

# The Gehl Report: Indigenous Women and Girls with Disabilities and Gender-Based Violence

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<b>Table of Contents</b>	ii
Executive Summary	iii
Introduction	1
1. Theoretical Framework	5
○ Indigenous Knowledge	5
○ Disability	7
○ Gender Fluidity	9
○ Human Sexuality	10
○ Individualism	10
○ Intersectional Oppression	12
○ “The Researcher” and the Methodology	15
2. Statistical Snap Shot	17
3. Key Literature that Informs this Project	22
○ Understanding the Jurisdiction Issue	41
4. Key Research Projects that Informs this Project	45
5. Concluding Comments; Synthesis of Recommendations; and Identifying Gaps	63
○ Personal and Community Recommendations	64
○ Department Structural and Policy Recommendations	65
○ Identifying the Gap in the Literature	67
○ Identifying the Gap in Government Action	67
6. Time for Change: Introducing the Political Model of Disability	68
Bibliography / References	76
Endnotes	84

## **Executive Summary**

Moving through an Indigenist theoretical framework this paper provides an intersectional analysis of the key literature and the key research projects that informs the issue of Indigenous women and girls with disabilities as bigger targets of gender-based violence and sexual assault. It relies on an intersectional analysis in the sense that its focus is on Indigenous women and girls with disabilities who live intersectional oppression. It also relies on an intersectional analysis in that it argues addressing the requirements of Indigenous women and girls with disabilities means remedying all policies, programs, service, and supports in a way that meets their specific and particular needs as they, and their caregivers, identify and define them to be at the level of practice. This paper offers a synthesis of previous recommendations on addressing the intersectional oppression that Indigenous women and girls with disabilities live under, and that places them at greater risk of experiencing gender-based violence and sexual assault, for the purpose of serving Canada's strategy to prevent and address gender-based violence.

Drawing on statistical data and work from Hahmann, Badets, and Hughes (2019), the Canadian Survey of Safety in Public and Private Spaces (2018), and Cotter and Savage (2019) this paper offers a statistical snapshot that speaks to the reality that Indigenous women and girls experience both a higher rate of disability, and a higher rate of gender-based violence. More specifically, the rate of disability among First Nations people living off reserve, Métis, and Inuit is: 32%, 30%, and 19% respectively; yet in the general population it is 22%. Indigenous women with a disability are about 2 times more likely than Indigenous women without a disability to have been sexually assaulted, and they are about 1.5 times more likely than non-Indigenous women with a disability to have been sexually assaulted since the age of 15. What is more,

women living with a disability experience unwanted gender-based violence in public settings and while online at higher rates. In offering these statistics it becomes clear that, due to the intersectional power dynamics of racism, sexism, and ableism and the compounding and interacting effects, they are more vulnerable to experiencing gender-based violence and sexual assault.

Then drawing on key literature, such as the Royal Commission on Aboriginal Peoples (1996), Durst and Bluehardt (2001), Fricke (1998), Hirji-Khalfan (2009), Stienstra (2018), Abbas and Alimi (2019); as well as key research projects that involved Indigenous persons with disabilities, inclusive of Indigenous women and girls with disabilities and their service providers, such as Elias and Demas (2001), Durst and Bluehardt (2004), the British Columbia Aboriginal Network on Disability Society (2017, 2018), the Native Women's Association of Canada (Quinlan, 2017), and the Assembly of First Nations (2017), this paper offers a synthesis of the recommendations previously generated and put forward. These recommendations are disaggregated or organized into two main categories: 1. Personal and Community Recommendations, and 2. Department Structural and Policy Recommendations.

The goal in the disaggregation of the recommendations into two categories is intended to best direct Canada's gender-based violence policy and program decisions on how to protect Indigenous women and girls with disabilities. Certainly, it would be a mistake to offer only narrow personal remedies when it is the broader family and community context that Indigenous women and girls with disabilities are situated within and whose family and community members are oftentimes their caregivers. The same can be said regarding the homes they live in, in that clearly their homes and communities require accessibility accommodations as well as clean water, good

plumbing, reliable electricity, and proper ventilation. At the departmental and policy level Canada must address such things as underfunding, establish advocacy offices, create more and better programs, service, and supports, as well as address the jurisdictional issues that continue to plague Indigenous peoples, families, and communities. That said, this paper offers,

#### 1. Personal and Community Recommendations:

- Address and work to ensure service and funding gaps for Indigenous persons with disabilities in the areas of medical, dental, and nutritional related needs are met because social assistance is not enough (Note, the goal here is not equality with non-Indigenous persons with disabilities because the current model fails them too.);
- Address and work to ensure that housing accessibility needs are met for persons with disabilities, and that housing related needs such as heating, electricity, plumbing, and ventilation are met;
- Address and work to ensure that homes and community buildings are fully accessible to persons with disabilities;
- Provide funding for caregivers of persons with disabilities, inclusive of family and community caregivers;
- Provide respite funding for caregivers of persons with disabilities, inclusive of family and community caregivers;
- Institute an appointment system so the clients, who are persons with disabilities, are able to rely on. This will ensure service providers show up for the appointments;
- Ensure that service providers are qualified, as well as screened and approved to work with Indigenous women and girls with disabilities;
- Address and work to ensure that persons with disabilities have employment opportunities at living wage standards and with flexible work hours or reduced work hours with full time pay;
- Provide additional funding for the special child care that children with disabilities require;
- Provide more education and training funding that accommodates for extra time required;
- Provide more supports and services in communities inclusive of trauma related services;
- Provide additional funding for transportation both within communities and to neighbouring communities and cities because often times the only access to supports and services is outside the community;
- Work with Indigenous communities and organizations to ensure that services and supports are culturally relevant;
- Call on leaders to become more aware of the issues and become better advocates for Indigenous women and girls with disabilities; and,
- Community leaders must listen to Indigenous women and girls with disabilities and rely on them in shaping programs, supports, and services.

