

Keeping Safe!



**Preventing and Responding
to Violence against People
with Disabilities and Deaf People**

RESOURCE GUIDE

from IRIS – Institute for Research and Development on Inclusion and Society

Institute for Research and Development on Inclusion and Society (IRIS), Oshawa.

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- *Our Right to be Safe! Building Safe Communities for People with Disabilities and Deaf People*. Written by Doris Rajan for the Canadian Association for Community Living and the DisAbled Women's Network Canada. 2015.

About IRIS

Informed by the systemic exclusion that people with intellectual disabilities and other marginalized groups face, IRIS's mission is to seed and support transformative social development. Guided by the principles of full inclusion and human rights, we carry out research to identify issues and policy options. We foster social innovation to re-imagine inclusion and design new ways to meet unmet needs. Through capacity building, we strengthen leadership and constituencies for transformative change. For more information, visit us at <https://irisinstitute.ca> or email contact@irisinstitute.ca.

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I. About This Guide

This guide is a result of many years of anti-violence applied research and community development initiatives that the Institute for Research and Development on Inclusion and Society (IRIS) has been involved with over the last three decades. Specifically, the information in this guide builds on access to justice resources developed in the late 1990s through to 2019; a project called Our Right to be Safe, led by the DisAbled Women’s Network Canada and Inclusion Canada (formerly the Canadian Association for Community Living); and, most recently, the Working Together: Combating Structural Violence against Indigenous, Racialized, Migrant Women and Women Labeled with Intellectual and Psychiatric Disabilities project.

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 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.

This guide applies a gender-based intersectional approach to examining the issue of violence against people with disabilities and Deaf people. For IRIS, intersectionality offers a way of understanding how multiple marginalized social identities—such as disability, gender, race, indigeneity, sexual orientation, age, and class—coexist in an individual and/or a group. Although we use disability as an entry point to this work, we believe that we need to be careful not to centre one identity over another, because that is not how they are actually lived out. Lastly, to ensure that our approach foregrounds gender, we use the framing of “gender-based intersectionality” to guard against removing gender in discussions of multiple marginalized identities.

This guide combines learning and promising practices and offers practical tips and strategies for supporting people who are navigating the risks and impacts of violence in their lives, and also offers insights into the systemic nature of violence in our society.

This guide was developed prior to the COVID-19 pandemic and therefore primarily speaks to contexts in which face-to-face services, meetings, and other in-person gatherings are possible. However, many of the tips related to procedures, processes, and person-centred approaches are also relevant for remote engagement and support services.

II. Understanding Disability

A. The Diverse Experiences of People with Disabilities

The United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) recognizes in international law the equality and human rights of persons with disabilities. Article 16 recognizes the right to be free from exploitation, violence, and abuse.

Canada has ratified the CRPD, and under Article 16 Canada must:

[T]ake all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects.

The CRPD characterizes 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.¹

Impairments, conditions, or illnesses may be permanent, temporary, intermittent, or imputed, and include those that are physical, sensory, psychosocial, neurological, medical, or intellectual. Most disability rights activists take issue, however, with the language of “impairment” because it implies weakness or something that is “less than,” rather than an understanding of disability as another form of human diversity.

The CRPD represents a significant change in the way the concept of disability is understood. It recognizes that environmental and/or societal barriers, in addition to a person’s bio-medical conditions, have an impact on the experience of disability. The main shift the CRPD offers in understanding disability is that society has disabled people who have abilities that differ from the majority. The disability movement rejects the medical model, which focuses on the individual’s impairment and deviation from “normal.” This social and human rights approach to disability does not mean, however, that we minimize or ignore these differences; rather, the approach focuses on the supports and accommodations a person may require in order to participate fully in all aspects of life.

Although the disability rights community tends to avoid labelling, it is useful to understand the general categories of disability (e.g., mobility, vision, Deaf and hard of hearing, intellectual, cognitive, psychosocial, and episodic) in order to attain a better sense of the diversity that exists in the disability and Deaf populations. It is important to note that people who are Deaf often identify as a cultural and not a disability group (the capital “D” indicates this cultural identity), as this community meets the criteria for cultural identity (i.e., language, norms or behaviour, and traditions and values). For most Deaf Canadians, their first language is American Sign Language (ASL), and, in Quebec, the Langue des signes québécoise (LSQ). When learning about these distinct experiences of disability, it is important to go beyond a person’s particular bio-medical differences to

identify and address the challenges they face to being included (see Appendix 1: General Types of Disabilities).

Societal barriers have forced many people with disabilities into conditions of poverty. For example, for Canadians aged 25 to 64, 23% of people with disabilities have low income, compared with 9% of the non-disabled population.² For people with mental health disabilities, these rates are even higher: 17% of those with a physical/sensory disability and 27% of those with a mental/cognitive disability are of low income.³ People with disabilities are represented in all socio-demographic marginalized groups including women and gender minorities, older adults, youth, Indigenous people, racialized people, migrants, and members of the 2SLGBTQ+ communities. Each of these marginalized populations experiences high poverty rates due to a number of factors, including the impact of historical trauma resulting from the ongoing violence of colonization; discrimination based on race, age, sexual orientation, gender, etc.; and the lack of access to education and employment supports. With each intersecting layer of marginality, people with disabilities experience an intensified vulnerability to their economic insecurity, ill health, and lack of safety.

B. Historical and Present-Day Exclusion

Throughout the world, people with disabilities and Deaf people have a long history of oppression and exclusion. In the Canadian context, this history is bound up with colonization. People with disabilities and Deaf people were assumed to be a threat and a burden to the larger society. Parents were often forced to institutionalize their children, even those with very mild disabilities. In addition, people with disabilities were often starved and abused in institutions and, even more horrifically, murdered and left in unmarked graves.⁴

Children with disabilities were also not allowed to attend mainstream educational facilities in all provinces and territories. The parent movement in Canada, which began more than 60 years ago, was centred on the right of children with disabilities to have an education like every other child. For decades, most Canadians were kept from ever seeing children or adults with disabilities, thus isolating them from socio-economic community life. The societal treatment of people with disabilities and Deaf people can be understood in the context of a system that places value on production and monetary contributions to society. In a competitive society, the dominant culture's definition of beauty, intelligence, and physical strength is valued as an asset. Consequently, people with disabilities and Deaf people were viewed as non-contributing and burdensome, and thus "deserving" of social stigma and devaluation. (For more information, see *History of Devaluation and Segregation* at <https://www.youtube.com/watch?v=GueJ3bqJ4YI>).⁵

Over time, these old social structures and relations evolved into new forms, continuing to marginalize diverse people with disabilities today. For example, this historic devaluation is reflected in current immigration policies, which prioritize labour market needs and thus often discriminate against people with disabilities. As well, the psychiatric industry continues to oppress people living with psychosocial disabilities, especially women, particularly those who are refugees, Indigenous,

racialized, and/or transgender. The impact of past policies of mass institutionalization and educational segregation can be identified today with the current pushback against community living toward a rejuvenation of congregate living, in which widespread neglect, exploitation, and sexual violence often occur; this is compounded for women with disabilities. Lastly, the resistance to inclusive education continues in the tradition of children with disabilities growing up segregated from mainstream society.

Thus, the historical and present-day segregation of people with disabilities, with all their intersecting historical experiences of marginalization (colonialism for Indigenous peoples, the racialization of early immigration policies for migrants) has propelled people with disabilities into conditions of vulnerability to all forms of violence.

C. Recognized Human Rights

The CRPD recognizes the right of people with disabilities and Deaf people to access the supports they need to achieve equality, self-determination, autonomy, dignity, participation, inclusion, and independence.

The *Canadian Charter of Rights and Freedoms*⁶ guarantees fundamental freedoms, legal rights, and equality under the law to every resident, whether a citizen or permanent resident. More specifically, Section 15 of the Charter ensures that all people in Canada, regardless of race, religion, national or ethnic origin, colour, sex, age, or physical or mental disability are to be considered equal and therefore must not be discriminated against in the country's laws or programs.⁷ (See *The Charter*⁸ at <https://www.youtube.com/watch?v=sDINuPeGkW4>.)

The *Canadian Human Rights Act*⁹ prohibits discrimination based on disability, and the *Employment Equity Act* aims to “correct the conditions of disadvantage in employment”¹⁰ for people with disabilities and other marginalized groups.

Each province and territory also has human rights legislation that prohibits discrimination against people with disabilities in areas such as housing, employment, and the provision of goods and services.¹¹ The CRPD and federal and provincial/territorial human rights laws and jurisprudence also recognize a “duty to accommodate,” which means that workplaces and services are obligated to adjust their rules, policies, and practices to ensure equal access and participation without discrimination based on disability. Accommodations include, for example, ensuring physical access to community services, providing materials in alternative formats, or arranging for a sign language interpreter to communicate with a person being supported.

In addition, three provinces set out provisions for accessibility standards and compliance: the *Accessibility for Ontarians with Disabilities Act*, the *Accessibility for Manitobans Act*, and the *Nova Scotia Accessibility Act*.¹²

Federally, the *Accessible Canada Act*, passed in 2019, applies to organizations and services that fall under federal jurisdiction (e.g., Crown corporations, Parliament, the federal government, and private-sector businesses under federal jurisdiction, such as banking, telecommunications, and cross-country transportation,¹³ including air, rail, and inter-provincial bus travel). Although these various legislative instruments exist, people with disabilities and Deaf people continue to fight hard for protection and enforcement of their rights.

III. Violence against People with Disabilities

A. The Extent of Violence

When examining the research on violence against people with disabilities, it is clear that most studies focus on the experiences of women and intimate partner violence. Yet people with disabilities can experience abuse from multiple perpetrators, including personal support workers, social service workers, health care providers, transit drivers, institutional and residential staff, attendants, and family members.

