

Inclusive Violence Against Women Shelters for Older Women with Disabilities and Older Deaf Women

RESOURCE GUIDE



Ontario

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I. INTRODUCTION

Springtide Resources implemented a project that sets out to address the challenges in accessing Violence Against Women (VAW) shelters in Ontario for older Deaf women and older women with disabilities.

The work at Springtide Resources brings an intersectional lens that examines how aging in a society discriminates against those living with disabilities, are racialized, Indigenous, and/or are members of the 2SILGBTQ+ communities. This approach recognizes that with each layer of marginalization there is an increase in blocked access to shelter services particularly as the experiences of disability and gender intersect with old age.

As part of this initiative, a comprehensive research process was conducted with the following objectives as they relate to older Deaf women and older women with disabilities: to identify the nature of violence, specific barriers and supports needed to leave situations of violence; to identify the role shelters play in this group's lives; to identify the barriers this community experiences when attempting to access shelter services; and to identify recommendations on what needs to be done to improve access to VAW shelters for this group. A review of the literature and an environmental scan was conducted to identify, consolidate and revalidate research that has been conducted in the past on the issue of violence against older women with disabilities and older Deaf women. Focus groups were held with older women, women with disabilities, Deaf women, women with intellectual and psychosocial disabilities and population-specific service providers, i.e. those who work with Indigenous, migrant, people with disabilities, 2SILGBTQ+, etc., to identify the nature of violence, specific barriers to accessing shelter services and

the supports needed to leave situations of violence, for these groups. Finally, to gain a better understanding of the barriers and best practices from the perspective of shelter workers, a survey was sent to 100 shelters across Ontario and we received a 25% response rate.

The research has been used to develop this Resource Guide for VAW shelter workers, with the purpose of sharing information on barriers and institutional gaps that impede access for older women with disabilities and older Deaf women, as well as offer some tips on best practices. Please contact Springtide Resources to receive a copy of the Research Report: *Access to Violence Against Women Shelters for Older Deaf Women and Older Women with Disabilities*.

This initiative was guided by a project Steering Committee made up of individuals with lived experience of disability and aging, those with expertise with the issue of violence against women with disabilities and Deaf women and/or older women and people who work in shelter services. For the complete list of individuals and organizational affiliations, please see the Acknowledgements page.

A key methodology in the research process was the implementation of a survey to shelter workers across Ontario¹. We found that generally most shelters did not have specific policies related to the target marginalized groups; however the following quote demonstrates an overall sentiment expressed by respondents:

“We don’t have specified policies and procedures for each. Ours is more a general commitment to helping program participants overcome any barriers they may face in receiving service and achieving their desired outcomes, be it within our organization or in the community.”

The commitment VAW shelter workers have made towards inclusion and access is quite evident and it is in this spirit that we present this guide!

About this Guide

What is it?

This resource offers information to shelter workers to learn about the nature of violence and barriers older women with disabilities and older Deaf women experience in accessing shelter services, in order that shelters can proactively address these issues within the context of their service provision. We are defining 'older' adults and/or seniors as age 65 years plus, since many government benefits begin at this age designation. A key component of this guide is for VAW shelters to learn about the Accessibility for Ontarians with Disabilities Act (AODA) in order to understand the minimum requirements that they are obligated to comply with under the law.

Why was this guide developed?²

Research studies continue to confirm that women with disabilities are abused at a much higher rate than women without disabilities.³ Studies indicate that women with disabilities are sexually assaulted at a rate at least twice that of the general population of women.⁴ The rate for women with intellectual disabilities and Deaf women is even higher than other women with disabilities.⁵ Violence against older women is also pronounced with almost 63% of older women (per 100,000 people) reporting having experienced family violence.⁶ For over a decade now, questions around access to women's shelters for women with disabilities and more recently, older women, have been flagged given such pronounced rates of violence. Lack of access to shelter services is going to become more of an issue as older women with disabilities and older Deaf women, like the general population, are experiencing an increased in life expectancy beyond what was typically mid-life.⁷



II. OLDER WOMEN WITH DISABILITIES AND OLDER DEAF WOMEN

1. About this Population

This section aims to share information on who older women with disabilities and older Deaf women are in terms of socio-demographic information and the main issues that they face. There is limited information about older women with disabilities and even less for older Deaf women. The Canadian Association of the Deaf outlines a number of problems with the way statistical information has been collected for the Deaf, deafened and hard of hearing communities and thus concludes that *“no fully credible census of Deaf, deafened, and hard of hearing people has ever been conducted in Canada.”* Therefore, reporting on these populations will be limited, using more qualitative information that we gathered through our research process.

Very limited aggregated quantitative data has been collected to understand the intersection of gender, disability and age. Therefore, we will begin by sharing information separately on: Older women, Women with disabilities and Deaf women, ending with the limited information that we could gather on the situation for older women with disabilities and older Deaf women.

Older women

Here are some quick facts on older women and people in Canada:⁸

- The population of adults 65+ is growing at a rapid rate - by 2031 it is predicted that 1 in 4 Canadians will be over the age of 65;
- There are more older women than men, at 56%;
- Approximately 28% of women 65+ live in poverty; and
- Only 6.4% of older women have paid employment.

Older women may have decreased health and/or age-related health

conditions and they may have an increased dependency on their adult children, other family members or friends as they age. It is important to note that there is a distinct difference between the experiences of those women who are in their mid 60s to that of those that are of a more advanced age in terms of: where they live; the health and social service supports they require; the number of people in their lives; and their financial situation. The high rate of poverty experienced by older women directly relates to their experience of housing insecurity and homelessness. The specific reasons for this, as the Homeless Hub reports, are:⁹

- Older women experience a lack of income to pay for housing due to low government assistance rates, insufficient pensions, low wages and/or little to no savings;
- The shortage of affordable and secure housing;
- Deteriorating physical and mental health;
- Death of a spouse and no family or friends around leading to social isolation;
- Discrimination in housing;
- They may have a lack of awareness of what benefits and services are available to them; and
- The experience of violence and abuse may propel them to the streets.

An intersectional lens¹⁰

If you are older and an immigrant, a member of the 2SILGBT+ community, racialized, and from other marginalized communities, experiences of poverty will be exacerbated by racism, homophobia, transphobia and other forms of discrimination, in addition to ageism. Areas affected include employment, housing and more. As the Canadian Women's Foundation reports certain marginalized groups of women are more likely to be living in poverty:

Population Group	Percentage living in poverty
First Nations females	34.3%
Immigrant women ¹	31.4%
Inuk (Inuit) females	28%
Women with disabilities ²	23%
Métis females	21.8%
Racialized females	21%
Senior women ³ aged 65+	16.3%

1. This refers to those who immigrated to Canada between 2011 and May 10, 2016

2. Based on 2014 data

3. Based on 2015 data

The Canadian Coalition Against LGBTQ+ Poverty reports¹⁵ that 2SLGBTQ+ people are more likely to live in poverty than cisgender, heterosexual people. Furthermore, for people who identify as women within this cohort, the poverty experienced is even greater. When you add age and disability to these poverty rates by marginalized group, the situation becomes even more dire.