#### 2. Department Structural and Policy Recommendations:

- Provide equitable supports and services to that of all other Canadians;
- Resolve all the jurisdiction issues. One such suggestions is to institute Jordon’s Principle for adults;
- Institute an employment equity program;
- Place all service providers under one domain in one building as this will serve accessibility issues;
- Establish provincial advocacy offices and appoint provincial / regional ombudspersons;
- Institute call centres for remote communities;
- Create more preventative awareness programs about disabilities with a focus on FASD;
- Resolve the English-French barriers in Quebec such as provide persons with disabilities with a translation service;
- Ensure that supports and services will not be disrupted when resource development projects and their workers move in and settle;
- Provide more care for incarcerated and institutionalized Indigenous women and girls with disabilities;
- Ensure all foster parents are trained, screened, and approved as safe to work with and care for Indigenous girls with disabilities;
- Ensure that all social, health care, medical care, and mental health providers are trained, screened, and approved as safe to work with and care for Indigenous women and girls with disabilities;
- Ensure that all transportation, education, and employment services personnel are trained, screened, and approved as safe to work with and care for Indigenous women and girls with disabilities;
- Listen to Indigenous women and girls with disabilities, and rely on them in shaping programs, supports, and services;
- Provide cultural awareness training for all support and service providers; and,
- Create a nation-wide awareness campaign about the lived reality of Indigenous people with disabilities, in particular about the need to better ensure the safety of Indigenous women and girls with disabilities.

In this work, a gap in the literature as well as a gap in action are identified, and suggestions are made. In terms of the gap in the literature, drawing from an Indigenist theoretical framework it is suggested the body of literature that best complements this topic addresses the differences between ‘internal locus of control’ and ‘external locus of control’ systems of governance. An important value of Indigenous knowledge is that it is through cultural teachings and practices that people are taught to rely on their agency within to self-regulate their feelings and behaviours in good and moral ways. While certainly the power dynamics inherent within intersectional

oppression are resulting in Indigenous women and girls with disabilities to be more vulnerable to sexual violence and gender-based violence, there is also a need to remind humans that ultimately who we are as humans, and how we treat one another, is best moderated and governed from within.

In terms of the gap in action, again drawing from an Indigenist theoretical framework it is suggested that the most important knowledge is in the practices we do, inclusive of government practices and action. Through this project we learn that the research on how best to remedy Indigenous women and girls with disabilities as bigger targets of sexual violence and gender-based violence has been completed and the recommendations have been put forward. Now Canada must fill the gap in action. It is suggested that Canada must provide the funding needed for community researchers to conduct needs assessments of Indigenous women and girls with disabilities within all Indigenous communities where after, Canada fulfills those needs.

Finally, it is suggested that policy and program creators, in addressing the needs of Indigenous women and girls with disabilities, require a new conceptual model. While the 'medical model of disability' and the 'social model of disability' have been useful for Canadian policy and program developers to think through and act on, the 'political model of disability' will best serve Indigenous women and girls with disabilities in terms of understanding and addressing the compounding and interacting elements of the intersectional oppression that they live under. Through this new conceptual model, Canadians, parliamentarians, feminists, and policy and program developers will be better equipped to perceive, understand, and address the main barriers in remedying the lived reality of Indigenous women and girls with disabilities.

The accompanying bibliography that this paper has produced will serve decision, policy, and program makers in the important goal of serving and protecting Indigenous women and girls with disabilities so that they are able to live free from sexual violence and gender-based violence.

## Indigenous Women and Girls with Disabilities and Gender-Based Violence

### Introduction

In June 2017, seeking to address gender-based violence (GBV), the federal government of Canada launched *It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence* strategy. In taking on this important goal Canada has committed to allocating \$200 million starting in 2017 through 2023, with an additional amount of more than \$40 million per year to establish, launch, and expand the strategy inclusive of a GBV Knowledge Centre housed within the department of Women and Gender Equality Canada (Canada, n.d.). Canada's understanding of GBV is that it is "rooted in gender inequality and is greatly influenced by sexism, racism, classism, ableism, homophobia, transphobia, colonialism, and other forms of oppression. It is further exacerbated by social and economic power imbalances, gender inequalities and outdated societal gender roles and norms" (Canada, 2019, p. 14). With this understanding, Canada then defines GBV as more than physical violence. Rather, it can include words, actions, or attempts to degrade, as well as attempts to control, humiliate, intimidate, coerce, deprive, threaten, or harm another person. Further, GBV can take other forms such as cyber, physical, sexual, societal, psychological, emotional, and economic forms where neglect, discrimination, and harassment are also included (Canada, n.d.).

It is said that Women and Gender Equality's (WAGE) three-prong approach will address: the prevention of GBV, supporting survivors and their families, and the promotion of legal and justice systems to support victims. The goal is to fill the gaps in supports and services for diverse populations. In taking on this important task WAGE acknowledges that living at the intersection of two or more structural oppressions compounds a person's risk to GBV. For example, WAGE

understands that both Indigenous women and women living with a disability in Canada are more likely to experience GBV than non-Indigenous women, and that when a woman is both Indigenous and living with a disability that she may be exposed to even higher risks of experiencing certain forms of GBV (Canada, n.d.). Thus, Canada's GBV is inclusive of Indigenous women and girls with disabilities.

