.

## Deaf-Blind

While the number of this community is quite small, the needs are often high. This group of people fall into two categories: Acquired Deaf-Blind and Congenital Deaf-Blind.

## Neurodiversity

Neurodiversity is about understanding that everyone thinks, learns, and acts differently. It's like saying there's no "correct" way to be. Instead of seeing differences as problems, we see them as different ways of being. It is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities.

## Mobility and Agility

This disability limits a person's movement and can be the result of neurological conditions (i.e., Cerebral Palsy, Spina Bifida, Multiple Sclerosis), orthopedic conditions (associated with arthritis, Muscular Dystrophy), or spinal cord injuries. People with mobility disabilities may use wheelchairs, braces, walkers, or crutches.

## Invisible or Non-perceptible Disabilities

There are several other disabilities that may not be readily apparent. For example, people who are HIV positive or have AIDS, Chronic Fatigue Syndrome, Environmental Disabilities, Fibromyalgia, epilepsy, diabetes, or Asthma.

## Mental Health, Psychiatric or Psychosocial

There are a range of conditions and diagnoses that fall under this heading, including Depression, Schizophrenia, and bipolar disorder. These disabilities are often treated with medications and/or with therapy. Like many movements, a variety of perspectives have emerged while attempting to affect change for this community, e.g., the anti-psychiatry movement, which completely rejects the system of psychiatry and the Mad Pride movement, which seeks to re-educate, share the experiences of and celebrate people who fall under these labels.

## Speech Impairment or Limited Verbal Communication

This type of disability generally relates to disturbances in articulation, voice production, rhythm (stuttering), neurology (i.e., cerebral palsy, deaf and hard of hearing, intellectual disability) or organic causes (such as cleft palate).
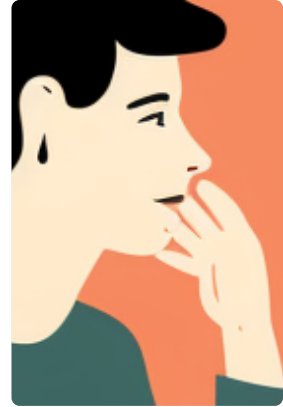
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# *Appendix*

# Access Form

Begin the intake process by describing what will occur at the meeting and describe your office in terms of its physical layout. Then ask the following questions:

**Do you need information on how to get to our venue?**


**What access needs do you have for participating in this meeting?**

- ❏ ASL/LSQ interpretation
- ❏ Closed captioning
- ❏ Follow up phone calls after the meeting
- ❏ Email follow up after the meeting
- ❏ Text message follow up after the meeting
- ❏ Other. Please describe:


**What format do you need written information in?**

- ❏ Standard
- ❏ Large print
- ❏ Audio
- ❏ Braille
- ❏ Other, please describe:

**Do you want to bring a support person?**

❏   No
❏   Yes, please describe:

_____

_____

**Do you use any kind of mobility device? If so, is there anything we should know or do to make sure we can best support you in our space?**

_____

_____

**Are there any other supports that you will require to participate in this meeting?**

❏   No
❏   Yes, please describe.

_____

_____