Women with disabilities and Deaf women

The DisAbleD Women's Network of Canada offers some key facts related to the situation of women with disabilities in Canada:

- Women and girls with disabilities make up 13.3 % of the Canadian population;
- 55 % of all adults with disabilities are women; and
- 25% of people living in low-income households are people with disabilities.

The Canadian Women's Foundation reports that 23% of women with disabilities live in poverty.¹⁶

Older Women with Disabilities and Older Deaf Women

As we know, the senior population is growing rapidly and more of this aging population will be women.¹⁷ As people age, they develop various health issues and disabilities.

- 24% of women with disabilities aged 65 and over lived in a low-income situation.¹⁸
- 42% of women 65 years and older identify themselves as experiencing disabilities.¹⁹

In relation to the aging Deaf community, the Canadian Association of the Deaf reports that "Deaf seniors are a particularly vulnerable group" given the historical stigmatization of Sign language, resulting in poor quality education largely due to lack of supports. In addition, hospitals, hospices, nursing homes, and other special services and residences for senior citizens are usually incapable of dealing with Deaf seniors or providing them with a suitable environment, including the company of other Deaf residents.²⁰ For older women with disabilities, we know that:

The financial and support needs of aging women with disabilities has resulted in their living in situations of increased vulnerability to violence and a lack of access to appropriate services and supports in the disability, seniors, and VAW sectors. In other words, there is a disconnect in the three primary sectors that are there to serve older women with disabilities and older Deaf women who are experiencing violence in their lives.

2. Understanding the Concept of 'Disability'²¹

There is a great diversity in the disability population. The Secretariat for the Convention on the Rights of Persons with Disabilities (CRPD) does not explicitly define disability, but offers this description:

Disability results from the interaction between persons with impairments, conditions or illnesses and the environmental and attitudinal barriers that hinders full and effective participation in society on an equal basis with others.

Such impairments, conditions or illnesses may be permanent, temporary, intermittent or imputed, and include those that are physical, sensory, psychosocial, neurological, medical or intellectual.

In Section 10 of the Ontario Human Rights Code disability is defined as:

- *any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,*
- *a condition of mental impairment or a developmental disability,*
- *a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,*
- *a mental disorder, or an injury or disability for which benefits were claimed or received under the insurance*

plan established under the Workplace Safety and Insurance Act, 1997

.....
A way to understand the concept of disability:



This diagram shows one way to understand the concept of disability as a combination of "Impairment and/or illness" and "Exclusionary environments and/or attitudes".

.....
The CRPD recognizes the environmental and/or societal impact on the experience of disability and therefore is less 'medical' in nature.

There is a problem with the language of "impairment" for most disability rights activists because it implies weakness or something that is less than. We think it is important to understand and include disability as another form of human diversity.

The UN Convention on the Rights for Persons with Disabilities represented a significant shift in the way we need to understand disability, i.e. that disability resides in the society not in the person.

The UN Convention is a worldwide human rights agreement, where in 50 articles, the Convention clearly articulates what existing human rights means within a disability context and establishes reporting and monitoring procedures for State Parties. The main shift that the Convention offers Canadians in understanding disability is that it is society that has disabled people who have abilities that differ from the majority. This does not mean that we minimize or ignore differences

in ability, especially in cases of profound disabilities. Knowledge of people's distinct needs leads to understandings of what should be in place to support such needs. However with the right supports in place, we believe that all people can be included in their community. For information on types of disabilities please see the Glossary for definitions. These definitions were developed by organizations of people with lived experience of each disability.

3. Violence Against Older Women with Disabilities and Older Deaf Women

It is important to understand that violence against women with disabilities and Deaf women as they age is a result of structural inequities that are embedded in systems, policies and practices that discriminate against them. As we saw in the socio-demographic section, this systemic oppression results in exclusion from accessing many key avenues of life including employment, education, housing, etc. The consequences of this exclusion are poverty and violence.

Violence against older women is often made invisible due to a focus on younger women in the Violence Against Women sector. Further, there is a gender neutrality when work is done in the area of 'elder abuse', which may contribute to this invisibility. The focus of this guide is to understand violence for women where shelters might be an option and thus, we will not be examining violence against older women that occurs in institutions. Older people living in long-term care institutions require extensive healthcare and support with daily living, something shelters do not provide. Therefore shelters are not usually an option for women who are experiencing abuse in an institution. However, it is important to recognize that violence in isolated facilities and institutions is a critical issue for older women and people generally.

In terms of victimization statistics, for people with disabilities in Canada:²²

- Canadians with a disability were more likely to be victimized in their own home, as close to one-third (30%) of violent incidents against a person with a disability occurred in their private residence (compared to 17% of incidents where the victim did not have a disability).
- Four in ten (40%) Canadians with a disability were physically and/or sexually abused during their childhood, compared to about one-quarter (27%) of those who did not have a disability.
- The rate of violent victimization among women and men with a cognitive disability or a mental health-related disability was approximately four times higher than among those who did not have a disability.

Stats for women with disabilities:²³

- Women with a disability are twice as likely as women who did not have a disability to have been a victim of violent crime.
- Women with a disability are nearly twice as likely as women without a disability to have been sexually assaulted in the past 12 months.
- Among victims of violent crime, women with a disability are almost twice as likely as women without one to have been victimized more than once (36% versus 20%).
- About one-quarter of women with a cognitive disability (24%) or a mental health-related disability (26%) were sexually abused by an adult before they were 15 years of age.
- More than one in five (23%) women with a disability experienced emotional, financial, physical or sexual violence or abuse committed by a current or former partner in the past 5 years.

Stats for older women with disabilities:²⁴

- Victimization rate for older women with disabilities are higher @15.3% than older women without a disability @13.8%.
- More older adults with disabilities report physical or sexual abuse by an intimate partner than non-disabled older adults.
- Older women with disabilities report this the highest @6.7%.

Older women, women with disabilities and Deaf women experience all forms of abuse including psychological, emotional, verbal, sexual, denial of supports, financial, physical, abuse by the system, and racism, ableism and audism. The following shares findings from research conducted by the DisAbled Women's Network (DAWN) Canada and the Canadian Association for Community Living throughout Canada in 2015.²⁵

Women with Disabilities: Psychological & Verbal Abuse

- Telling women that their disability limits what they can do;
- Controlling every aspect of their life, i.e. what they can eat, where they can go, who they can talk to;
- Threatening to withhold primary care supports;
- Threatening physical harm;
- Demanding and aggressive behaviour;
- Insulting and degrading language;
- Yelling and throwing of objects;
- Laughing at women; and
- Telling women that they are unattractive and undesirable.

Women with Disabilities: Financial Abuse

- Caregivers take disability social assistance cheques;
- Controlling their bank accounts;
- Limiting access to their own money;
- Telling people what they can and cannot do with their own money;
- Stealing from them in their homes; and
- Paid caregivers using people's money for their own personal needs and pleasures.