In the Indigenous philosophical tradition, knowledge is best understood as a bundle of interconnecting relationships, where as such it becomes difficult to represent knowledge in a two-dimensional form of textual communication. Regardless, this is the way it is. This paper on Indigenous women and girls with disabilities and their experience with gender-based violence will unfold in six sections beginning with an Indigenist theoretical framework because, ultimately, how I think will shape my relationship with the topic, how I process the information into knowledge, and my process of synthesizing the body of literature and the research projects already completed on this topic. The second section provides a statistical snap shot on this topic. It is added so the reader is able to hold within their mind an idea of the number of Indigenous women and girls with disabilities we are speaking about, as well as provide the reader with a foundation that indeed Indigenous women and girls with disabilities have become the most oppressed members of Canadian society. The third section of this paper provides an analysis of the key literature generated that best informs the needs of Indigenous people with disabilities, inclusive of women and girls with disabilities. The fourth section provides an analysis of the key research projects conducted where it is clear that participants—Indigenous people with disabilities, inclusive of women with disabilities, and/or their support and service providers—shaped the empirical process and subsequent recommendations put forward. The fifth section

provides a synthesis of the personal and community recommendations, as well as recommendations that the government of Canada must act on regarding the needs of Indigenous women and girls with disabilities to best curtail the intersectional oppression and thus the gender-based violence they experience. Remaining with the Indigenist theoretical framework this section also addresses two gaps, one in terms of the literature, and the other in terms of government action. The sixth section ends with introducing a new conceptual model of disability because Canadians require a new way to perceive, understand, and address the intersectional barriers that are resulting in Indigenous women and girls as bigger targets of gender-based violence. Each section will be numbered.

Before I begin, though, it is important for me to qualify a few things here in this introduction. First, as most people know culture is fluid, inclusive of the terms we use. In this paper readers will encounter several terms relied on to describe the descendants of the original inhabitants of this land now called Canada. These terms have changed over time and include “Indians”, “Aboriginal”, and “Indigenous”. While today we use Indigenous, depending on the date of publications readers will see Aboriginal. In reading this work readers will also see Inuit, Innu, and Métis as they too are terms relied on when talking about Indigenous people. As you read through this paper it is important that you not let these terms and their changing nature confuse you. It is just the way it is.

In terms of the Indian Act, there are Status Indians and Non-Status Indians. While generally speaking, Status Indians lived in First Nation communities once called reserves, this is not always the way it is today. Status Indians today reside in urban centres, just as today Non-Status Indians live in First Nation communities. Here, it is also important to appreciate that Status

Indians do not make up the bulk of Indigenous people. Due to the history of colonization that denied many people, and due to the sex discrimination in the Indian Act and the second-generation cut-off rule created in 1985, the Non-Status population is much larger.

I must also qualify that “sexual violence” will be added when discussing “gender-based violence”. I opt to do this because the use of softer more politically correct terms has a tendency to obfuscate the lived reality of experiencing sexual assault which is contrary to the goal of eliminating sexual violence. What is more, when we soften lived realities through terms, we risk offending the very Indigenous women and girls with disabilities whose lived realities we seek to represent, this is counter-intuitive. In this way my choice to remain with adding “sexual violence” is harm reducing and trauma informed as I in no way wish to disenfranchise or patronize Indigenous women and girls with disabilities who have experienced sexual assault. It is important that we name lived realities in ways where they can be seen versus use terms that make them invisible.

It is also important to qualify that with any knowledge production there are limitations in that no one person holds all the knowledge, nor a universal truth on a topic. Limitations certainly apply to this work. It would be erroneous of me to claim, and others to assume, that the works included in this paper represent a comprehensive reading on the topic of Indigenous women and girls with disabilities and their experience with sexual abuse and other forms of gender-based violence. I offer this qualifying statement because there may be knowledge holders out there who I may have disenfranchised in my process of learning and gathering the materials. It is also important for me to recognize that some researchers and organizations may feel that I did an inadequate job representing and speaking to the recommendations they worked hard to put

forward and it is for this reason that I direct readers and policy and program makers to the bibliography that this work has compiled and relied on, as it in itself is a valuable resource that people can harness. All this said, regardless of these limiting and qualifying caveats, this work is important for many reasons, such as how it pulls together many sources and examines them collectively for policy and program makers to draw on in their goal of addressing the sexual abuse and the gender-based violence that too many Indigenous women and girls with disabilities experience.

Here in this introduction, it is also important to begin with acknowledging that within a colonial nation state where heteropatriarchy, sexism, racism, and ableism are the dominant intersecting power structures, and where the overarching socio-cultural framework is that of progress and economics that tosses morality to the ground, that the people living under intersectional oppression will suffer the most. There is little doubt that human culture has taken a maladaptive turn in its refusal to offer basic human rights and dignity to all peoples inclusive of Indigenous women and girls with disabilities.

## **1. Theoretical Framework**

As stated, it is important to clarify the theoretical framework relied on as it relates to Indigenous knowledge, disability, gender fluidity, individualism, intersectionality, and the researcher and methodology relied on. This is important because I operate through an Indigenist framework versus a western or colonial framework.

### Indigenous Knowledge

Prior to the imposition of the western model of knowledge that delineates elements into ontology, axiology, epistemology, methodology, and methods; prioritizes qualitative and empirical

knowledge over quantitative analysis; and values objectivity over subjectivity, Indigenous peoples did have, and continue to have, their own Indigenous knowledge (IK) system/s (Battiste and Henderson, 2000; Kovach, 2009; Norris, 2014; Smith, 2002). Significant to the IK system is that knowledge exists in a bundled form, where the relationships, inclusive of one's subjectivity, between various elements of knowing is respected and honoured versus pulled apart where the element of morality is tossed on the floor and where objectivity is claimed. It must be appreciated that when it comes to the production of new knowledge and the societal changes that follow, often times it is the energy force bundled within subjective lived experience that moves the effort forward. What I mean by this is, in many situations intelligence capacity and objectivity alone is not enough; rather, a depth of spiritual fuel is required where subjective experience is the source (Castellano, 2000; Dumont, 2008; Ermine, 1995; Gehl, 2012; Simpson, 2004). It is from the IK tradition that this work emerges, where the knowledge producer remains at the heart. As such, "I" statements are an element of this truthing process.