It is evident that women experience intimate partner violence “more often and more severely than men”: “79% of police reported intimate partner violence is against women” and “women were victims of intimate partner homicide at a rate four times greater than men.”¹⁴ Women with disabilities experience some of the highest rates of intimate partner violence in the country.¹⁵ Child abuse is a concern in Canadian homes, with a large percentage of cases (34%) related to exposure to intimate partner violence.¹⁶ Elder abuse is also an alarming component of family violence, with 34% of older adults reporting being victimized by a family member.¹⁷ We can infer that for children, women, men, gender minorities, and older adults with disabilities, these rates are even higher. There is limited information available that examines the intersection of gender, disability, age, and violence, particularly as it pertains to gender minority people. Although this is evolving, there is also limited quantitative information on the extent of violence against Indigenous, racialized, migrant, and 2SLGBTQ+ peoples with disabilities. However, if we examine the data available on people with disabilities and violence with data that exist for other marginalized population groups, it is reasonable to assume that rates of violence are elevated for people with disabilities who have intersecting identities.

Statistics Canada’s Canadian Centre for Justice Statistics offers some important statistics related to people with disabilities and family violence:

- Canadians with a disability were more likely to be victimized in their own home—close to one-third (30%) of violent incidents against a person with a disability occurred in their private residence (compared with 17% of incidents in which the victim did not have a disability);
- Four in 10 (40%) Canadians with a disability were physically and/or sexually abused during their childhood, compared with about one-quarter (27%) of those who did not have a disability;

- 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, with a similar proportion for men with disabilities (22%). For both women and men, this was roughly two times higher than for non-disabled people; and
- Among victims with a disability who experience spousal violence, women were more likely than men to have experienced the most serious forms of spousal violence (39% versus 16%), to be physically injured due to the violence (46% versus 29%), to fear for their life (38% versus 14%), and to contact or use formal support services following the violence (71% versus 29%).¹⁸

Men with disabilities are also more vulnerable to violence than non-disabled men:

- Adult men with disabilities experience sexual abuse more often than those without disabilities;
- 30% of sexual abuse survivors amongst Canadian men are men with disabilities; and
- Among men with intellectual disabilities, 32% to 54% have been sexually assaulted.¹⁹

A study looking at the risks of partner violence for women with disabilities found that women with disabilities had a 40% greater risk of intimate partner violence than women without disabilities, and the violence was more severe:

Women with disabilities were twice as likely to report being beaten and kicked, bit, or hit with a fist. They were also 3 times more likely to report being forced into any sexual activity by being threatened, held down, or hurt in some way.²⁰

Research suggests that age-related disability, illness, and cognitive decline place seniors at higher risk of maltreatment and abuse.²¹ As well, older seniors (those aged 80+, the majority of whom are women) are more likely to experience illnesses and accompanying disabilities.²² This may account for the following victimization rates for older women with disabilities²³:

- Victimization rates for older women with disabilities are higher, at 15.3%, than for older women without a disability, at 13.8%; and
- More older adults with disabilities report physical and sexual abuse by an intimate partner than do non-disabled older adults. Older women with disabilities report this the most, at 6.7%.

People with disabilities, particularly people with intellectual disabilities, are increasingly experiencing a longer life expectancy beyond what was typically mid-life.²⁴ With this increasingly aging population of people with disabilities comes a wide range of housing, legal, financial, caregiving, health care, transportation, and community support and access issues, all of which have implications for the extent to which aging people with disabilities are safe and included in society. For example, for

older people with disabilities, accessible housing is often not available, nor are the supports needed to stay at home; thus, aging people with disabilities often find themselves in situations of heightened vulnerability. Both people with disabilities and/or older adults are more likely than other groups to be subjected to acts of violence and/or to live in abusive situations. (See *Violence and People with Disabilities – It’s an Issue* at <https://www.youtube.com/watch?v=Nn1-LvCHwgo>.)

B. The Context

Violence against people with disabilities and Deaf people needs to be understood within the broader context of the historical foundation and current-day manifestations of oppression outlined above. Using a gender-based, intersectional analysis for understanding violence against people with disabilities, we note that there are circumstances such as un-/under-employment, exclusion from education, racial discrimination and ableism, pre-migration experiences of war, a history of violence and colonization, and institutionalization that increase people with disabilities’ vulnerability to violence, specifically gender-based violence. As well, for people with disabilities, violence is not a “one-off” experience; rather, societal structures place people with disabilities in situations where they are systematically susceptible to violence in ways that are part of their everyday lives. For example, for many Indigenous women, who have a rate of disability that is 2.3 times the national average,²⁵ the dire conditions on-reserve have caused migration to urban areas, where many cannot find shelter and thus end up homeless, becoming vulnerable to trafficking. In this case, racialized colonial systems and policies have placed Indigenous women in situations of increased vulnerability to violence, making Indigenous women and girls with disabilities even “bigger targets of sexual predators.”²⁶

The key point here is that people with disabilities are embedded in systems, policies, and practices that discriminate against them and often exclude them from attaining the things they need to live a safe and healthy life, such as employment, education, and affordable and accessible housing. The consequences of this exclusion are poverty and violence—realities which are critical to understand because they have resulted in distinct experiences of violence for people with disabilities that are intensified for those who are further marginalized, and because this abuse goes beyond the violence that occurs within a family.

Simply put, when people are poor, they are unsafe. This is important to understand, because the reason people with disabilities are more vulnerable to violence is because there are so many barriers to participation in society that keep people in poverty, segregated, and cut off from the mainstream.

C. Locations, Perpetrators, and Forms of Abuse

1. Violence occurs inside and outside of the family

We know that abuse happens in residential care institutions, where many people with disabilities live, because they require extensive health care and support with daily living. In addition, the dependency

many people with disabilities have on both formal and informal caregivers increases their vulnerability to violence. It is for this reason that advocates in the anti-gender-based violence disability movement have been pushing the violence against women sector to think beyond intimate partner violence.

This is not to say that intimate partner violence against women and gender-minority people with disabilities and Deaf people does not occur: it does, and it is rooted in patriarchal power, as it is in the general population. As well, the dynamics of intimate partner violence are often intensified for women with disabilities and Deaf women because they may depend on their partner financially and for primary care, or they may be easy targets for financial exploitation. It is important to recognize that there are multiple perpetrators of violence against people with disabilities, and that abuse often occurs outside of the family in isolated facilities and institutions.

2. Perpetrators

People who commit violence against people with disabilities include:

- People who are in positions of providing care, including family members;
- A person's social service support worker;
- Health care, residential, and other service providers;
- Intimate partners; and
- Transit drivers, attendant care workers, or interpreters.

3. Forms of violence

During the period from 2012 to 2015, the DisAbled Women's Network (DAWN) Canada and Inclusion Canada (formerly the Canadian Association for Community Living) implemented a pan-Canadian project on violence against people with disabilities and Deaf people. At the beginning of the initiative, community-based researchers spoke to hundreds of people in each of the provinces and territories of Canada. Those consulted included women, men, older adults, Indigenous peoples (including First Nations, Métis, and Inuit people), immigrants, refugees, racialized Francophone people with disabilities, and Deaf people living in rural/urban and northern settings.

A key objective of the consultations was to attain a sense of what violence against people with disabilities "looks like." A video was developed that synthesized the results of these consultations, outlining the nature of the violence diverse people with disabilities are experiencing and some of the barriers they experience in disclosing this abuse.

People with disabilities and Deaf people experience the following forms of violence:

- Psychological and verbal
- Systemic

- Denial of services
- Destruction of property
- Financial
- Sexual
- Physical
- Racism and ableism
- Cyberbullying

Although each group of people with disabilities and Deaf people experienced all of these forms of abuse, there were notable variations.

Women-identified people described the psychological and verbal experiences as follows:

- 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, who they can talk to);
- People thinking that Deaf women are ignoring them when they can't hear them;
- People not believing Deaf or hard-of-hearing women when they tell them what their limitations are (“You look able-bodied”);
- Not acknowledging or appreciating women's contributions;
- Threatening to withhold primary care supports;
- Threatening physical harm;
- Demanding and aggressive behaviour;
- Insulting and degrading language;
- Laughing and belittling them; and
- Telling women that they are unattractive and undesirable.

Women also described the physical abuse experienced in the following ways:

- Extreme and very violent;
- Involving yelling and throwing of objects;

- Physical violence often being the cause of their disability, particularly brain injuries;
- Physical abuse as ongoing and often undetected;
- How they needed to fight back in self-defence, in fear for their lives; and
- Physical violence against them that was often witnessed by their children.

When women described their experiences of sexual violence, the following points were most often shared:

- Sexual violence was committed by those in positions of authority (e.g., transit workers, personal support workers, etc.).
- Many women had experienced ongoing childhood sexual abuse;
- Sexual abuse was often committed by a family member or informal caregiver;
- Inappropriate touching occurred by caregivers when washing, bathing, and dressing women in homes and health care settings;
- Women experienced date, violent partner, and gang rape; and
- Sexual abuse is often ongoing and goes undetected.

Men with disabilities shared the following key experiences of violence:

- Aggressive behaviour by attendants and support workers conducting primary care and/or who are assisting with daily living;
- Workers not providing the support needed and often treating them roughly;
- Transit workers verbally abusing them;
- Abuse in the health care sector (e.g., service providers being dismissive and neglectful, and rough physical treatment in hospitals); and
- Sexual abuse within institutions and by attendants.

Older adults with disabilities shared the following experiences:

- Lack of personal care from caregivers (e.g., changing adult diapers, bathing, washing and combing hair);
- Physical and verbal abuse from health care providers;
- Financial abuse from family members;
- Ageism—older adults with disabilities feeling that their needs were perceived as less important because of their age and disability;
- Physical abuse in nursing homes by staff, and feeling very lonely due to this poor treatment;

- Bullying from other residents in homes;
- Caregivers stealing their medication;
- Loss of independence due to support needs;
- Feeling forced out of their homes into nursing homes or institutions because they couldn't afford rising medical bills and needed supports as they age;
- Overcrowding and neglect in long-term care facilities; and
- Feeling “faceless” in institutions where they are not treated as individuals, in terms of staff getting to know them and their needs.