Women with Disabilities: Physical Abuse

- Extreme physical violence;
- Violence results in disability, particularly brain injuries; and
- Physical abuse is ongoing, goes undetected.

Women with Disabilities: Sexual Abuse

- Sexual abuse by those in positions of authority, i.e. transit workers, personal support workers and caregivers;
- Experienced ongoing childhood sexual abuse;
- Often sexual abuse is from family members/caregivers;
- Inappropriate touching by caregivers when washing, bathing, and dressing women;
- Date rape;
- Gang rape;
- Violent rape by male partners; and
- Sexual abuse is ongoing, goes undetected.

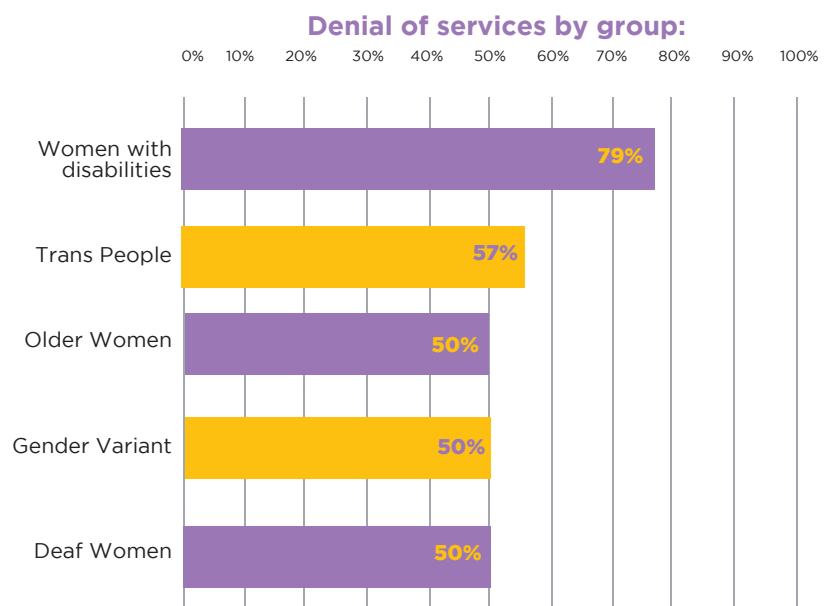
Deaf Women, Hard-of-Hearing Women, and Women with Communication Disabilities

- Verbal or physical abuse because people think people are ignoring them when they can't hear them or process their spoken language;
- People not believing Deaf, Hard-of-Hearing people, and people with Communication Disabilities when they tell them what their limitations are, i.e. "people won't help because you look able-bodied"; and
- Deaf women and women with Communication Disabilities experience high rates of sexual violence.

Older Women

- Lack of personal care from caregivers such as changing diapers, bathing, doing their hair;
- Physical and verbal abuse from healthcare providers;
- Financial abuse - from family members;
- Ageism - needs perceived as less important because of age;
- Caregivers stealing seniors' medication and money;
- Loss of independence due to medical expenses/support needs; and
- Forced into institutions.

A study conducted by the Social Services Network in 2014²⁶ on elder abuse within South Asian communities did extensive research across Ontario. While this project was targeted to the diverse South Asian population, the findings were transferable to other immigrant communities. The research found that perpetrators of elder abuse were often the adult children whom they live with. Types of abuse included: Exploitation, i.e. Older women are expected to cook, clean, care for their grandchildren; No access to money; Emotional abuse, i.e. Being controlled by their adult children, seniors being kept from socializing or leaving their homes; Silencing of older women; Neglect and withholding food and primary care; Financial, due to dependency on their adult children and not having access to money. As a result, South Asian seniors experience poor mental and physical health.



Description: A chart showing "Denial of Services by Group." The chart shows that 79% of Women with Disabilities, 57% of Trans People, 50% of Older Women, 50% of Gender Variant Women, and 50% of Deaf Women experienced denial of services.

III. INCREASING ACCESS TO SHELTER SERVICES

1. Barriers to Accessing VAW Shelters

The following graph outlines populations that were denied services as identified through the shelter worker survey.

Survey respondents indicated that they received training on Trans inclusion and indicated no hesitation nor difficulties including Trans women; however, a significant finding emanating from the survey results indicated an uncertainty and/or an underlying lack of awareness regarding the inclusion of Trans men and those gender non-conforming people who might identify as 'male'. The survey results indicated that there is no consistency, consensus, nor strong opinion on the inclusion of gender non-conforming people in shelters. The reasons given for denying services were:

- 80% indicated that they did have to deny service to women with disabilities, for reasons including that their shelter was inaccessible, and they could not accommodate them.
- 50% indicated having denied service to Deaf women because they could not provide communication accommodations for them.
- 50% indicated that they did have to deny services to older women, with the most frequent reason being that they could not provide for their ongoing primary and medical care, and also their lack of accessibility.

The following outlines barriers to accessing shelters for older women with disabilities:²⁷

- Shelters may have higher noise and activity levels than is comfortable for older women;
- Some older women may have difficulty fulfilling their work assignments because of their physical or mental conditions;

- The time limit on occupancy can be inadequate in terms of the complexity of some older women's problems;
- Shelter staff are usually unfamiliar with aging and the special needs of older people;
- Problems with health and mobility can hinder the use of shelters, with many lacking wheelchair accessibility;
- Most shelters are not equipped to provide the care needed by some women with health problems (i.e. assistance with bathing, eating, or other activities of daily living or dispensing medications); and
- Older women may find it difficult to get to medical appointments and services, and most shelters are not set up to provide this kind of transportation and accompaniment.

Barriers and challenges that shelter workers indicated through the Springtide Resources' survey of shelters, were:

Barriers to accessing shelters from shelter workers' perspective - Older Women with Disabilities:

- Lack of accessibility, i.e. limited accessible rooms, facility not physically accessible, no elevator, older buildings have stairs and many steps and washrooms not accessible;
- Lack of access to supports and services and resources to address physical health concerns;
- Unable to afford all prescribed medications;
- Remote locations of shelters, lack of public transit nearby and inability for staff to provide transportation to appointments; and
- Lack of appropriate care when discharged, especially housing support due to a lack of accessible affordable housing.

Barriers to accessing shelters from shelter workers' perspective – Women with Disabilities

- Lack of accessibility as outlined above, i.e. “We only have one accessible room on the main floor, therefore we do have to turn individuals with mobility concerns away”;
- Specific (disability) supports and services are not provided on site;
- Lack of resources for individuals who have sensory disabilities (related to vision);
- Lack of experience: “We have very limited experience serving people with disabilities”;
- Many challenges in supporting women living with mental health disabilities and Deaf women. With mental health, there is a lack of understanding from other clients; and
- Difficulty in securing accessible and affordable housing.