Living and being an Indigenous person within the IK tradition as I do, I have come to understand that practical knowledge is as important as theoretical knowledge. What I mean by this is, while an intellectual may understand that singing is an important element of health and wellness, it is the practical knowledge holders, or rather the practitioners, who actually teach us how to sing and thus embody the medicine agency associated. This can also be said about the rituals associated with smoking the Sacred Pipe. While an intellectual is able to talk about all the elements of the Pipe and their importance within the Indigenous meaning field, ultimately it is the ceremonialist who practices the peace and friendship ritual. My point is, while community intellectuals, deep thinkers, and philosophers are important in moving Indigenous people

forward in this complex world, community partitioners are just as important because of the work they do keeps us grounded, thus they serve our wellness at the practical level where our knowledge system becomes embodied. In this way, through the hard work of practitioners, when our minds fail us in times of grief and trauma for example, our bodies will remember and carry us through. Given the importance of valuing practical knowledge in the IK tradition, and drawing on my own life experience of living under and within intersectional oppression, this research will focus on the everyday lived realities of persons with disabilities and what they are calling for at the practical level, versus focusing on legislation and international mechanisms that guarantee their inclusion, theoretically speaking.

Further, while feminism and the feminist agenda centre women's issues, women's knowledge, and improving the life ways of women, the Indigenist tradition centres the Indigenous knowledge tradition, improving the life ways of Indigenous people, their families, their communities, and their nations inclusive of women, men, girls, boys, and the natural world inclusive of water and trees. This also means all the relationships inherent. For example, serving Indigenous women and girls with disabilities and their relationship with sexual assault and gender-based violence also means serving their partners, families, communities, and broader Nations.

I am Indigenist and it is the Indigenous knowledge tradition and these inherent principles that shapes my relationship to the knowledge outlined in this project.

### Disability

Today, disability is largely perceived through the 'social model of disability'. Certainly, the shift in understanding disability from a medical lens to a social lens represented an important shift in

improving the life experiences of many people. According to Hahmann, Badets, and Hughes (2019), Canada relies on the social model taking “into account not just a person’s impairments or task difficulties, but also the added impact of environmental barriers to create disability” (p. 3). Cotter (2014) adds, the social model of “disability includes both the presence of impairment but also the various physical, social, and environmental conditions which can create barriers and prevent universal access to spaces, services, institutions, work, education, or communications, among other aspects of daily life” (p. 5). Considering the history of colonization and the end results of intersectional oppression, in many ways perceiving through the social model of disability is useful but I do have some concern about its limitations that I expand on later in this paper.

Prior to colonization, within the IK tradition, Indigenous people had their own governance structures that valued all people within the community and the knowledge, both intellectual and practical, that they held in terms of serving the broader community’s health and wellness needs. Within this governance structure people were, and are today, valued for the subjective skills and gifts the Creator bestowed them with. While some people were good wood choppers, other people were musically inclined, where others were known for their empathy or deep-thinking skills. Everyone had a role, where members of the community were not labelled disabled (see also Norris, 2014; and Canadian Institute for Inclusion and Citizenship, 2021).

That said, while this understanding of personal gifts versus disabilities may have been the case historically, this is not to say that this is true today. Today many Indigenous people with disabilities live disenfranchised and marginalized lives. This is in large part due to colonial processes such as land and resource denial, the criminalization of Indigenous culture, the reserve

system and the imposition of the chief and council system, the residential school system, the sixties scoop, the subjugation of women's roles, and the hyper-sexualization of Indigenous women. This has resulted in Indigenous people having a higher rate of physical, mental, psychiatric, emotional, and spiritual disabilities, in particular Indigenous women and girls. On this issue, it is important for readers to value that there are also hearing and vision disabilities, and some disabilities are not obvious for others to see and they are sometimes referred to as invisible disabilities.

### Gender Fluidity

In the western model of knowledge, nouns and dichotomies are relied on to organize, think, and structure the world; whereas in Indigenous worldviews verbs and processes are relied on to organize, think, and structure the world. (It is lost on me that I just relied on a dichotomy.) The point is, that within the IK tradition both biological fluidity, gender fluidity, and sexual diversity was and remains a reality today. In addition, a person can be intersexed, meaning a person can have biological elements of both sexes, and a person can be gender-diverse meaning have elements of both genders. What is more, what are commonly thought of as feminine cultural traits (gender) and masculine cultural traits (gender) do not necessarily line up neatly with the biological physical features of what a woman is or what a man is. Drawing from chemistry's nomenclature system in naming functional groups of molecular structure, today "cis" as in cisgender, is relied on when gender and biology such as female and feminine align, and "trans" as in transgender is used when female and feminine do not align. While in this research paper I rely on the pronouns of Indigenous women and girls, readers should be aware of the importance

of thinking through the broader lens of the biological and gender fluid realities versus remain with the neatness of dichotomies that obfuscates, oppresses, and harms many people.

### Human Sexuality

Existing within the Indigenous community where teachings and knowledge circulate, often times I hear stories about how traditionally women were respected for the work they do in terms of conceiving life, giving birth, and nurturing life. Within these stories it is often said that in carrying out these roles and responsibilities, women exist closer to Creator. Through introspection I have come to understand this to mean that women are governed more closely by natural law. While this is, or was, traditional Indigenous culture, through colonization much has changed. Within the pornified culture we currently live in, all women and girls are hyper-sexualized versus respected for the work they do. It is important that readers reflect on this maladaptive cultural shift as they move through this paper, and come to a place that understands addressing sexual violence and gender-based violence must also address the broader cultural, social, and political systems that have resulted in contexts where Indigenous women and girls with disabilities have become targets.