In the area of financial abuse, people with disabilities described:

- Caregivers taking their disability social assistance cheques;
- Caregivers and family members controlling their bank accounts and access to their own money;
- Being told what they can and cannot do with their own money;
- People stealing from them in their homes; and
- Paid caregivers using people's money for their own personal needs and pleasures.

People with disabilities described various forms of abuse by systems:

- Rude and disrespectful treatment by health care professionals and hospital personnel;
- A refusal and unwillingness to provide the medical services and social supports they need;
- Rude and disrespectful services from shelter workers and social workers;
- Rude and disrespectful treatment by the police and the legal system; and
- Minimizing of the violence experienced.

See *The Nature of Violence Against People with Disabilities & Deaf People* at <https://www.youtube.com/watch?v=3Yz3FoXJnTM> for more information.

D. Barriers to Accessing Services

People with disabilities and Deaf people experience many different types of barriers or obstacles to accessing the things they need to live a good life. Barriers to accessing and benefitting from violence prevention and response services for people with disabilities include barriers to seeking help; a service's procedures, policies, and communication practices; and ineffective outreach and marketing of a service to people with disabilities and Deaf people.

1. Barriers to disclosure²⁷

People with disabilities, especially women, experience significant institutional barriers to responding to, and preventing, the violence in their lives, such as problems in accessing the justice system (e.g., because of a lack of communication accommodations) and the lack of disability-sensitive violence social service supports (e.g., inaccessible shelters).

On an individual level, there are also a number of barriers that people with disabilities experience in disclosing family violence. Women 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 with only 30% of women with the same categorization.²⁸ There is also evidence that male partners of women with disabilities are more likely to express patriarchal domination and be sexually proprietary than male partners of non-disabled women.²⁹ These qualities of male perpetrators can also increase a woman’s difficulty in reporting intimate partner abuse. The discussion below on barriers to disclosure largely draws on the experiences of women with disabilities; however, many of these obstacles could also apply to gender minority people and men with disabilities.

The main barriers to disclosure include the following:

- **Fear of repercussions:** People 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 supports needed to live their lives, such as cooking and being fed, bathing, medication, etc. Often, people with disabilities tolerate the abuse because they need these supports.
- **Fear that they won’t be believed:** People with disabilities are often seen as not credible, sometimes due to communication differences and/or a cognitive impairment. Women with disabilities also indicated that they feel like they will not be listened to. As well, due to racism and discrimination, if a person is Indigenous, racialized, and/or 2SLGBTQ+, the fear of not being believed is intensified.
- **Fear of losing their children:** Women with disabilities are often deemed incapable of raising their own children and thus are fearful of losing custody. This situation is intensified for Indigenous and racialized people (particularly Black African Canadian people) 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 immigrant 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— for example, people who are non-verbal, who live with speech

differences, or use sign language—may communicate in ways that are not understood by most people.

- **Lack of awareness about what abuse is:** Given the life-long segregation of women with disabilities from mainstream society, many women were not even aware that what they were experiencing was abuse.
- **Not knowing where to go for help:** Related to their segregation and isolation, women sometimes do not know what services and supports are available to them. As well, in many cases, violence-against-women services are not accessible (e.g., shelters and counselling services).
- **Lack of financial resources:** As outlined earlier, people with disabilities are poorer than the non-disabled population, and for transgender, Indigenous, migrant, and/or racialized people with disabilities, poverty rates are even higher, especially for women. Thus, a person with a disability is more likely to be financially dependent on their abuser and/or not have the financial means to leave an abusive situation.

Men with disabilities reported feelings of humiliation for being abused.³⁰ Like the rest of society, men with disabilities grow up with patriarchal notions of masculinity and thus may feel ashamed of the abuse they are experiencing.

In the discussion of intimate partner violence against people with disabilities, we should recognize that a person's abusive partner may be a member of a racialized community and/or of the same sex. This is important, because it may complicate an abused person's desire to seek help; for example, a person may hesitate to contact the police if their abuser is Black or Indigenous for fear that the partner will experience racially motivated police brutality; or a person in a same-sex relationship may not want to be outed.

It is also important to recognize that people with disabilities are also immigrants, and for many groups of immigrants and refugees, abuse is embedded in complex interlocking dynamics, including migration experience (pre and post), systemic barriers in Canada for immigrants (racism, unemployment, poverty), and stresses with extended family (e.g., a wife may be expected to serve her in-laws, or grandparents or required to care for their grandchildren). As well, an immigrant with a disability may come from a collectivist society in which there are different family expectations and roles in the context of the family unit and the community as a whole. In these societies, there is often an emphasis on interdependence rather than independence, a strong feeling of group identity, and shared values and beliefs that may be founded on religious affiliation, their original country, and/or their ethno-cultural linguistic group. Thus, an additional barrier to disclosure for an abused immigrant person with a disability is loyalty to their family and ethno-racial and/or faith community, in which group needs may supersede individual needs for safety.

Lastly, another barrier to disclosure is fear of the justice system. For Indigenous and racialized people with disabilities, their knowledge of how poorly their community is treated in the justice sys-

tem may keep women in situations of abuse. Queer- and transphobia in the justice system are also barriers to reporting violence for people from 2SLGBTQ+ communities, especially for transgender people with disabilities. Immigrant and refugee people with disabilities may also be fearful of police and the justice system because of their negative experiences with authority figures from their home countries. People with intellectual, cognitive, and psychosocial disabilities, particularly when they are Black African, Indigenous, or racialized, are subjected to ongoing systemic police violence in their everyday lives—often compounded by the invisibility of these disabilities.

2. Physical barriers at facilities

People with disabilities and Deaf people experience a number of physical barriers when attempting to access services. These can include the location (e.g., not close to public transit); inaccessible transit drop-off/pick-up location; limited reserved parking for people with disabilities; pathways to entrances often inaccessible and/or uneven; entrances not being wide enough for a mobility device; no automatic doors with access buttons; steps; poor signage (e.g., no Braille, or signs are placed too high); narrow hallways and doorways; and inaccessible rooms (e.g., washrooms and offices).

3. Procedures, policies, and communication barriers

It may have already taken a lot of effort for a person with a disability to have even arrived at a service facility. Assuming that the directions, signage, and physical access resulted in them finally entering an agency, they may initially confront a communication barrier. Communication may be a challenge for people living with various disabilities. For example, a person with an intellectual disability may not comprehend what is being said and/or may not understand the language being used. Or, for those people whose verbal communication may be difficult to understand, communication with a receptionist or intake person may result in the person with the disability not understanding the process and/or what to do next.

A common misconception is that all Deaf people read and write English or French, and thus a service provider may attempt to communicate through writing notes to a Deaf service user. The Deaf person's language may only be ASL or LSQ, however, and therefore they would require an interpreter to communicate.

Other challenges in service delivery include the lack of time that providers can spend on a person with a disability. People with disabilities, particularly people with intellectual, brain injury, and communication disabilities, may need more time to engage in the service process.

4. Ineffective outreach

The consultation conducted by DAWN Canada and Inclusion Canada found that most people with disabilities indicated that they were unaware of where they could go if they needed help. This

suggests that information on anti-violence and justice services are not reaching women, men, gender non-binary and older adults with disabilities, and Deaf people.

This situation likely relates to promotional resources being inaccessible for people with disabilities and Deaf people. Information also has to be distributed in places that people with disabilities and Deaf people might interface with, such as Associations for Community Living or Independent Living Centres. Given that people with disabilities are also Indigenous, immigrants, 2SLGBTQ+, etc., information should also be distributed in places such as friendship centres, immigrant settlement, and rainbow services. Dissemination strategies also need to recognize the different ways in which diverse people with disabilities and Deaf people can access information.

For more information on the barriers that people with disabilities and Deaf people face, see Appendix 2: Understanding Barriers to Accessibility.

IV. Increasing Access to Services³¹

A. Accessibility and Inclusive Practice

This section explores what service providers can do to help increase access to your services and remove some of the barriers noted above. To begin with, it might be useful to examine what we mean by the term “accessibility.” When we speak about accessibility, we are not talking about integration or accommodation, because that assumes that there is a “normal” way of living in this society and that anything outside of that needs to be “accommodated” or “integrated” into that norm. Accessibility is a better term because it implies that everything that is available for us as citizens to live in this society is made available to all people. It also suggests that we need to increase access to these things for those who might experience barriers to getting them, such as people with disabilities and Deaf people. It is useful to think of “inclusion” as the outcome of accessibility, meaning that if people have access to all the things they need for daily living, they will be included.

Inclusive direct service practice at your agency should be implemented in the following areas:

- Adapting the physical environment
- Adopting new procedural and process practices
- Person-centred disability sensitive practice
- Inclusive communication

1. Adapting the physical environment

Physical considerations include the following:

- **Location:** Are you close to public transit?
- **Drop off and pickup:** Do you have accessible drop off/pickup locations?
- **Parking:** Do you have reserved parking for people with disabilities?
- **Entrances:** Does your agency have universal access (i.e., are all people able to use the same entrances)?
- **Doors:** Are your doors easy to open? Do they open automatically?
- **Signage:** Do you have signs that are in alternative formats (e.g., large print, voice activated, positioned lower for people who use wheelchairs to see, and/or in plain language)?
- **Accessible rooms:** Can all the rooms at your agency accommodate people who use wheelchairs or scooters?
- **Washrooms:** Are their locations and features accessible (e.g., grab bars, hand dryer at an adequate height, etc.)?

2. Adopting new procedural and process practices

Some key measures can be implemented to improve procedures and practices that would increase access to your services for people with disabilities and Deaf people.

Prepare for the person's visit ahead of time

The first step is to plan and prepare for a person's visit ahead of time, to ensure that the appropriate supports are in place. You can find out what a person's needs are at the point of intake or at initial contact by asking all persons if they have any access needs. The emphasis is on "all" because you will not necessarily know if a person has a disability or not, and some people may not feel comfortable disclosing their disability without being asked. Being asked also demonstrates to people with disabilities and Deaf people that your agency is sensitive to their needs.