Barriers to accessing shelters from shelter workers' perspective – Older Deaf Women

68% of respondents had difficulty communicating with Deaf clients. Further barriers included:

- *Lack of sign language resources:* “There is limited ASL interpretation and our community is small, and the abuser was from the same community”
- *Challenges with interpretation:* “We haven’t had a deaf client in years, but when we have, we have provided an ASL interpreter.”
- *Need additional supports:* i.e. sign language interpreters, formal training, staff who use ASL

2.The Accessibility for Ontarians with Disabilities Act (AODA): What you need to know

This section outlines the provisions that shelters are obligated to comply with under the Accessibility for Ontarians with Disabilities Act (the AODA or the Act). The Act operates by bringing accessibility standards into regulation. Accessibility standards are laws that individuals, government, businesses, non-profits, and public sector organizations must follow in order to become more accessible.²⁸ The AODA standards are: the Customer Service Standard; the Employment Standard; the Information and Communications Standard; the Design of Public Spaces Standard; and the Transportation Standard.

The AODA outlines Ontario’s laws to improve accessibility for people with disabilities. These laws and standards aim to reduce and remove the barriers that people with disabilities and Deaf people may face in everyday life. There are standards that shelters need to follow as a non-profit agency, including specific reporting deadlines for complying with these accessibility requirements.

The requirements and deadlines you need to follow depend on the type and size of your organization. Springtide Resources’ survey research found that on average shelters have approximately 27 employees on staff. This includes part-time, full-time and casual staff. A few large shelters surveyed had over 50 staff members because they had more than one facility.

The requirements for non-profit organizations, like VAW shelters that have 1 to 49 staff are as follows:

By January 2012: Accessibility rules for businesses and non-profits if you have 1 - 19 employees (full-time, part-time, seasonal and contract workers)

Provide accessible customer service:

- ☐ train your staff and volunteers to serve customers of all abilities
- ☐ welcome service animals and support persons
- ☐ create accessible ways for people to provide feedback
- ☐ put an accessibility policy in place so employees, volunteers and customers can know what to expect

Provide accessible emergency information to staff:

- ☐ When necessary, provide accessible and customized emergency information. You should provide this information as soon as an employee asks for it or when you become aware an employee may need accommodation in an emergency.

By January 2015: Accessibility rules for businesses and non-profits if you have 1 - 19 employees

Create accessibility policies:

- ☐ this will help you achieve your accessibility goals
- ☐ tell your employees and customers about your policies

By January 2016: Accessibility rules for businesses and non-profits if you have 1 - 19 employees

- ☐ **Train your staff on Ontario's accessibility laws** - Train all your employees and volunteers on the accessibility requirements that apply to their job duties and your organization.

- ☐ **Make it easy for people with disabilities to provide feedback when asked** - This includes surveys or comment cards.

By January 2017: Accessibility rules for businesses and non-profits if you have 1 - 19 employees

- ☐ **Make your public information accessible when asked** - Work with the person to figure out how to meet their needs as soon as possible.
- ☐ **Make your employment practices accessible** - This includes how you hire, retain and provide career development opportunities to all your employees.

Accessibility rules for businesses and non-profits:

Make new or redeveloped public spaces accessible. This applies to:

- ☐ recreational trails and beach access routes
- ☐ parking lots
- ☐ service counters
- ☐ fixed queuing guides
- ☐ waiting areas with fixed seating

Accessibility rules for businesses and non-profits if you have 20-49 employees:

You need to comply with all the same requirements as outlined above for organizations with 1-19 employees.

PLUS: You need to file an Accessibility Compliance Report by the following dates:

- ☐ December 31, 2014
- ☐ December 31, 2017
- ☐ December 31, 2020
- ☐ December 31, 2023

3. Tips for Addressing Barriers to Shelter Services

In the discussion of ‘accessibility’ we want to go beyond ideas such as ‘integration’ or ‘accommodation’ because this thinking assumes that there is a normative way of living in this society, and that anything outside of ‘the norm’ needs to be ‘accommodated’ or ‘integrated’ into that norm. Accessibility is closer to what we want because it implies that everything be made available to all citizens in a society. Inclusion is the outcome of accessibility.

There are many barriers that older women with disabilities and older Deaf women may encounter when attempting to access shelter services. Barriers can be understood in five distinct categories:

- Attitudinal
- Informational or communications
- Technological
- Organizational
- Architectural and physical

You can keep these five types of barriers in mind when examining your own agency’s accessibility in the following key areas:

- Adapting or Proposing New Procedural and Process Practices
- Person-centred Disability Sensitive Practice
- Policy & Program Reforms
- Outreach, Awareness and Promotion
- Building Partnerships in your Community

ADAPTING OR PROPOSING NEW PROCEDURAL AND PROCESS PRACTICES

✓ **Prepare for the person’s visit ahead of time**

The first step would be to prepare as much as might be possible given the emergency nature of shelter services, for the woman’s arrival in order to get a sense of the type of supports that may be needed. You should ask all women

if they have any accessibility needs. We emphasize “all” because you will not necessarily know if a person has a disability or not, as some people may not feel comfortable to disclose their disability if they are not asked.

✓ **Ensure that information and forms are in accessible formats**

When a person with a disability comes to your shelter it is important to have information and forms that are in accessible formats, i.e. large print, availability of assistive devices, resources in audio format and pictured formats, etc. This includes consent forms and the process associated with obtaining consent, must also be accessible. For example, a person with an intellectual disability may need someone to explain the process and why they are required to sign a form.

✓ **Inclusive Communication and Practice**

Inclusive communication and practice is one of the most important areas of focus in increasing access to shelter services. There are a few things that you can do to enhance your communication and interactions with diverse older women with disabilities and older Deaf women. The first step is establishing communication. Some people with disabilities communicate differently than the majority of the population. Others do not. We cannot make any assumptions about how a person communicates, thus we suggest to begin discussions as you would do with any other service user. Plain and clear language is useful for people who live with an intellectual disability, a communication disability, Traumatic or Acquired Brain Injury, mental health and other cognitive-based disabilities. It is also useful for women whose first language is not English. Please see the Resource section of this guide for more detailed information on communication best practices.

PERSON-CENTRED DISABILITY SENSITIVE PRACTICE

✓ **Provide person-centred direct service**

It is important that we see the person first, not their disability. But what does that mean in practical terms? It means we need to emphasize the person-centred approach, i.e. not having assumptions, or at the very least, being aware of your assumptions about what you think that person needs. It is important that the person self-disclose their disability. For people with invisible disabilities, particularly those with mental health issues/concerns, there is a societal stigma that they have to deal with on a day to day basis. 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, non-labelling and helps to build trust.

It is also important to remember that older women with disabilities and older Deaf women are also immigrants, refugees, racialized, members of the 2SILGBTQ+ communities, etc. Therefore, demonstrating sensitivity to the particular challenges these populations experience is also important. These intersecting identities impact our sense of self and it is useful if we remember and are sensitive to all aspects of diversity. However, remember not to “culturalize” people’s experiences. That is, an immigrant’s challenges of integrating are not due exclusively to cultural differences and settlement issues, rather she/they faces numerous systemic barriers that are out of their individual control, i.e. discrimination in employment and housing. Or someone is not poor or homeless because they have for example ‘a drinking or drug problem’; rather they may have grown up in poverty, experienced childhood abuse, etc. In other words, being sensitive to the layers of systemic barriers older

people with disabilities experience who are also members of other marginalized communities, should be the starting point in getting to know your service users.