### Individualism

Prior to colonization, Indigenous Nations, communities, and families existed within extended family networks that consisted of close relationships where grandparents, aunts and uncles, mothers and fathers, and sisters and brothers relied on one another (Battiste and Henderson, 2000; Norris, 2014; Smith, 2002). Within this context, being a parent was understood as more of a social process versus a rigid biological one. In addition, within this context, the skills and gifts people had to offer the larger community were celebrated, shared, exchanged, and traded and

the goal was not one of hoarding and living in excess. Prior to colonization this was more easily achieved because people lived in close relationship with the natural world and they were able to trust that the natural world was able to provide them with what they needed when they needed it. Living within this context, sharing and caring more readily for one another was the way things were.

Through the destruction of the natural world, fee-simple land ownership, industrialization inclusive of food, and the imposition of a rigid patriarchy and the nuclear home system, the Indigenous family has become vulnerable to sexual violence and gender-based violence. Living with sexual violence and gender-based violence is particularly the case for Indigenous women and girls with disabilities who are especially dependent on parental and community care. My point is, if Canada's goal is addressing the sexual violence and gender-based violence that Indigenous women and girls with disabilities experience, this will not happen if the methods and remedies relied upon narrowly focus on Indigenous women and girls with disabilities, to the exclusion of their families and broader community members, because they are the very partners, parents, and caregivers that the women and girls with disabilities rely on. That said, in reading through the literature and the research projects that this paper pulls together, the broader context that Indigenous women and girls with disabilities live within must also be valued. After all, many of the recommendations relevant to the broader community directly apply in terms of improving the lived experience of Indigenous women and girls with disabilities. Said another way, to dismiss the literature and research projects pulled together simply because they are not particular to Indigenous women and girls with disabilities would be a mistake. I return to this very issue below in my examination of some of the key literature, where I take the position that in

actuality there is the need to rely on two lenses when addressing the sexual violence and gender-based violence that Indigenous women and girls with disabilities experience: a broader family, community lens; and a personal gendered lens.

### Intersectional Oppression

Kimberlé Crenshaw's (1989) concept of "intersectional oppression" was an important shift in one dimensional feminism because it speaks to the lived effects of surviving under multiple interacting layers of oppression, such as race, gender, and disability, at one time and in one body. The concept of intersectional oppression, though, seems to be misunderstood by many people. While some people understand it as identifying and speaking to a place where two or maybe three oppressive dynamics intersect, it means much more than a crossroad. The concept of intersectionality, within the context of talking about structural oppression, is best thought of as a metaphor that speaks to living under multiple layers of structural oppression where the effect on everyday living is more difficult because the layers interact in aggravating, compounding, and exponential ways where as such the sum of the parts fail to capture what it is like to survive there. Succinctly, it is far worse.

Said another way, living intersectional oppression means an exponentially more difficult, and thus vulnerable, lived reality that is greater than the sum of the various layers of oppression. For example, Indigenous women and girls with disabilities live structural oppression in a way that is greater than what simple math may imply as in  $1 \text{ (gender)} + 1 \text{ (race)} + 1 \text{ (disability)} = 3$ . Rather, the layers of oppression interact making the lived reality worse and more than 3. Offering another window of understanding, much like different medicines taken together at one time can interact and potentially kill, so can living under multiple interacting structures of oppression kill

a person or result in sexual assault. The point here is, it is suggested that people not use the term “intersectional” in careless and frivolous ways because intersectional oppression is a miserable experience that kills and rapes women and girls.

With that explained it is important for readers, and for that matter government employees, and government officials such as cabinet ministers, to understand the concept of intersectional oppression on both an intellectual level, as well as at the everyday level of reality and practice so that they can better address the sexual violence that Indigenous women and girls with disabilities experience. In short, understanding intersectional oppression requires both a conceptual shift and a shift at the level of lived reality and practice.

This brings me to the need to address how this paper represents an intersectional analysis. In the immediate, it is intersectional in its analysis in that the focus is on Indigenous women and girls with disabilities who live under intersectional oppression: race, gender, and disability. This paper is also intersectional in its analysis in that it calls on Canada to act on addressing the intersectional oppression in its current gender-based violence strategy beyond only understanding it as rhetoric or a cognitive construct conceptually speaking. Canada must extend their intersectional framework to the very level of lived reality of Indigenous women and girls with disabilities as they, their communities, and their caregivers have identified their requirements and needs to be. What do I mean by this exactly?

Again, in my work and lived experience I have found that many people are having difficulty understanding what intersectionality means at the level of practice and in terms of serving the most oppressed members of our society. This may be because they lack the first-person experience of intersectional oppression and/or the critical thinking skills needed to understand

it deeply, or it may be because they are unable to think conceptually about the construct and why it was created. What I mean by this is that some people seem to think that the term “intersectional” is only an adjective, or that the term means that there is only the need to make the enumerated list of oppressed groups longer, thinking the longer list in itself will result in an effort that is inclusive of all oppressed people and all their particular needs. For example, some people think that services and supports, or policy and programs, intended to address intersecting structural oppressions only require the words “Indigenous women and girls with disabilities” to be tacked on to the end of a sentence that reads “women, women of colour, Indigenous women, gender non-specified, trans women ...”, and that by adding on “Indigenous women and girls with disabilities” that their intersectional oppression will then also be addressed in the event, program, policy ... . This is not so. Lists are not that magical. I wish they were. The lens of looking through intersectional oppression does not mean we use the concept as an adjective or ‘tack on’ to the end an enumerated list where thus the particular needs of the oppressed group added on are now included in the policy or program. Understanding the needs of Indigenous women and girls with disabilities and their lived experiences of sexual violence and gender-based violence through an intersectional lens means that the policies and programs, and service and supports meets their specific and particular needs where they are located on the ground in their subjugation under the interacting and compounding layers of intersecting structural oppression; it means meeting their needs and requirements as they and their caregivers define them to be at the level of lived reality. Understanding this is crucial.

Lastly on this matter, the lens of intersectional oppression must be embraced in terms of the director of this project. I address this next.

## “The Researcher” and the Methodology

Given that I am moving from an Indigenous knowledge theoretical framework it is important for me to flesh out who I am and how I think because this is the foundation of my knowing process, or what others refer to as my methodology.