If a person indicates that they do have a disability, you can use a form on which they can identify their support needs. Appendix 3: Support Needs Form has a template that can be adapted and used at your facility.

Ensure that information and forms are in accessible formats

When a person with a disability and/or a Deaf person is using your service, it is important to have information and forms in accessible formats. This includes consent forms and any processes associated with obtaining consent. For example, a person with an intellectual disability may need

someone to explain the process and why they are required to sign a form. See Appendix 4: What Are Alternative Formats and Who Are They For? and Appendix 5: Ensuring that Information Is Accessible for more detailed information on how to create accessible formats.

3. Provide person-centred disability-sensitive service

As noted, it is important to see the person first, not their disability. But what does that mean in practical terms? It means that 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 also important that the person self-disclose their disability. For people with invisible disabilities, particularly those with psychosocial or mental health disabilities, there is societal stigma that they must 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 between you and your client.

Remember that people with disabilities and Deaf people are also immigrants, Indigenous, racialized, members of the 2SLGBTQ+ communities, low income, of various ages, etc.; thus, demonstrating sensitivity to the particular challenges these populations experience is also important. These multiple experiences of marginalization not only affect our sense of self, but have real-life systemic consequences (e.g., poverty). It is useful if we remember and are sensitive to the intersecting and compounding experiences of structural oppression.

It is also important to remember not to “culturalize” people’s experiences. For example, an immigrant person with a disability’s challenges of integrating into Canada cannot be simply explained as “culture clash”; rather, we know that immigrants, especially when they are racialized, face numerous systemic barriers that are out of their control (e.g., discrimination in employment and housing). We should also reframe our thinking about why a person is currently poor or homeless: it is not because they are lazy or lack incentive to improve themselves, but, perhaps, it is because they may have grown up in poverty and/or have not had access to education or family supports such as intergenerational wealth. They may also live with mental health and addiction issues that are exacerbated by their experiences of poverty.

Being sensitive to the layers of systemic barriers people with disabilities and Deaf people experience should be the starting point in getting to know your client. When we see the person and not the disability, we are encouraged to provide the same care that we would for all clients. The person-centred approach helps to create a safe and supportive space for all people, and at times requires us to be flexible and creative. We may have to push, adapt, or work around procedures, protocols, and policies to ensure equal access to all service users.

B. Inclusive Communication and Practice

The last area of inclusive practice, and possibly the most important area of focus, is inclusive communication and practice. It is important to attain a general understanding of the things you can do to enhance your communication and interactions with diverse people with disabilities and Deaf people. The first step is establishing communication.

Some people with disabilities communicate differently than the majority of the population. Again, you should not make any assumptions about how a person communicates. It is good practice to begin your discussion with a person with a disability whom you are supporting just as you would with any other person you support.

The language you use is important, because it demonstrates your understanding of systemic oppression based on disability. There are also disability-sensitive ways to interact with a person with a disability or a Deaf person that demonstrate your understanding of barriers to effective communication. Appendix 6: Communication and Interaction Tips for People with Disabilities and Deaf People and Appendix 7: Communicating with People with Disabilities on the Phone provide more information and tips on effective communication.

Figure 1 outlines some examples of preferred language.



Figure 1: Language matters!

The use of plain language also demonstrates inclusive practice, particularly for people with intellectual disabilities, traumatic or acquired brain injury, and psychosocial or other cognitive-based disabilities, and/or for people whose language is neither English nor French. See Appendix 8: Tips on Using Plain Language, for more plain-language tips.

It is important to remember when you are speaking to a person with a disability or Deaf person to be conscious of not sounding patronizing, and of being respectful. For example, if a person needs you to speak more slowly and repeat what you say, you might naturally begin speaking to them like you would a child, because we are more accustomed to speaking to a child slowly, using simple words and repetition. The individual with a disability needs to be respected as a full and equal adult citizen who is fully sensitive to the way they are being treated and spoken to. See Appendix 9: Ten Inclusive Practice Tips for some useful tips on first contact with a person with a disability or a Deaf person.

See *Promising Practices: Working with People with Disabilities & Deaf People Who Have Experienced Violence*, which outlines more ideas on inclusive communication and practices at <https://www.youtube.com/watch?v=eh-wRk2MIDw>.

C. Inclusive Practice for Management

This section outlines ways that management staff can make their agency more accessible for people with disabilities and Deaf people. The most relevant areas for management to increase accessibility to their services are:

- Policies, procedures, and protocol
- Outreach and service promotion
- Creating a safe and welcoming environment
- Partnerships and networking
- Budgeting for accessibility

1. Policies, procedures, and protocol

A dedicated effort should be made to examine your existing policies and practices to determine the possible places where people with disabilities and Deaf people might experience barriers and/or be excluded. Four guiding principles can help frame your review: independence, dignity, integration, and equal opportunity. You should also examine your staffing policies and practices.

As outlined in the previous section, changes will need to be made to your agency's procedures, e.g., allowing more time when working with a person with a disability, or determining the client's access needs prior to their using your service. It is important to ensure that you have implemented these changes before conducting outreach to people with disabilities.

2. Outreach and service promotion

Think about developing an outreach plan to promote your service(s) to people with disabilities and Deaf people. You may want to keep some of the following questions in mind when developing your plan:

- **Who do I want to reach?** Consider the diversity of disabilities across diverse population groups.
- **How do I reach them?** Identify and try to reach people where they might go, e.g., disability services, specific community centres, immigrant settlement services, Indigenous services, 2SLGBTQ+ agencies, etc.
- **How do I tell them about our service?** Your communication to people with disabilities and Deaf people should pursue the four simple objectives, as outlined in Figure 2.



Figure 2: Service promotion objectives

The three “Ms” of outreach offer an easy way to remember what you need to do for effective outreach planning.

- **Market:** who you want to reach
- **Message:** what you will ask and how you will ask it
- **Method:** how you will get the message out to your market

Market

During this first step in outreach planning, you need to identify and get to know your “market,” or who you want to reach. In the context of people with disabilities and Deaf people, particularly in urban centres, specific attention should be paid to diversity in terms of race, gender, indigeneity, migrant status, language, age, sexual orientation, etc.

Message

In your messaging:

- Explain “what’s in it for them”: i.e., how they will benefit from your service.
- Ensure that your communication is specific to people with disabilities and Deaf people.
- Outline what supports will be in place for their participation. Clearly present the kinds of supports available; for example, they can bring a support person such as an attendant, or you will provide on-site ASL or LSQ interpretation.

Method

There are many ways to demonstrate that your agency is accessible and welcoming to people with disabilities and Deaf people across diverse communities. For example, on service information materials, you could include a rainbow indicating that you are 2SLGBTQ+ positive, or the International Symbol of Access for people with disabilities and Deaf people; or provide the information in different languages (see Figure 3).

See Appendix 10: Understanding the Universal Symbols of Accessibility, for more information.

Other inclusive practice tips include the following:

- Prepare materials in alternative formats.
- Distribute promotional materials to disability services and advocacy organizations relevant to your service area.
- Distribute materials to organizations serving marginalized populations, e.g., immigrant settlement, 2SLGBTQ+, racialized and Indigenous organizations, etc.



Figure 3: International symbols of access. Source: http://upload.wikimedia.org/wikipedia/commons/thumb/7/77/International_Symbol_of_Access.svg/220px-International_Symbol_of_Access.svg.png and <https://nalliwrites.wordpress.com/2010/04/14/a-positive-place-for-positive-space/>

- Use disability and other marginalized communities’ newspapers, radio, hotlines, social media sites, and community television programs to place ads. These could include ethno-specific agencies; for example, those serving the Black African, Chinese, or South Asian communities.
- Post recruitment materials at health and social service organizations.

It is important to “put your money where your mouth is”—that is, that you are able to provide support beyond accessible promotional materials and you have staff/volunteers who are sensitive to the issues of concern to people with disabilities and Deaf people.

3. Creating a safe and welcoming environment

Creating an environment in which all people feel welcomed involves addressing the various types of barriers that hinder the participation of diverse people with disabilities and Deaf people, including:

1. Attitudinal
2. Communications and information
3. Technological

4. Equipment
5. Organizational policies
6. Architectural and physical

Appendix 11: Inclusive Practices for Meetings and Consultations—Focus on People with Intellectual Disabilities, outlines tips on preparing for inclusive meetings, organizing and structuring inclusive consultation processes, and inclusive facilitation and participation.

Appendix 12: Accessibility Workplan, offers a template for management staff to identify the barriers in the above six areas relevant to your organization. The template can support your management team to think through the kinds of practical activities that could be conducted to address each barrier, who would be involved, and the timeline for completion.

4. Partnerships and networking

Increasing access to your services will need to go beyond internal changes to your practices and procedures, due to the systemic factors that block access to services for diverse people with disabilities and Deaf people. Thus, it will be important to establish relationships with agencies such as your local Independent Living Centre, Associations for Community Living, disability-specific groups (e.g., Spinal Cord Injury Canada or Inclusion Canada) and provincial associations serving Deaf communities. As well, in order to obtain an intersectional understanding of the needs of diverse people with disabilities and of Deaf people, you might wish to reach out to local organizations serving marginalized populations such as Indigenous people, immigrants and refugees, older adults, 2SLGBTQ+ people, etc. For example, you could engage your local 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 policies and programs to ensure an integrated intersectional lens. You might begin by making a list of the agencies in your community you would like to connect with. Or you could hold an event bringing these diverse agencies together, where you can share information on your agency and hear about the work they do.

These partnerships will help raise awareness about the services you provide while also helping you make your service more accessible to your diverse service user population. Diverse community partners will also assist your agency in staying up to date on key issues affecting each population and provide opportunities for solidarity work. The main goal is to establish a relationship with agencies you would not normally connect with in order to mutually support one another in keeping people with disabilities and Deaf people safe from violence in your community.