✓ **Inclusive practice for management**

Inclusive practice tips for shelter management staff ideally would be conducted in the following areas:

- Adapting the Physical Environment- Building and Equipment
- Policies, procedures and protocols
- Outreach - how you promote your service
- Budget for accessibility
- Build Partnerships in your Community

For physical access there are a few areas to consider:

- ☐ Location – Are you close to public transit?
- ☐ Accessible drop off/pick up locations
- ☐ Parking – reserved accessible parking
- ☐ Entrances – universal access, i.e. all people should be able to use the same entrances
- ☐ Doors – ease in opening, automatic, etc.
- ☐ Signage – accessibility of signs to assist people with a variety of disabilities
- ☐ Accessible rooms – all rooms should be able to accommodate people who use wheelchairs or scooters
- ☐ Washrooms – location and accessible features, i.e. grab bars, hand dryer at an adequate height, etc.

POLICY & PROGRAM REFORMS

The requirements which you are obligated to comply with under the AODA, as outlined earlier, are the minimum actions your shelter needs to do to increase access to older women with disabilities and older Deaf women. Other areas for policy and program reform that you may consider include establishing policies on Attendant Care, and allowing Personal Support Workers to provide care for older women with disabilities who might need support with primary care. It is also important to budget for accessibility, for example in communication budgets, client support, specific equipment and renovations. In addition, you will have to budget for disability accommodation costs, such as ASL or LSQ interpreter costs, communication assistants, on-site attendants, alternative formats, etc. You might wish to research and apply for grants that are available to conduct renovations.

Attention can also be turned to your hiring practices. There are different ways you can advertise, recruit, assess potential applicants and provide support for retention of an employee with a disability. The survey results pointed to a recommendation for inclusive hiring practices and diversification of shelter board membership. The recommendation was that hiring practices should be implemented that intentionally seek recruitment of staff with expertise in the field of Disability Studies, ASL Interpretation, Developmental Services, Geriatric Social Work, Social Service Workers with expertise in immigrant and refugee issues and Indigenous knowledge and cultural practitioners. Shelters should build on the board diversity that was highlighted in the survey, by

intentionally seeking members from the target populations. Finally, being sensitive to how and where you organize meetings and the facilitation process, can also increase access to the business of your shelter.

A recommendation based on the shelter survey results was to develop population-specific inclusive policies, i.e. practical policies that outline principles, procedures and processes for working with older women, women with disabilities and Deaf women, gender non-conforming people, Indigenous people, etc.²⁹

✓ **Policy and Program Advocacy**

Based on the shelter survey results Springtide Resources offered recommendations for inclusive practice that fall outside of the scope of an individual shelters' capacity, but none-the-less need to be accomplished if we are committed to increasing access to shelter services for all women, particularly older women with disabilities and older Deaf women. These recommendations are:

- ☐ **Resources and Funding designated for Inclusive Design:** All shelters need to be accessible and this will require specific architectural and disability-related cultural expertise.
- ☐ **Increase Funding for Population-Specific Supports:** Government resources need to be allocated to ensure that population-specific supports are available in the community and within the shelter. Such supports include: 24-hour access to ASL interpreters in all regions; resources to develop Support Circles for people with intellectual, psychosocial/mental health and other cognitive disabilities; funding to develop

all shelter materials including forms, outreach and promotional materials in alternative formats; Personal Support Workers trained in gender-based violence and affiliated with shelters; and increased knowledge on the Community Living approach, particularly in the context of how to support clients with complex health and medical needs to stay in the shelter.

- ☐ **Funding for the Design and Ongoing Implementation of Training:** There should be designated funding for the development of population-specific training resources that are not delivered in one-off sessions but built into the shelter's ongoing professional development processes. This requires the engagement of population-specific expertise who would not only develop the materials but propose a strategy for ongoing implementation.
- ☐ **Increase Affordable and Accessible Housing Units:** More accessible housing is needed to ensure that older women with disabilities and older Deaf women are able to successfully transition out of shelters. The VAW sector should partner with the Affordable Housing sector, i.e. housing advocates, key government and private sector housing stakeholders, to pursue this goal.

OUTREACH, AWARENESS AND PROMOTION

Older women with disabilities and older Deaf women may not even be aware of where to go if they need help. Many services do not reach older women especially if they are immigrants, Indigenous and/or have a disability.

This could be due to a number of reasons, such as lack of connection with other support services, low literacy/comprehension rates, and service promotion resources are inaccessible for older women with disabilities and older Deaf women. Therefore, service promotion activities do need to be “aimed” at older women with disabilities and older Deaf women. Information could be distributed in places that older people with disabilities and Deaf people might interface with, and dissemination strategies need to recognize how people with disabilities do and can access information. In the area of outreach and service promotion, you could think about developing an outreach plan to promote the services your shelter offers at places where older adults and/or people with disabilities may go to for supports, i.e. social service agencies, medical clinics, hospitals, etc. You could distribute to other organizations, like immigrant settlement services, 2SLGBT+ agencies, Indigenous centres, etc. – who often have senior programming. Lastly, use senior, disability and ethnic media, i.e. newspapers, radio, hotlines, social media sites and community television programs to place ads.

BUILD PARTNERSHIPS IN YOUR COMMUNITY

Increasing access to your services is not something that can be accomplished simply by making internal changes in your practices and procedures due to the broader structural and systemic factors that block access to services for marginalized populations. Two recommendations resulting from the survey of shelter workers outline two best practice actions on the area of partnership building:

- ✓ **Population-specific Ongoing Training**
Ongoing training needs to be developed with a pedagogic process

in place for implementation. Training on the inclusion of older women, gender non-conforming people, immigrants, Trans men, women with disabilities and Deaf women in all their diversity needs to be developed by self-advocates and people with lived experience specific to shelter services. A strategy should also be designed and resourced to integrate population-specific training on an ongoing, continual basis.

✓ **Inclusive Practice Strategy:
Gender Non-Conforming People
and Trans Men**

The VAW sector needs to develop and implement a strategy involving discussions around the inclusion of Trans men and people whose gender identify falls outside of cisnormativity. These discussions need to take place in the context of structural patriarchal oppression and how that intersects with other experiences of marginalization such as indigeneity, racism, ableism, ageism, audism, etc.