I am an Algonquin Anishinaabe-kwe and I am now registered as a Status Indian under the Indian Act and a member of Pikwàkanagàn First Nation. While today I am a member of Pikwàkanagàn this was not always the case. I only recently gained Indian Status in 2017 after a long court struggle on the matter of unknown and thus unstated paternity and the Indian Act (Gehl, 2021). The short story is, my grandmother and her mother were escorted out of their reserve community because of the sex discrimination in the Indian Act. For most of my life I was denied who I am, where I lived in exile.

As a member of a large family, I grew up in the projects in the city of Toronto in crowded living conditions, with a lack of medical and dental coverage, and where poverty and violence were always inside the home and outside the door. Within this lived experience I was also exposed to police officers and community workers who could not always be trusted but rather feared, and in a context where the threat of sexual violence was always a possibility. I also experienced forced relocation when I was a young person.

What is more, I was born with a congenital vision disability that made it harder for me to move through the childhood developmental stages and also learn how to read and write. My reading and writing skills always remained, and continue to remain, below standard. Eventually, in my thirties, I improved my reading and writing skills after attending university for 13 years. As readers can imagine grammar and sentence structure has not been a priority for me as an

intersectionally oppressed person. Readers of this work may wish to learn more about ableism before they judge it harshly.

In terms of my academic credentials, I have an undergraduate degree in anthropology where I developed a keen interest in medical anthropology, a masters in Canadian Studies and Native Studies where my focus was on Indigenous identity, and a doctorate in Indigenous Studies where my focus was on both Indigenous knowledge and the history of the Algonquin treaty and land claims process in Canada.

All these lived realities, coupled with my academic training, are the main subjectivities that informed and fueled my effort in this project. It certainly not a claim to what some people call objectivity. Finally, on how my subjectivity informs this work, stories such as an unnamed 11-year-old intellectually disabled girl who, through the sexual violence of rape, became pregnant, causes me distress and it is this feeling the moves me forward in doing this work (Nielsen, 2016; see also Gehl & Whittington-Walsh, 2016).

In terms of my method of moving through the literature and past research projects that inform this topic, I began with researching the past five or six years (2015 through 2020) of leading disability journals using obvious key terms such as Indigenous, Aboriginal, and native. These journals included the *Canadian Journal of Disability Studies*, *Review of Disability Studies*, *Disability and Society*, *Critical Disability Discourse*, *Disability Studies Quarterly*, *Disability and Health Journal*, and *Sexuality and Disability*. After reflecting on the lack of sources available through this method, eventually I turned to two recent resources produced by the DisAbility Women's Network of Canada (DAWN) titled "More than a Footnote: A research Report on Women and Girls with Disabilities in Canada" (Abbas, 2019), and "Girls Without Barriers: An

Intersectional Feminist Analysis of Girls and Young Women with Disabilities in Canada” (Alimi, 2020). Fortunately, these two sources proved to be valuable in that from them I quickly snowballed through the literature and research, where one source would lead to another and then another. For the most part this snowballing method was subjective and intuitive versus dictated by objective and rigid parameters.

Lastly, on the topic of my methodology, while it may be the case that the western knowledge production model moves through a linear process, where a framework proposal begins the process and where objectives are fleshed out, where next the researcher, using predefined terms moves through a body of literature on the topic matter, and where afterward a cognitive synthesis and writing process follows, this model is only just that, a model versus a universal Truth. In the Indigenous knowledge tradition, learning, and the deep insights required to produce a synthesis is valued as a creative process that for the most part is governed by natural law such as through sleeping and dreaming (Johnston, 1990). What I am getting at is, a linear process where time and economics are the primary limiting parameters in the knowledge creation process, the outcome is more likely to be laden with limitations. As stated, despite the limitations, valuable knowledge will be produced. I am grateful to do this work and serve Indigenous women and girls with disabilities.

## **2. Statistical Snap Shot**

The population of Canada in 2016 was 35,151,728. This number is inclusive of Indigenous people as well as children under 15 years of age. Of this, Aboriginal people (self-reported) made up 4.9%, or 1,673,785, of the Canadian population (2016 Census topic, 2017; Aboriginal peoples, 2017).<sup>1</sup>

According to the 2012 Canadian Survey on Disability – which “excluded people living on Indian reserves and in Indian settlements in the provinces and in certain First Nations communities in the territories” – 93,370 or 22% of Aboriginal women and 53,530 or 14.6% of Aboriginal men, aged 15 years or older, reported having a disability (Burlock, 2017, p.6). In terms of the larger Canadian population, Aboriginal women, aged 15 years or older, were more than 1.5 times more likely than non-Aboriginal women to report having a disability, while Aboriginal men were 1.2 times more likely than non-Aboriginal men to report having a disability (Burlock, 2017, p. 6).

Relying on the 2014 General Social Survey on Victimization which defines violence as sexual assault, physical assault and, more broadly, includes robbery, Boyce (2016) stated that Aboriginal women experience violent victimization two times more than Aboriginal men, and almost three times more than non-Aboriginal women (p. 3).

Relying on the same 2014 survey, Cotter (2018) stated that women with a disability, versus women without a disability, were twice as likely to experience sexual assault (p. 3). Further, women with a sensory or physical disability, versus women without, were twice as likely to be a victim of violent victimization; where women with a cognitive or mental health-related disability, versus women without, were four times as likely to suffer violent victimization (Cotter, 2018, p. 3). Cotter also states that women with a disability were more at risk of spousal violence. This, he explains, is related to spousal caregiving (Cotter, 2018, p. 16). Lastly, he states that Aboriginal persons with a disability, versus non-Aboriginal persons with a disability, were more likely to experience violent victimization (Cotter, 2018, p. 8).