5. Budgeting for accessibility

It is also important to budget for accessibility, including marketing and promotion 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.

6. Inclusive hiring and staff support

Your staff complement should include people with disabilities and Deaf people. There are different ways you can advertise, recruit, assess potential applicants, and provide support for retention of an employee with a disability. It is important to hire people with lived experience as well as recruiting staff with expertise in the fields of Disability Studies, ASL Interpretation, Developmental Services, Geriatric Social Work, and Social Service Workers programs that focus on immigrant and refugee issues, and Indigenous knowledge.

Your organization should also be prepared to provide the accommodations employees with disabilities may need, such as a part-time or modified work schedule, acquiring or modifying equipment, and ensuring that computer software is accessible—for example, providing screen reader software, using videophones to facilitate communications with colleagues who are Deaf, or providing qualified readers or interpreters.³²

Changes to your agency's policies and procedures, and budgetary, service promotion, partnership engagement, and hiring practices, will help lead to the creation of an organization where diverse people with disabilities and Deaf people who may be experiencing violence in their lives can be supported in a safe and welcoming environment.

7. An introduction to the community safety audit process

This guide provides useful information on how your organization can begin the accessibility planning process. Improving accessibility for your organization, however, requires a long-term commitment to addressing systemic barriers that you may not even be aware of. The safety audit process will enable you to examine your workplace in more detail. This process was developed by Ellen Pence, of Duluth, Minnesota, through an organization called Praxis International. Her aim was to examine where the general population of women who have experienced violence fall through the cracks when seeking help. The process was adapted by IRIS, Inclusion Canada, and the Social Services Network to address violence against further-marginalized groups—that is, people with intellectual disabilities and South Asian immigrants.

The focus of the safety audit approach is on how the systems that are in place, rather than those working within those systems, may not be meeting the needs of those they are trying to serve. By conducting a comprehensive examination of how policies and practices operate within a service system, we begin to see where individual and group needs can and do get lost or are not recognized. See Appendix 13: Community Safety Audit for more information.

Appendix 1: General Types of Disabilities³³

Mobility and agility: This type of disability limits a person's movement and can be the result of neurological (e.g., cerebral palsy) or orthopaedic conditions (e.g., muscular dystrophy or spinal cord injuries). People with these disabilities sometimes use wheelchairs, braces, walkers, or crutches.

Sensory or vision: This disability can range in intensity from low vision to blindness. Vision disabilities reduce one's ability to see clearly; however, very few people are completely blind. People may be restricted in reading signs, locating landmarks, or seeing hazards. Some people may use a guide dog or a white cane.

Deaf: Deafness occurs when a person cannot hear. People with this disability often identify as a cultural and not a disability group, as this community meets the criteria for cultural identity (language, norms or behaviour, traditions, and values). For most Deaf Canadians (the capital "D" indicating a cultural identity), their first language is American Sign Language (ASL). People from Quebec often use Langue des signes québécoise (LSQ). Every country usually has its own unique sign language.

Hard of hearing: In this community, individuals may have hearing levels that range from a mild to profound hearing loss. Generally, people in this group rely on speech and whatever hearing they do have for communication, although some people may also use some sign language.

Deaf-blind: Although this community is quite small, their needs are often high. This group of people falls 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.

Learning disabilities and attention deficit hyperactivity disorder: This disability is defined as a neurological difference that interferes with the brain's capacity to process information in a conventional manner, with a range of levels. For example, "dyslexia" is a common term for people with this type of disability, which can result in difficulties reading. Some people with this disability may also have attention disorders and/or hyperactivity.

Psychosocial, mental health, or psychiatric: A range of conditions and diagnoses fall under this label, including depression, schizophrenia, and bipolar disorder. Different perspectives have emerged during attempts to effect change for this community—for example, the anti-psychiatry movement, which completely rejects the system of psychiatry; and the mad movement, which seeks to re-educate 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 (e.g., cerebral palsy, intellectual disability) or organic causes (such as cleft palate).

Intellectual and cognitive: This disability is also known in some provinces, such as Ontario and British Columbia, as developmental disability, which is a broad label formerly known as mental retardation. It covers a wide range of experiences (e.g., those who are verbal and non-verbal; and people living with Down syndrome, autism, and/or fetal alcohol spectrum disorder). People with intellectual disabilities may have delayed or limited development in learning that can affect their ability to comprehend, remember, or discern. Dementia, a serious loss of cognitive ability in a previously unimpaired person that commonly occurs to elderly persons, is also included in this category.³⁴

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 those living with HIV, multiple sclerosis, arthritis, diabetes, and mood disorders.

Acquired brain injury: This disability refers to any damage to the brain that occurs after birth and is not related to a congenital or a degenerative disease. There are two types of acquired brain injuries: non-traumatic, which is caused by something that happens inside the body or a substance introduced into the body that damages brain tissues (e.g., seizure disorders, substance abuse); and traumatic brain injury, which is caused by something that comes from outside the body, such as a blow, bump, or jolt from, for example, domestic violence or a vehicle accident.³⁵

Invisible disabilities: These include disabilities that are not readily apparent, such as HIV, chronic fatigue syndrome, environmental disabilities (when a person becomes ill due to their environment [e.g., food, air pollution, etc.]), or respiratory diseases/asthma.

Multiple disabilities: Many people have more than one of the above disabilities (e.g., people with intellectual disabilities may also have a mobility or mental health disability).

Appendix 2: Understanding Barriers to Accessibility³⁶

Barriers to accessibility are obstacles that make it difficult—sometimes impossible—for people with disabilities to do the things most of us take for granted, such as shopping, working, or taking public transit. When we think of barriers to accessibility, most of us think of physical barriers, such as when a person who uses a wheelchair is not able to enter a public building because there is no ramp. There are many kinds of barriers, however. Some are visible, but many are not (see Table A1).

Table A1: Barriers to accessibility

Type of barrier	Examples
Attitudinal barriers are those that discriminate against people with disabilities	<ul style="list-style-type: none"> • Thinking that people with disabilities are inferior • Assuming that a person who speaks differently can't understand you
Information or communication barriers happen when a person can't easily understand information	<ul style="list-style-type: none"> • Print that is too small to read • Websites that can't be accessed by people who are not able to use a mouse • Signs that are not clear or easily understood • Language that is unnecessarily complex
Technology barriers occur when a technology can't be modified to support various assistive devices	<ul style="list-style-type: none"> • A website that doesn't support screen-reading software
Organizational barriers are an organization's policies, practices, or procedures that discriminate against people with disabilities	<ul style="list-style-type: none"> • A hiring process that is not open to people with disabilities
Architectural and physical barriers are features of buildings or spaces that cause problems for people with disabilities	<ul style="list-style-type: none"> • Hallways and doorways that are too narrow for a person using a wheelchair, electric scooter, or walker • Counters that are too high for a person of short stature • Poor lighting for people with low vision • Doorknobs that are difficult for people with arthritis to grasp • Parking spaces that are too narrow for a driver who uses a wheelchair • Telephones that are not equipped with telecommunications devices for people who are Deaf, deafened, or hard of hearing

Appendix 3: Support Needs Form

Personal Information (optional): Name:	
Address:	
Telephone:	Email:
<i>Access needs: Preamble: One of the goals of our centre is to provide excellent access to our services for people with disabilities and Deaf people. We like to ask patients—before they come in to use our service—about their access needs. Do you have a disability or any support needs that we should know about? YES/NO</i>	
If yes, can you tell us a little more about your needs?	
Do you need a support person to help you communicate?	
Do you have any special communication needs? (e.g., hard of hearing, American Sign Language or Langue des signes québécoise, or other language interpreters, or would like to bring a support person) YES/NO	
Do you use a wheelchair or have a mobility disability? YES/NO	
Is there anything else we should know that will help make this an easier experience? YES/NO	

Thank you for helping us prepare for your visit!

Appendix 4: What Are Alternative Formats and Who Are They for?³⁷

Type of disability	Alternative format
Mobility disability Vision impairment (blind) Intellectual disabilities Developmental disabilities Learning disabilities	<p><i>Audio format</i></p> <p>An alternative format for people with a mobility, vision, intellectual or developmental, or learning disability, and who are unable to read print. The library has an MP3 translation software that will transcribe a Word file into an Mp3 file using a synthetic voice.</p>
Vision impairment	<p><i>Descriptive video service (DVS)</i></p> <p>Descriptive video services provide descriptive narration of key visual elements—such as the action, characters, locations, costumes, and sets—without interfering with dialogue or sound effects. This can make television programs, films, home videos, and other visual media accessible for people with vision disabilities.</p>
Hearing impairment	<p><i>Windowing</i></p> <p>Windowing enables Deaf people to read, by means of a sign language interpreter, what others hear in a video presentation or broadcast. The interpreter appears in a corner or “window” in the screen and translates spoken word to sign language. Windowing may include open or closed captioning.</p> <p><i>Captioning (for movies and visual media)</i></p> <p>Captioning translates the audio portion of a video presentation through subtitles, or captions, that usually appear on the bottom of the screen. Captioning may be closed or open. Closed captions can only be seen on a television screen that is equipped with a device called a closed caption decoder. Open captions are “burned on” a video and appear whenever the video is shown. Captioning makes television programs, films, and other visual media with sound accessible to Deaf people or those who are hard of hearing.</p> <p><i>Telecommunications for persons with hearing impairments</i></p> <p>Although many people who are deaf or hard of hearing use e-mail and pagers to give and receive information, TTY (teletypewriter) is still widely used. More cell phones are now compatible with TTY and hearing aids, and as they become less expensive and easier to use, their use will become more widespread. Bell Canada Relay Service (BCRS) lets TTY users and hearing people talk to one another by phone with the help of specially trained BCRS operators. Users dictate to the operator the conversation, which is then relayed to the TTY phone. The TTY conversation is then relayed to the regular phone user. This service is confidential, and the only cost is any long-distance charges that would regularly apply. Local calls using this service are free.</p>

Type of disability	Alternative format
Low vision Vision impairment (blind) Learning disabilities	<i>Electronic text</i> Electronic text is used with screen-reading software that enables people who are blind, have low vision, or who have learning disabilities to hear a spoken translation of what others see on the monitor. The most common types of electronic text are Word documents and PDFs.