Sharing information about your shelter's services and learning from organizations that address VAW and gender-based violence in the 2SILGBT+, seniors, disability, Deaf, Indigenous and migrant populations in your community, is key to addressing more systemic access barriers. Survey results also recommend identifying and connecting with key service providers who are from and work with the target communities to both assist in developing outreach strategies specific to each population and to learn about what needs to be done and how, in order to increase access to shelter services and create a more welcoming environment for older women with

disabilities and older Deaf women in each marginalized community. These partnerships will also assist shelters to stay up to-date on key issues affecting each population and provide opportunities for solidarity work. The purpose of establishing connections with marginalized groups is to raise their awareness about your shelter's service and also so that they can assist you in making your service more accessible to the population that they serve. For example, you could engage your local Independent Living Centre and/or Association for Community Living to develop promotional materials, or build a relationship with an Indigenous women's agency or a local immigrant settlement agency to review your shelter's policies and programs to ensure an integrated intersectional lens. You can begin by making a list of the agencies in your community who you would like to connect with. Perhaps hold an event bringing these diverse agencies together where you can share information on your shelter and hear about the work that they do.

The main goal here is to establish a relationship with agencies you would not normally connect with in order that you may mutually support one another in keeping older women with disabilities and older Deaf women safe from violence in your community.

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The Inclusive Design Research Centre of OCAD University defines Inclusive Design as “design that considers the full range of human diversity with respect to ability, language, culture, gender, age and other forms of human difference. For more information see: <https://idrc.ocadu.ca/about-the-idrc/49-resources/online-resources/articles-and-papers/443-whatisinclusivedesign>

4.FUTURE LONG-TERM PLANNING FOR INCLUSION

IRIS – the Institute for Research and Development on Inclusion and Society, a national and international research and social development organization has been piloting and developing a comprehensive community-based approach towards the prevention of and more effective responses to addressing gender-based violence in Canada, specifically for marginalized populations. In recognition of this approach, the project team believes that this Resource Guide represents the first step in a much longer process towards shelters realizing inclusive practice and Inclusive Design for all women and gender non-conforming people who are subjected to gender-based violence.

Gender-based violence is complexly rooted in structural oppression for specific populations that have been marginalized, and thus the quest to achieve authentic systemic change will require a long-term strategy involving your agencies and the communities in which you are situated.

Over the past decades there have been a variety of resources and tools that have been developed to address inclusion for many marginalized populations including women with disabilities. What is missing however is the strategy to ‘move’ such information off the shelves and into communities where gender-based violence needs to be tackled on multiple levels, intersectionally and through diverse community-based relationships and collaboration.

***We hope you will stay connected to
Springtide Resources as we grow our
work towards future long-term planning
for inclusion for all people experiencing
gender-based violence.***

IV. RESOURCES

ACCESSIBILITY DIRECTORATE OF ONTARIO

<https://www.ontario.ca/page/accessibility>

The Accessibility Directorate of Ontario offers many resources on accessibility and the AODA. Highlights include:

How to train your staff on accessibility

Author: Government of Ontario

Updated: June 20, 2017:

Published: November 7, 2014

Available at:

<https://www.ontario.ca/page/how-train-your-staff-accessibility>

This resource offers “information businesses and non-profits must include when training staff on how to interact with people with different disabilities, and some tips to help you”.

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11

Author: Government of Ontario

Date: April 19, 2016: Published:

November 7, 2014

Available at:

<https://www.ontario.ca/laws/statute/05a11>

This resource must be included in customer service training, as “The Accessibility for Ontarians with Disabilities Act (AODA) is a law that sets out a process for developing and enforcing accessibility standards”.

How to make customer service accessible

Author: Government of Ontario

Updated: June 20, 2017:

Published: November 7, 2014

Available at:

<https://www.ontario.ca/page/how-make-customer-service-accessible>

This resource offers “how businesses and non-profit organizations can meet the accessible customer service standard by creating a policy and a plan to train staff on how to serve people with disabilities”.

About accessibility laws

Author: Government of Ontario

Updated: January 8, 2019:

Published: June 3, 2015

Available at:

<https://www.ontario.ca/page/about-accessibility-laws>

This resource includes “the action plans and progress reports that help us make Ontario a more accessible province for people with disabilities”.

Working Together: The Code and the AODA

Author: Ontario Human Rights Commission

Available at:

<http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda>

This resource offers a “5-part eLearning series (20 minutes) [available] for public, private and not-for-profit sectors and completes the training requirements for section 7 of the Integrated Accessibility Standards of the AODA”.

Accessibility laws

Author: Government of Ontario

Updated: December 10, 2018:

Published: June 3, 2015

Available at:

<https://www.ontario.ca/page/accessibility-laws>

This resource addresses “Ontario’s laws to improve accessibility for people with disabilities”. It includes information about “the standards you need to follow and reporting deadlines for complying with accessibility requirements”.

Access Forward: Training for an accessible Ontario

Author: Learnography, with support from the Government of Ontario

Available at:

<https://accessforward.ca/#training>

“This website provides free training modules to meet the training requirements under Ontario’s accessibility laws (Accessibility for Ontarians with Disabilities Act). Developed in partnership with the Government of Ontario”.

How to comply with the Integrated Accessibility Standards Regulation

Updated: June 20, 2017:

Published: August 2015

Available at:

<https://www.ontario.ca/document/how-comply-integrated-accessibility-standards-regulation>

This resource is sometimes referred to as the policy guidelines for the AODA. It is a companion piece to the legislation and helps explain the intent of the requirements. Further, this resources highlights “how to identify, remove and prevent barriers for people with disabilities in information and communications, employment, public transportation, and the design of public spaces”.

COMMUNICATION DISABILITIES ACCESS CANADA (CDAC)

www.cdacanada.com

CDAC is a Canadian, non-profit organization that promotes social justice, inclusion and accessibility for people who have speech, language and communication disabilities, not caused by significant hearing loss. Please visit CDAC’s website to access these resources:

Courses

CDAC offers courses that address access to public, private services and businesses for people with speech, language communication disabilities, not caused by significant hearing loss. Courses include: Communication Assistance, Making your services accessible for people with communication disabilities and Working with a Communication Assistant.

Accessible Communication Guidelines for making services accessible for people who have disabilities that affect their communication

This document is intended for businesses, private, public and non-profit organizations and government services.

It is useful for managers, front-line staff and policy makers and provides general suggestions on ways to make services accessible for people who have speech, language and communication disabilities that are not primarily caused by significant hearing or vision impairments.

Communication Assistance Database

This database offers users access find people who have taken CDAC training and who may be able to assist individuals who have unclear speech, or who communicate using a picture, symbol, letter board or a communication device.

SPRINGTIDE RESOURCES

www.springtideresources.org

Springtide Resources offers a number of resources related to the issue of violence against women with disabilities and Deaf women.

Research Report: Inclusive Violence Against Women Shelters for Older Women with Disabilities and Older Deaf Women.

Author: Doris Rajan

Published: 2019

This report outlines the research results that served as the basis for this guide. The methodologies of literature review, enviromental scan, focus groups and key informant interviews were implemented to identify, consolidate and revalidate research that has been conducted in the past, and to identify recommendations that were meant to serve as the basis for the development of an this guide. In the environmental scan section of the report you will find many relevant resources related to this initiative.