Relying on the 2017 Aboriginal Peoples Survey as their data source, Hahmann, Badets, and Hughes (2019) provided a profile of First Nations people living off reserve, Métis, and Inuit living with a disability: 32%, 30%, and 19% respectively, noting that the rate of disability for the general population was 22% (p. 5). Similar to Burlock (2017) above, Hahmann et al. also determined that: Indigenous women are more likely to have a disability than Indigenous men; that rates of disability increase with age; and that the provinces of Nova Scotia, New Brunswick, Ontario, British Columbia, and Alberta had higher rates of disability. Further, they determined that the rates of disability were higher in urban areas for younger First Nations people and Métis people, and lower in rural areas for older members of these populations (Hahmann et al., 2019, p. 5, 12). In terms of the actual numbers, drawing on the 2017 Aboriginal Peoples Survey, Statistics Canada offers there were 118,640 Indigenous men and 188,250 Indigenous women aged 15 and over living with one or more disabilities in Canada (Statistics Canada, 2017).

In 2018, Statistics Canada conducted the first Survey of Safety in Public and Private Spaces (SSPPS). The purpose of the survey was to collect information on Canadians' experiences related to their safety at home, in the workplace, in public spaces, and online. The target population was all Indigenous people living off reserve, non-institutionalized persons, 15 years of age or older, living in the 10 provinces or 3 territories of Canada. Participation was voluntary where 43,000 Canadians participated (see Cotter & Savage, 2019). Recently, WAGE requested data from Statistics Canada on the matter of Indigenous people, aged 15 years and older, with a disability and their experiences with sexual assault (self-reported). These Statistics Canada (2018) figures offer important knowledge:

- Indigenous women living with a disability are about 2 times more likely than Indigenous women who do not have a disability to report sexual assault at least once since the age of 15 (55% vs 30%, respectively);
- Indigenous women living with a disability are about 1.5 times more likely than non-Indigenous women with a disability to report sexual assault at least once since the age of 15 (55% vs 39%, respectively); and,
- Among Indigenous people, women living with a disability were almost 4 times as likely as men living with a disability to report sexual assault at least once since the age of 15 (55% vs 15%, respectively).

Also drawing on the SSPPS (2018) data, Cotter and Savage (2019) add that Indigenous women were more likely than non-Indigenous people to report experiencing physical and sexual violence since the age of 15 (55% versus 38%, respectively) (p. 16). Interestingly, according to Cotter and Savage (2019), being Indigenous was not significantly associated with higher risks of experiencing either unwanted behaviours or sexual assaults, which suggests that the higher prevalence of victimization among First Nations, Métis, and Inuit women is related to other characteristics such as being younger, having experienced harsh parenting, having been physically or sexually abused during their childhood, and being single (p. 23).

Again, drawing from the SSPPS data on the topic of Indigenous women and girls with disabilities, Cotter and Savage (2019) looked at unwanted sexual behaviour while in public, while online, as well as sexual assault, offering telling statistics. In terms of experiencing unwanted sexual behaviour in public, compared to women overall, the prevalence was higher among First Nations women (40%), Métis women (40%), or women who had a disability (39%) (Cotter & Savage 2019, p. 9). In terms of experiencing online harassment, compared to women overall, the prevalence was higher among First Nations women (34%), Métis women (30%), or women who had a disability (27%) (Cotter & Savage 2019, p. 12).

Indigenous organizations cite the prevalence or actual numbers of Indigenous people who have a disability. Although the data source is unstated, in their reports the British Columbia Aboriginal Network on Disability Society (BCANDS, Mar 2017-Mar 2018; BCANDS, Jan 2017-Mar 2017), and the Native Women's Association of Canada (Quinlan, 2018) both offer 450,000 Indigenous people identify as having a disability. More specifically, BCANDS stated, "there are close to 1.5 million people residing in Canada, living on and off reserve, who identify as Indigenous. Approximately 450,000 of those individuals are living with disability; which makes a disability rate of 30%" (BCANDS, Mar 2017-Mar 2018, p. 2).<sup>2</sup> NWAC adds that of this number "it is unknown how many of those people are women, girls, or gender diverse because of inaccurate and insufficient data" implying that it does include children (Quinlan, 2018, p. 5).

In his review of the literature Ng (1996) cited accidents as the cause of higher rates of disabilities, followed by ageing, and then congenital factors. Through their research in Manitoba, where 1,618 people participated, Elias and Demas (2001) concluded there were more Indigenous people with disabilities in the north versus the south, that the average age of onset was 52 years, and where 70% were 45 years or older. They also determined that 10% of adults were under 24 years of ages, where 25% were between the ages of 25 and 44 years of age. In their review of the literature Durst, Manuel, and Bluehardt (2006) relied on Halliday's (1993) position that Indigenous people have congenital disabilities at about the same rate as the Canadian population where violence, environmental racism, injury, accidents, and illnesses such as diabetes explain the higher rate of disabilities in Indigenous people and communities.<sup>3</sup> Lastly, and more recently, Rioux (2014) suggested the reason for the higher rate of disabilities in Indigenous communities

had to do with poverty, poor living conditions, and environmental degradation and environmental racism, due to the resource extraction industry, such as dams and mines.