Appendix 5: Ensuring that Information Is Accessible

Any information that is distributed, discussed, and shared should be accessible to diverse people with disabilities and Deaf people.

This means:

- **Ensuring information is in someone’s own language.**
- **Using plain language:** If you are translating a document into plain language, you may have to decide what information is the most important to include and what can be left out. Try using the word order “subject, verb, object,” and avoid sentences that start with a supporting clause. For example, instead of saying “Because of rain today, we recommend bringing an umbrella,” it’s clearer to say, “We recommend bringing an umbrella because it might rain today.”
- **Paying attention to layout and presentation:** For example, use many headings. The headings should be straightforward and lead the reader through the logic of the document with ease. Use built-in heading styles in a way that is logical to someone who won’t receive visual cues from differences in font colour or size. For example, use heading 1, heading 2, and then heading 3. Use the table of contents function in Word to see if the order makes sense.
- **Paying attention to design issues:** Use pictures and not too much text on each page, and try not to clutter the document with too many confusing images. Avoid watermark (background) images.
- **Checking your work:** One useful way to see if you are using accessible language is to keep asking yourself, “What do I really mean to say here?” or, “How can I say that more literally and in a more direct way?”
- **Making documents available in alternative formats:** These include audio tapes or CDs, large-print, electronic text or PDF, and Braille.

Appendix 6: Communication and Interaction Tips for People with Disabilities and Deaf People³⁸

A. Visual Disabilities

Visual disabilities reduce a person’s ability to see clearly. There are many degrees of vision loss. Few people with vision loss are totally blind. Many have limited vision.

Vision loss can restrict a person’s ability to:

- Read signs
- Locate landmarks
- See hazards

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

Interacting with people who have 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 have to pay attention at all times.
- If you’re giving directions or verbal information, be precise and clear. For example, if you’re approaching a door or an obstacle, say so.
- Don’t just assume the person can’t see you.
- Don’t leave the person in the middle of a room. Show them to a chair or guide them to a comfortable location.
- Identify landmarks or other details to orient the person to the environment around them.
- Don’t walk away without saying good-bye.
- Be patient. Things may take a little longer.

Using Words	
Don’t say	Do say
<ul style="list-style-type: none"> • The blind • The visually impaired 	<ul style="list-style-type: none"> • A person who is blind • A person with vision loss

B. Hearing Loss

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

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

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • The deaf • The hearing impaired 	<ul style="list-style-type: none"> • A person who is deaf • A person who is deafened • A person who is hard of hearing

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

Interacting with people with hearing loss

- Always ask how you can help. Don't shout.
- 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.
- If necessary, ask if another method of communicating would be easier—e.g., a pen and paper.
- Don't put your hands in front of your face when speaking.
- Be clear and precise when giving directions, and repeat or rephrase if necessary. Make sure you have been understood.
- Don't touch or address service animals; they are working and have to pay attention at all times.
- Any personal (e.g., financial) matters should be discussed in a private room to avoid other people overhearing.
- Be patient. Communication for Deaf people may be different because their first language may not be English. It may be American Sign Language (ASL) or Langue des signes québécoise (LSQ).
- If the person uses a hearing aid, try to speak in a quiet area. Background noise can be distracting.

C. Deaf-Blind

A person who is deaf-blind has a combined loss of vision and hearing. This makes it difficult for them 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 have to pay attention at all times.
- Never touch a person who is deaf-blind suddenly or without permission unless it's an emergency.

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • Deaf and dumb • Deaf mute • The deaf-blind 	<ul style="list-style-type: none"> • A person who is deaf-blind

D. Physical Disabilities

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

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.

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • The cripple • Crippled • Lame • Physically challenged • Confined to a wheelchair • Wheelchair-bound 	<ul style="list-style-type: none"> • A person 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)

- 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 the person has clear passage.

E. Speech or Language Disabilities

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

- Makes it difficult to pronounce words
- Causes slurring or stuttering
- Prevents someone from expressing themselves or understanding written or spoken language

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • Stutterer 	<ul style="list-style-type: none"> • A person who stutters • A person with a communication disability

Some people who have severe difficulties 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 as well.
- 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.

F. Mental Health or Psychosocial Disabilities

Mental health disabilities are not as visible as many other types of disabilities. Some people with mental health disabilities may have:

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

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

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • Crazy • Insane • Lunatic • Mental • Mental patient • Maniac • Neurotic • Psycho • Psychotic • Unsound mind • Schizophrenic 	<ul style="list-style-type: none"> • A person with a mental illness • A person with a mental disability • A person with a mood disorder (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

G. Learning Disabilities

Learning disabilities are information-processing disorders. 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	Do say
<ul style="list-style-type: none"> • Learning disabled • Learning disordered • Dyslexic 	<ul style="list-style-type: none"> • 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 who have 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 help, ask how you can best help 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 help in a way that works for them.

H. Intellectual or Developmental Disabilities

People with intellectual or developmental disabilities may find it hard to do many things most of us take for granted. These disabilities can mildly or profoundly limit their ability to learn, socialize, and take care of their everyday needs. You may not be able to know that someone has this disability unless you are told or you notice the way they act, ask questions, or use body language.

Interacting with people who have 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.

Using Words	
Don't say	Do say
<ul style="list-style-type: none"> • Mentally retarded • Idiot • Simple • Retarded • Feeble-minded • Imbecile • Mongoloid • Mongolism • Down's 	<ul style="list-style-type: none"> • A person with an intellectual disability • A person with a developmental disability • A person with Down syndrome

Appendix 7: Communicating with People with Disabilities on the Phone³⁹

- Speak normally, clearly, and directly.
- Don't worry about how their voice sounds. Concentrate on what's being said.
- Be patient, don't interrupt, and don't finish their sentences. Give them time to explain themselves.
- Don't try to guess what the person is saying. If you don't understand, don't pretend. Just ask again.
- If you're not certain what was said, just repeat or rephrase what you've heard.
- If the person is using an interpreter or a TTY line, speak normally to the person, not the interpreter.
- If the person is having great difficulty communicating, ask them if they would prefer another way to communicate, including making arrangements to call back when it is convenient to speak with someone else.

Appendix 8: Tips on Using Plain Language

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

Using Plain Language When Speaking

- Use language that is more universal in nature, is accessible to most communities (such as people with a variety of disabilities), people whose first language isn't English, and people with lower literacy levels.
- Use direct language that is more literal in nature.
- Avoid jargon, academic, or policy language, and avoid idioms.
- Break down ideas; don't present too many ideas at once.
- Use shorter sentences or paragraphs.
- Use lots of examples.
- Speak in the first person (i.e., "I") whenever possible.
- Avoid big words! Little words can de-complicate "big" ideas.
- Be concise.
- Avoid terminology such as:
 - Differently abled
 - Physically or mentally challenged
 - Mentally retarded
 - Wheelchair-bound or confined to a wheelchair
 - Handicapped

Appendix 9: Ten Inclusive Practice Tips⁴⁰

1. Speak directly to the person rather than through their companion, family member, or an interpreter who may be present, even if the person is non-verbal.
2. Offer to shake hands when introduced. People with limited hand use or an artificial limb can usually shake hands. You may have to offer your left hand, which is okay.
3. Place yourself at eye level when speaking to someone.
4. Face people who are hard of hearing or Deaf people directly when speaking to them, for ease of lip reading. Speak clearly, slowly (but normally), and with the appropriate expressiveness. Try to face a light source and keep hands, pens, or food away from your mouth when speaking. To get the attention of someone with a hearing disability, wave your hand or make a gesture. Never shout; speak in your normal tone of voice, or if you think the person is struggling to hear you, you may ask, “Would you like me to speak a little louder?”
5. Always identify yourself and others who may be with you when meeting with someone with a visual disability. Also, when discussing things in a group, always say your name before you begin—e.g., “This is Ayshia”—and identify the person to whom you are speaking.
6. Listen carefully when communicating with people who have difficulty speaking, and wait patiently for them to finish. It may be useful to ask questions that require short answers or a non-verbal response, such as yes or no. Never pretend to understand; instead, repeat what you think you understood and ask the person to confirm.
7. If you want to help someone—for example, taking a blind person’s arm, helping someone who may be unsteady walking, or directing someone to the washroom—offer your assistance, wait until it is accepted, and then ask for instructions. For example:
 - “Would you like to hold my arm?” If they respond with yes, then:
 - “Which side is best for you?” OR
 - “Do you want me to walk down with you to the exit?” If they say yes, use your own judgment. For example, if the person uses a wheelchair, open the door for them and get the elevator buttons.
8. Treat adults as adults: address people with disabilities as formally as you would anyone else, e.g., by their last name or first name if that is the type of familiarity you are accustomed to using. Never pat a person who uses a wheelchair on the head or shoulders; this is patronizing.
9. Respect peoples’ personal space (including their wheelchairs, crutches, or canes), and do not rest, tap, or lean against them. Often, people may regard their personal devices as extensions of their bodies, so don’t touch them without their permission or request.
10. Don’t pet or play with guide dogs when their harnesses are on; this means they are working and shouldn’t be distracted.

Appendix 10: Understanding the Universal Symbols of Accessibility⁴¹

The symbols in Figure 10.1 can be used to promote and publicize the accessibility of places, programs, and other activities for people with various disabilities.

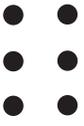
	<p>International Symbol of Accessibility (ISA)</p> <p>The ISA is probably the most recognizable symbol of accessibility. The wheelchair symbol should only be used to indicate access for individuals with limited mobility, including wheelchair users. For example, the symbol is used to indicate an accessible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

Figure 10.1: Universal symbols of accessibility

Appendix 11: Inclusive Practices for Meetings and Consultations—Focus on People with Intellectual Disabilities

To help ensure that people will participate to the best of their ability and in a meaningful way, you need to create a safe, supportive, and comfortable meeting environment.