THE ONTARIO ASSOCIATION OF INTERVAL & TRANSITION HOUSES (OAITH)

www.oaith.ca

The Ontario Association of Interval & Transition Houses is a coalition of first stage emergency shelters, 2nd stage housing organizations and community-based women organizations who work towards ending violence against all women. OAITH offers many resources, and those most relevant to this guide include:

- **The Aging Without Violence Project** (research, resources, monthly factsheets and training related to older women in Ontario who have experienced violence)
- Online Training – **Service Providers - Preventing and Responding to Violence Against Older Women**
- Webinar recording – **Colonization, Oppression and Racism: Understanding Violence against Indigenous women who are older**
- Webinar recording – **Sexual Violence and Older Women in Long Term Care: Intersectoral Approaches and Promising Practices**
- PDF Resource- **How Does Intersectionality Work? Understanding Intersectionality for Women's Services**
- Online Training - **Intermediate Foundations of GBV Practice**

OAITH Training Portal:

<https://www.oaith.ca/train/training.html>

OAITH Resource Library:

http://www.oaith.ca/resource_library/advanced_search.php

DisABLED WOMEN'S NETWORK (DAWN)/ RÉSEAU D'ACTION DE FEMMES HANDICAPÉES (RAFH) CANADA

www.dawncanada.net

DAWN Canada offers a number of key documents, i.e. policy documents, briefs, reports, papers and articles, learning briefs and fact sheets relevant to the issue of violence against women with disabilities and Deaf women.

IRIS- THE INSTITUTE FOR RESEARCH AND DEVELOPMENT ON INCLUSION AND SOCIETY

www.irisinstitute.ca

Toolkit: Our Right to be Safe! Building Safe Communities for Women with Disabilities and Deaf Women

Author: Doris Rajan

Published: 2015

Created by IRIS for DisAbleD Women's Network (DAWN)/ Réseau d'action de femmes handicapées (RAFH) Canada and Canadian Association for Community Living.

OTHER KEY RESOURCES

Learning Network Western University: Centre for Research & Education on Violence Against Women and Children

Resources relevant to this guide include:

- **Learning Network Western University.** (2016, October). Issue 18: Violence Against Women Who Are Older.
- **Violence Against Women with DisAbilities and Deaf Women: An Overview. Learning Network Brief** (12). Odette, F. and Rajan, D. (November 2013).

Promising Practices Across Canada for Housing Women Who Are Older and Fleeing Abuse.

Author: ATIRA Women's Resource Society

Published: May 2015

This resource offers a context for an inter-sector response to supporting older women experiencing violence" emphasizing an intersectional lens and highlighting the "importance of collaboration between organizations, professionals, service providers and community members. More specifically it bridges "the gap between access to health services and transition houses".³⁰

Supporting Older Women in Interval and Transitional Homes

Author: Elder Abuse Ontario Webinar Series

Published: Tuesday July 5, 2016

This is a webinar that focuses on the "intersection between elder abuse and domestic violence and why/how it is different for an older woman".³¹

The National Initiative for Care of the Elderly (NICE)

www.nicenet.ca

NICE offers resources relevant to the experiences of older women and abuse.

GLOSSARY³²

Acquired Brain Injury(ABI):³³

ABI refers to any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. Causes include traumatic injury, seizures, tumors, events where the brain has been deprived of oxygen, infectious diseases, and toxic exposure such as substance abuse. There are 2 types of Acquired Brain Injuries: Non-Traumatic and Traumatic. Non-Traumatic ABI are caused by something that happens inside the body or a substance introduced into the body that damages brain tissues, i.e. Ischemic stroke, Hemorrhagic stroke or an Aneurysm. Traumatic ABI are caused by something that comes from outside the body, such as a blow, bump, or jolt. It can result in temporary injury, or more serious, long-term damage to brain cells, i.e. motor vehicle accidents, falls or assault. The impact of ABI will differ with each individual who will experience a unique combination of challenges and changes. People with ABI will experience: physical changes, i.e. fatigue, difficulties with sleeping, challenges with walking, sitting, etc.; cognitive changes, i.e. needing more time to understand information or challenges with communicating; emotional changes, i.e. feeling irritable, having a 'short fuse', depression, anxiety, anger, prone to sudden, extreme emotions for no clear reason; behavioral changes, i.e. engaging in risky behavior, impulsivity, lack of a 'filter' or saying things that are inappropriate.

Communication Disability:

People with speech/language/communication disabilities may have difficulties in one or more of the following areas: the ability to produce voice and/or speech, to express thoughts (information/ideas/opinions/questions) in words, to understand the spoken words of others, to engage in conversation, to read and write. While some speech and language

disabilities are obvious (e.g. person who cannot speak and uses a device to communicate) others may not have physical symptoms. For example, a minor stroke or a mild brain injury can have a profound impact on a person's ability to comprehend spoken language or express their messages. Having a communication disability does not necessarily mean that a person has an intellectual disability or that he or she has difficulty hearing. Conditions that can cause communication disabilities in older persons include stroke, brain injury, neurological diseases such as Parkinson's Disease and Amyotrophic Lateral Sclerosis, as well as dementias, including Alzheimer's Disease and Primary Progressive Aphasia. Accessibility for those with communication disabilities depends on service providers offering appropriate accommodations.

Deaf: This type of disability is unique from other groups listed here in that they identify as a cultural group and not a disability group. In fact, this community meets the criteria for cultural identity (language, norms or behavior, traditions, values). For most Deaf Canadians (the capital "D" indicating a cultural identity), their first language is American Sign Language (ASL). ASL is a special/visual language with no written form and is not related to English. Contrary to common belief, ASL is not a visual form of English. It has its own unique grammatical and syntactical structure. English is a second language and English literacy is often low for this group. Don't rely on written communication during appointments and remember that low English literacy is not always indicative of a cognitive disability, as they may have strong fluency in ASL. Booking interpreters for appointments will be the key to clear communication. It is important to note that people with this disability from Quebec use *Lingue des signes québécoise* (LSQ) and not ASL—they are different languages. As well, each country usually has its own unique sign language. Newcomers who

are deaf and want to learn either ASL or LSQ would need support in integrating in both the dominant and Deaf cultures that exist here in Canada.

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. Often, but not always, congenitally these individuals have other disabilities. They can have a wide range of hearing and sight disabilities, from fully Deaf-Blind to those who have some vision-impairment coupled with some hearing loss. This community may communicate in a variety of ways from using whatever hearing/speech they have to specialized technology to interpreters or interveners. Interpreters may use tactile (touch) or hand-over-hand signing or have to sign very close or in a small space for those with some vision. Unlike interpreters who focus on facilitating communication, interveners will also give additional information to the people from this community such as how a room is set up or who is in attendance.

Episodic Disabilities: People with these types of disabilities experience periods of good health which are then interrupted by periods of illness or disability. Often it is difficult to predict when these occurrences of disability will occur or how long they will last. This disability group includes HIV, multiple sclerosis, lupus, arthritis, cancer, diabetes and mental and mood disorders. People in this group face significant employment and income support issues. Recurring periods of ill health make it difficult to work, especially full-time. Most people must rely on health and disability benefits. And due to the strict definitions and policies that govern these benefit programs, many people are not able to participate in the workforce part-time or when their health allows.