An environment is **safe** when all participants know that:

- They are not being judged;
- They have equal airtime as others;
- They can choose not to speak when they like;
- There are ground rules and expectations of respect; and
- Meeting participants do not use exclusive, hurtful, or intimidating language.

An environment is **supportive** when:

- All individual accommodations are provided for; e.g., advisors of their choice, including French-language and other language advisors; dietary needs; and plain language materials.

An environment is **comfortable** when:

- There is a social element during or after the meeting;
- The food is interesting and respects dietary differences (e.g., vegan, vegetarian, gluten-free, etc.) and includes cultural variations (including kosher and Halal);
- The agenda and facilitation process are inclusive; and
- The environment and set-up of chairs and tables are casual and welcoming.

Pre-meeting tips:

- Ensure that the location, time, and dates for meetings and events work for all participants;
- Think about taking the event or meeting to where people are;
- Provide for skilled plain language note-takers and/or the taping of meetings when possible;
- Arrange how people will get to and back from meetings; e.g., will a support person bring them and pick them up? Do they take transit, or need taxi money? Are they comfortable with taking a taxi on their own? What will they do when they arrive at the location? How will they get to the room?;

- Provide for all costs;
- Post large signs directing people to the meeting rooms;
- Send agendas out ahead of time in plain language and alternative formats; and
- Avoid last-minute changes to the agenda.

Meeting tips:

- Be sensitive to who facilitates meetings;
- Make meetings less formal;
- Have food and drinks available, to make the event more enjoyable;
- Slow meetings down; and
- Check to see if people are engaged and clear about what is occurring throughout the meeting.

Post-meeting tips:

- Follow up and/or schedule time to meet outside of meetings; and
- Foster ongoing dialogue.

A. Tips on Developing an Inclusive Agenda

Should the meeting include just people with intellectual disabilities or be a mixed group? This decision depends on the purpose of the meeting. If a primary goal is to obtain the input and/or meaningful participation of people labelled with an intellectual disability, then a separate meeting makes more sense.

Be sure to:

- Minimize agenda items. Ensure that there are fewer items on the agenda so that it takes less time to explain the information, process it, reflect, and comment.
- Allow more time in the agenda for discussion. The process will be different because it will take longer to get to the issues and to engage participants.
- Balance the administrative and business objectives of meetings.
- Pay as much attention to process and participant engagement/experience as you do to agenda items.
- Build in more breaks and time to stretch or get up and walk around.
- Include a fun activity; e.g., an ice breaker such as, “What is one of your favourite things to do?”

B. Tips on Organizing and Structuring Inclusive Consultation Processes

Like any other community to be consulted, the first step in ensuring that you will be getting the best information possible is once again to create a safe, comfortable environment.

Be sure to:

- Include outreach to individuals who are not necessarily connected to disability support agencies, but perhaps other population-specific organizations (e.g., Indigenous or migrant services).
- Choose a location that is known to participants, is accessible, and is somewhere they are most likely to be comfortable.
- Know who you are consulting. Be knowledgeable about the experiences and realities of people with disabilities:
 - People with disabilities have a long history of institutionalization and segregation that has cut them off from, for example, mainstream experiences in education. This can mean that being in groups is sometimes intimidating or awkward, or that people may be developing new social skills as they participate.
 - Economic marginalization is common among people with disabilities. The costs of participating and showing up may be a barrier, so as organizers there is an opportunity to reduce these barriers by providing free transportation, honoraria, and/or meals.
 - People with disabilities are as diverse as the rest of society.
- Include social aspects. Think of meetings and consultations as opportunities to socialize, connect with others, and build relationships. The lack of relationships is one of the biggest barriers to a happy life. Building in fun elements like food and discussion prompts is strongly recommended.
- Develop inclusive research tools. As you develop your consultation tools, stay focused on your research objectives while paying attention to how you are asking your research questions.

C. Facilitation Tips for Consultations

Language is very important. Knowing what language works well with people with developmental disabilities is something that comes with experience. Trained facilitators—both self-advocates and advocates—learn which words don't work and which do:

- Avoid certain words, like “explore” or “examine,” or similar jargon;
- Avoid acronyms or metaphors;

- Limit referring to participants as “people with developmental disabilities,” as people don’t label themselves;
- Repeat what you said;
- Adjust and re-work how you ask the question, and be prepared to “read the room” and make adjustments to language on the spot;
- Use direct wording;
- Use short sentences; and
- When asking questions, present each idea separately to avoid introducing a lot of concepts at once. For example, if your goal is to find out whether people want to work and, if so, what kind of work and pay they would be seeking:
 - For people *without* a disability you might phrase this question as, “If you want to work, what kind of work would you like to do, and in what pay range?”
 - For people *with* an intellectual disability, the following question structure is recommended:
 - “Do you want to get a job?”
 - “What kind of job would you want?”
 - “How much money would you like to be paid for doing that job?”

D. Tips on Inclusive Facilitation and Participation

For both meetings and consultations, attention needs to be paid to the facilitation process:

- It’s a good idea to have two facilitators, one of whom can deal with any conflicts that may arise (e.g., they can take a participant elsewhere and talk further if a problem arises and/or someone is having difficulties).
- Use trained self-advocates from the community to co-facilitate whenever possible. This best practice is empowering to participants, it promotes people feeling more comfortable, and it serves the secondary purpose of participatory research in that people become connected and are given an opportunity to take on leadership roles.
- Be conscious of your privilege; e.g., if you are non-disabled and/or male, white, middle class, etc.
- Use plain language: fewer words, simple words, and not too many sentences. Break up ideas, use direct language, and avoid long speeches.
- Establish ground rules. For example, ask participants to de-personalize comments, be conscious of how power operates in the group, don’t dominate discussions, and use respectful language.
- Manage the agenda and stick to the schedule.

- Ensure that one individual does not dominate the conversation.
- Encourage everyone to speak, but tell people it is also okay to not speak.
- Speak directly to and acknowledge non-verbal participants, even if they don't look at you or react.
- Ensure that you address inappropriate behaviour.
- Inform members that they will have the opportunity to follow up or comment on anything at a later time if it does not feel right or if ideas come to them later.
- Find out how people are feeling right at the onset of the process. Acknowledge that people may be nervous, but that hopefully as the meeting goes on, they will feel better.
- Constantly check back with people to see if they understand: tell people that they can use the flag system to alert a facilitator that they need you to stop for clarification.
- Be conscious of not being patronizing or paternalistic.
- Use personal stories about yourself to help participants engage with a topic.
- Visual aids and pictures are useful.

E. Challenges

- People want to talk about their problems and things that they are used to being asked about, such as their disability support income; it's important to allow for this, but remember to redirect the conversation as needed.
- Because many people with disabilities have had difficult lives, and many have also experienced violence, they may sometimes become emotional. It is important to acknowledge difficult realities, but also to redirect as needed. Follow up with participants later and/or make sure they bring supporters with them, such as an advisor or friend. Always have a safety plan in place.
- People may be quite nervous or anxious before and during a meeting.
- Some people won't talk (they may be shy and unaccustomed to being asked), while others may take up a lot of space. Be validating and encouraging when people talk.
- Because people have had hard lives and many have experienced violence, it is important to acknowledge anger. Make sure not to dismiss these emotions; instead, validate and hold space for them before redirecting the conversation.

F. Supportive Participation

- Be respectful and conscious of the language that you use; e.g., don't call women "girls," and Indigenous peoples may not like to be referred to as "Native." If you are unsure, ask.

- Invite people to share their pronouns, if they want to, at the beginning of each meeting.
- Don't dominate the space, and always be conscious of your own power in the group. For example, it's common for men and non-disabled people to speak more than women and racialized people with disabilities, so sometimes we might want to hold back.
- Be conscious and aware of the privileges you may have, and try not to judge others' experiences. For example, there are different ways of behaving and cultural norms of behaviour associated with a person's experience and context that may differ from your own. Try to be open to that difference.
- Give new participants a chance to speak. You may have more experience being on committees and working groups, so be conscious that being in this type of environment is new and possibly intimidating for some people, because they may not feel as comfortable as you do in participating. Encourage their participation.
- Avoid long speeches, get to the point of what you are saying, and don't mix up too many ideas in one response or comment.
- Acknowledge that everyone has their own way of contributing, so if someone chooses not to speak, respect that.
- Acknowledge that everyone is the expert on their own oppression and/or experiences, so take what a member of a marginalized group may say at face value. Don't question motivations or minimize their experiences of pain or suffering.
- Be aware of reverse "ableism." Sometimes we may be so conscious of our own privilege and power that we don't question a person with a disability's comments and behaviour. All participants have to behave respectfully, including the person with a disability. True equality means being able to call out people on their behaviour and to sometimes disagree.
- Ask for clarity when something is not clear to you. Sometimes, we may not respond to something a person from a marginalized group says because we are fearful of offending them. However, if done respectfully, you can avoid being patronizing by truly engaging with what they are saying. This encourages new members to feel like they are being listened to and heard—and works against feelings of tokenism.
- Don't react immediately if something a person from a marginalized community says offends you. Take a bit of time to digest what was said and the context in which it was said, and challenge your own reaction. Check back to ensure that you have interpreted what was said correctly. Sometimes, environmental and cultural differences can lead to misunderstandings. People who have been hurt may need more time to trust, may be angry, or have always had to fight to be heard. Keep this in mind when assessing your reactions. Later, refer back to the incident and deal with it in a calmer fashion. Try not to react defensively. Challenge your defensiveness.
- Try to be understanding and kind when someone is angry or negative toward you. It helps de-escalate anger, calm emotions, and allow entry into a more meaningful exchange.

Appendix 12: Accessibility Workplan⁴²

Barriers addressed	Activities	Persons involved	Timeline
<ul style="list-style-type: none"> • Attitudinal • Organizational • Technological • Information or communications 	Examples: <ul style="list-style-type: none"> • Budgeting for accessibility • Allowing service animals on premises • Disability-sensitive staff training • Service expanded to include home visits 	<ul style="list-style-type: none"> • Executive director • Board of directors • Staff 	
<ul style="list-style-type: none"> • Attitudinal • Architectural and physical • Technological 	Examples: <ul style="list-style-type: none"> • Respectful communication • Accessible washroom • Adapted computers 	<ul style="list-style-type: none"> • Information technology staff 	
<ul style="list-style-type: none"> • Attitudinal • Information or communications 	Examples: <ul style="list-style-type: none"> • Outreach materials in alternative formats 	<ul style="list-style-type: none"> • Communication/marketing staff 	
<ul style="list-style-type: none"> • Attitudinal 	Examples: <ul style="list-style-type: none"> • Attend disability events, have representatives from disability organization on the board 		

Task	Barriers addressed	Activities	Persons involved	Timeline
<ul style="list-style-type: none"> • Establish policies, practices, and procedures 				
<ul style="list-style-type: none"> • Create a welcoming environment 				
<ul style="list-style-type: none"> • Outreach: how you promote your service 				
<ul style="list-style-type: none"> • Partnerships and networking 				

Appendix 13: Community Safety Audit⁴³

Step 1: Bring the Community Together

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

Step 2: Pulling Together the Audit Team

The role of the audit team/steering committee is to identify how community organizations, services, and systems understand, deal with, and act responsibly on anti-violence and safety issues. Team members will participate in mapping, observing, interviewing, gathering of data, and analysis of data specific to each organization. Three key mainstream organizations could be selected to do a safety audit in each community.

An audit coordinator should be hired in each community to design, organize, and develop the work plan of activities for each participating organization and develop a final report outlining key learnings and recommendations based on the audits.

Step 3: Designing the Audit Process

In developing the design of the audit process for your organization, be clear about your objectives:

- To determine the need for new programs and policies;
- To evaluate the functioning or results of current practices or policies; and
- To provide direction and contribute to the collaborative effort to develop a coordinated community-based response.

The next step is to identify the audit questions that would be applied to each participating organization. Questions might include the following:

- **How does the affected community define the problem?** Work with the community to obtain a comprehensive understanding of how they describe the nature of the problem and the barriers they experience.
- **What has your organization already done to address this problem?** It is important to obtain a sound sense of what has been done already in this area. By developing an understanding of the history of addressing this problem, you will be better equipped to expand and build on this work. It is very important that auditors understand how people within the organization perceive this issue.

- **How is the community set up to respond to this problem?** This involves a series of questions that can be asked when attempting to learn more about how the broader local community is set up to respond to the issue of violence against people with disabilities and Deaf people.

More specific questions might include:

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

Step 4: Identify Resources for the Audit

Next, it is important to identify the resources in the community that will be available to support the audit process. Find out:

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

Remember to explore the financial support that is available at all levels of government (municipal, provincial/territorial, and federal) that could potentially support an anti-violence initiative.

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

If you decide to apply for funding for the entire community safety audit process, it will be helpful to develop a budget for the following costs:

- Hiring an audit coordinator;
- Conducting individual safety audits in three organizations;
- Supporting the meeting costs of the steering committee; and
- Funding tasks related to the community response protocol.

Step 5: Organizing the Audit Process

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

- **Who will participate in the audit process?** The process should include all key stakeholders, management, and direct service staff, including people who have both internal and external affiliations to the organization or institution being audited.

Outreach to participants: A communication strategy

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

The presentation must be formulated in a way that “makes light bulbs go off” and secures the audience’s buy-in. You should consider not using the term “interview”; instead, say something like, “We would like to talk to you in order to collect information on our interaction with people with disabilities and the Deaf community.”

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

Step 6: Collecting Information

Who do you get information from?

In the information-gathering phase of the safety audit process, you have to collect information from two groups of people: people with disabilities, Deaf people, and their families; and staff, both front-line and management.

What kind of information do you want?

You are seeking information about:

- The **gap** between what people experience (people with disabilities and Deaf people as victims of, or vulnerable to, abuse) and what services are provided;
- **How the gap is produced** in order to locate how a problem is produced; and
- **How to solve the problem** once you locate how a problem is produced.

Where do you get this information?

The first step is to understand the key areas where you can get the information you need for a comprehensive safety audit. Most organizations have organized their work into eight areas (plus one):

1. **Administrative practices:** This includes procedures, protocols, forms, intake processes, and any documentation process.
2. **Rules and regulations:** Any order that workers, service users, and volunteers have to follow, such as policies and laws.
3. **Linkages:** Any past, present, or future links an organization has with other services or organizations in the course of their work.
4. **Resources:** These include technological, staffing, support services, and documented resources.
5. **Education and training:** Any professional, informal, or internal training that staff possesses or has access to.
6. **Concepts and theories:** The philosophical framework of an organization, which includes language used, how things are categorized, and assumptions that are made in the course of their work.
7. **Mission purpose and function:** 1) the overall mission of an organization (e.g., “advocacy or service on behalf of residents of this community”); 2) examining the purpose of a specific process (e.g., to determine a person’s eligibility for a program); and 3) the function of a worker in a specific context (e.g., an intake worker at a counselling centre).
8. **Accountability:** This includes: a) the way the abuser is made accountable for their actions; b) the way the organization is accountable to victims; and c) the way the organization is accountable to other organizations it links with.
9. **Other areas:** The last area is for anything that you may have missed within an organization in terms of how work is organized.

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

Large organizations put these policies and practices in place as ways to “standardize” their workers’ actions. These are what Praxis International refers to as core standardizing methods—i.e. the things organizations do to direct and control workers to act in appropriate, authorized ways.⁴⁴

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

Step 7: Analyzing Information and Offering Solutions

The final step is to organize and make sense of all the information that has been collected. The audit coordinator develops a report that presents the findings and practical recommendations outlining the resources needed to implement them. The report should also include a timeline for implementation.

The results of individual organizational audits are then shared with the larger community audit team for the purpose of learning about specific types of organizational barriers and solutions.

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

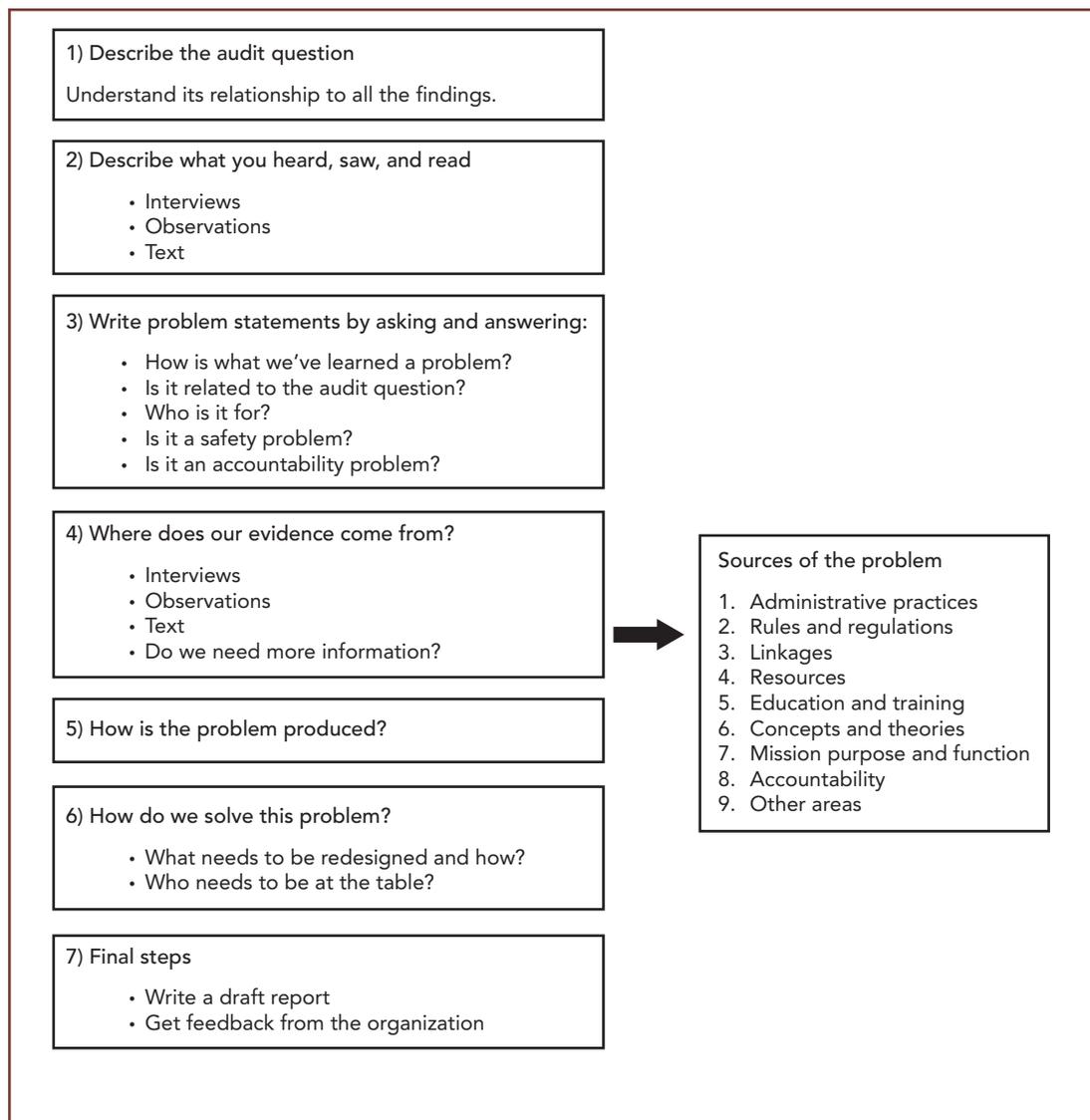


Figure 13.1: Steps in Analyzing Information

Endnotes

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