Hard of Hearing: In this community individuals may have hearing levels that range from a mild hearing loss to a profound hearing loss. Generally, people in this group rely on speech and whatever hearing they have for communication, although some people may know some sign language. For people who use hearing aids, remember that hearing aids do not replicate “normal” sound (they don’t “fix” hearing in the same way that glasses correct vision) and hearing aids amplify all sounds. A quiet environment with little background noise will be best for communication. You may want to write down important pieces of information to make sure that your message is being understood.

Intellectual Disability:

This disability is also known in some provinces such as Ontario and B.C., as Developmental³⁴ 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 this disability community may have delayed or limited development in learning that can affect one’s ability to comprehend, remember or discern. While people labelled this way have a considerable range of cognitive skills, their capacities are often under-estimated. Historically in Canada, people with this disability have lived in institutions where they experienced wide spread abuse, or many people may have lived in highly protective situations with their families. People may be shy or easily intimidated. Also, because they have been denied suitable educational opportunities and segregated from mainstream society, people with this disability often have not had a chance to learn about their rights.

Invisible Disabilities: There are a number of 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 respiratory diseases/asthma. A person who becomes ill due to her environment (i.e. food, surroundings, drink, the air, etc..) has Environmental Disabilities. This includes Multiple Chemical Sensitivities when the body cannot deal with all the toxins it comes into contact with every day, Immune System Dysfunction happens. Auto-immune Disease is the body mistaking a part of itself as the enemy and attacking it. The triggers are reactions to chemicals, natural, and manmade substances, (i.e. soaps, perfumes, make-up, carpets, clothing, etc..) even at very low concentrations. A lot of these manmade chemicals were developed after World War II (including pesticides, cleaning products, etc.) and are petroleum based (petro-chemicals). Some of the natural substances that cause problems are grass, pollen, animal hair, or mould.

Learning Disabilities and Attention Deficit Hyperactivity:

These disabilities are defined as neurological dysfunctions which interfere with the brain’s capacity to process information in a conventional manner. There are many different types of these disabilities, coming in several combinations and ranging from the very mild to the very severe. For example, Dyslexia is a common term for people with this type of disability involving problems in reading. It is important to remember that having this disability does not affect a person’s overall intelligence. Some people with this disability may also have attention disorders and/or hyperactivity. They may become easily distracted, disorganized, impulsive, and have a low tolerance for stress.

Mobility Disabilities: These disabilities limit a person's movement and can be the result of neurological conditions (i.e. Cerebral Palsy, Spina Bifida, Multiple Sclerosis), orthopaedic conditions (associated with polio, arthritis, Muscular Dystrophy), or spinal cord injuries. People with this disability may use wheelchairs, braces, walkers, or crutches.

Multiple Disabilities: Many people have more than one of the above disabilities. For example, people with intellectual disabilities can also have mobility or psychosocial disabilities or people with mobility disabilities may have hearing disabilities, etc. In including people with disabilities, it is important therefore to understand what particular accommodation requirements are needed for each individual. It is also important to be aware that having more than one disability means additional barriers to being included.

Psychosocial, Mental Health or Psychiatric: There is a range of conditions and diagnoses that fall under this heading. These include Major Depression, Schizophrenia, and Bipolar Disorder. These disabilities are often treated with medications and/or with therapy. Individuals may experience side effects from medication which inhibit clear thinking, interfere with short and/or long-term memory, make it difficult to follow a fast-paced, information-packed conversation, and can lead to metabolic disorders like diabetes. Along with over 40 years of social justice activities, there is a rising effort to use more holistic forms of treatment that focus on peer support, exercise, diet and mindfulness activities. Like many movements, a variety of perspectives have emerged while attempting to affect change for this community, i.e. the anti-psychiatry movement which completely rejects the system of psychiatry and the Mad

movement which seeks to re-educate, share the experiences of and celebrate people who fall under these labels.

Sensory: This disability refers to vision related disabilities which can range in intensity from low vision to blindness. People may rely on Braille, large print materials, audio reading materials, assistive computer technology or use screen readers.

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- ¹³. Based on 2014 data.
- ¹⁴. Based on 2015 data.
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- ²⁴.Based on research conducted by IRIS (Institute for Research and Development on Inclusion and Society for Canadian Association) for Community Living and the DisAbleD Women 's Network (DAWN)/Réseau d'action de femmes handicapées (RAFH) by Adele Furrie, based on Statistics Canada's General Social Survey, 2009.
- ²⁵.This section cites content from: Rajan, D. (2015).Our Right to be Safe! Building Safe Communities for Women with Disabilities and Deaf Women. DisAbleD Women's Network (DAWN)/ Réseau d'action de femmes handicapées (RAFH) Canada and Canadian Association for Community Living.
- ²⁶.Please see: Rajan, D. (2014, January). Elder Abuse in South Asian Communities - Report on the Focus Groups. Social Service Network. ISBN 978-0-9878222-3-9.
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- ²⁸.Based on Accessibility Ontario definitions. Retrieved from:
<https://accessontario.com/aoda/definitions/#def-standard>
- ²⁹.For more recommendations please also see: Wardell, A. & Beatty, N. (2018, July). Aging Without Violence: Gap Analysis - Strengthening Gender-Based Responses to End Violence Against Older Women in Ontario. The Ontario Association of Interval and Transition Houses. Retrieved March 22, 2019 from: <https://www.oaith.ca/assets/pdfs/Aging-Without-Violence-Gap-Analysis-English-edited-Sep-7.pdf>
- ³⁰.Beatty, N. & Wardell, A. (2018). Aging Without Violence: Environmental Scan. The Ontario Association of Interval and Transition Houses. Funded by the Government of Ontario. Page 5.
- ³¹.Beatty, N. & Wardell, A. (2018). Aging Without Violence: Environmental Scan. The Ontario Association of Interval and Transition Houses. Funded by the Government of Ontario. Page 7.
- ³².The definitions in this Glossary with the exception of Acquired Brain Injury are from: Rajan, D. (2015). Our Right to be Safe! Building Safe Communities for Women with Disabilities and Deaf Women. DisAbleD Women's Network (DAWN)/ Réseau d'action de femmes handicapées (RAFH) Canada and Canadian Association for Community Living. Matching Exercise - Types of Disabilities: Service Provider Workshop.
- ³³.This definition is from Brain Injury Canada. For more information visit:
<https://www.braininjurycanada.ca/acquired-brain-injury/>
- ³⁴.This document chooses to use the term intellectual disability because the Community Living and People First movements generally prefer this term over "developmental". Developmental implies that a person is not fully developed or is "stuck" at an earlier stage of development and/or that people with intellectual disabilities are "slow" or delayed in development, rather than acknowledging that they are fully developed human beings with a difference in intellectual capacity.

Inclusive Violence Against Women Shelters for Older Women with Disabilities and Older Deaf Women

RESOURCE GUIDE



Ontario