In sum, this section provides an overview of statistics on the matter of gender-based violence and sexual assault that Indigenous women and girls with disabilities experience. It is not intended to provide a comprehensive understanding. Rather, this section is more about serving the reader in terms of gaining an ontological understanding that the rate of disabilities among Indigenous women and girls is higher than the national average, and also that Indigenous women and girls with disabilities are bigger targets of sexual assault and gender-based violence. Relying on 2012 data, from Burlock (2017) we learn that Indigenous women have a disability rate that is more than 1.5 times higher than that of non-Indigenous women. Relying on 2014 data, from Boyce (2016) we learn that Aboriginal women experience violent victimization three times more than non-Aboriginal women. Also relying on 2014 data, from Cotter (2018) we learn that women with a disability were twice as likely to experience sexual assault, and they were more at risk of spousal violence related to spousal caregiving. From Hahmann, Badets, and Hughes (2019), who rely on 2017 data, we learn the rate of First Nations people living off reserve, Métis, and Inuit living with a disability: 32%, 30%, and 19% respectively; yet for the general population it is 22%. According to data from Statistics Canada's Survey of Safety in Public and Private Spaces (2018) we learn that Indigenous women with a disability are: about 2 times more likely than Indigenous women without a disability to have been sexually assaulted since the age of 15; about 1.5 times more likely than non-Indigenous women with a disability to have been sexually assaulted since the age of 15; and 4 times more likely than Indigenous men with a disability to have been sexually assaulted since the age of 15. And from Cotter and Savage (2019), who rely on 2018 SSPPS data,

we learn that Indigenous women living with a disability experience unwanted gender-based violence in public settings, while online, as well as sexual assault at higher rates.

### **3. Key Literature that Informs this Project**

As stated, this section provides an analysis of the literature generated regarding the topic of Indigenous men and women with disabilities. It is broad because, and it stands to reason that, many of the issues related to Indigenous men with disabilities will apply to Indigenous women with disabilities in terms of family, community, and supports and services. The section that follows focusses more specifically on the research projects that involved Indigenous people with disabilities, inclusive of Indigenous women with disabilities, and their support and service providers. I begin with offering some powerful words from two Indigenous women with disabilities.

Far from novel, Indigenous women with disabilities have been advocating for their basic human rights and the right to live free from sexual assault and gender-based violence for a long time. In 1992, Judi Johnny lamented that Indigenous women with disabilities are the

most violated against by both races, both sexes, and both communities. We are raped by disabled men; we are raped by disabled women; we are raped by Aboriginal women; we are raped by Aboriginal men; we are raped by white women; we are raped by white men. And believe you me we have been raped by our medical attendants, doctors, nurses, occupational therapist—you name it, we've had it. We know what it is like to be down low, but for God's sake, you don't have to keep us there either. (cited in RCAP, 1996, vol. 3, p. 51)

More recently, in 2013 Doreen Demas offered important insights into the very bleak existence for Indigenous women and girls with disabilities, regarding their experiences with sexual assault and gender-based violence, when she argued,

Violence in small indigenous communities brought upon by men is a difficult subject to raise: some women and girls with disabilities cannot identify their abuser due to their

disability—the fact that many deaf and hard of hearing women and girls and other disabled women and girls in indigenous communities cannot communicate because they have had no access to sign language or any language, and therefore cannot communicate what they have experienced and they are neither taken to be credible. (International Disability Alliance, 2013, p. 2)

Demas, Like Johnny, worked for years raising issues related to Indigenous women and girls with disabilities in Canada and internationally, discussing for example, the “economic violence” that Indigenous women with disabilities have to contend with. She has argued that due to a lack of education, training, and employment opportunities they are forced to rely on social assistance that does not cover the costs for safe, decent, and affordable housing. As a result, they are forced to live in poverty where food insecurity is very much a reality. Further, Demas has also stated, “Aboriginal women with mental health issues repeatedly encounter the legal system and end up in jail: often they cannot afford a lawyer and do not have the knowledge and empowerment to self advocate” (International Disability Alliance, 2013, p. 2).

Through Johnny and Demas, it can be easily determined that Indigenous women with disabilities have been speaking up about their reality of living under layers of intersectional structural oppression and expressing the need for Canada to meet their needs for a long time. It seems that broader society, politicians, medical professionals, social services, and policy makers have been unable to see nor hear their voices. Regardless, when a nation’s structures are ableist toward Indigenous women and girls with disabilities, it is also racist and sexist because when these structural oppressions exist together, they are interconnecting and interlocking. Canada must do better; Canada must be better. I am grateful for the voices of Johnny and Demas.

While not specific to Indigenous women with disabilities Rajan (2004) offers a useful guide for readers to reflect on in understanding the violence Indigenous women and girls with

disabilities experience. She offers there are five forms of violence identified: physical, emotional, sexual, financial, and neglect. Worthy of noting that while Rajan's work is dated 2004, Cotter (2018) also identified the reality that women with a disability versus women without a disability are at a higher risk of emotional, financial, physical, and sexual violence (p. 16). Disturbingly Rajan argued that women with disabilities experience at the hands of caregivers,<sup>4</sup> adding while women with disabilities are more likely to experience abuse, they are faced with multiple barriers to addressing it, such as the inability to understand the experience as abuse, inaccessible avenues or barriers to reporting the abuse such as a telephone that is out of reach, the lack of a text telephone,<sup>5</sup> and the fear of police and or of being institutionalized.

While it is understood that sexual violence and other forms of gender-based violence occurs to individuals, it must be appreciated that remedies must be broader and extend to family and community needs. This is especially so when we think about Indigenous communities. Holmes and Hunt (2017) offer an analysis, through a decolonized lens, of the literature generated in Canada from the time period of 2000-2015 on the topic of family violence in Indigenous communities. They argued that government-generated categories and statistical data that compares the experiences of Canadian women with men to that of Indigenous women with men, is misleading because a gendered framework of interpreting the experiences of Indigenous women is too narrow, meaning many of the remedies intended to improve the lives of Canadian women are not necessarily applicable to the lives of Indigenous women. Through this position they point out that equality through a gendered lens is erroneously pathologizing individuals or naming individuals as criminals. Through their analysis they shift the focus from the Indigenous individual, from the Indigenous women, and from Indigenous communities, to the broader social

reality and the consequences of colonization, nation state neglect, racism, sexism, and homophobia. Said another way, it is their view that understanding family violence in Indigenous communities must be understood from a whole-of-systems approach versus through colonial cognitive structures such as a dichotomous gendered lens and individualistic frameworks. Some of the broader societal themes that emerge from their analysis in identifying the issues that cause family violence in Indigenous communities and families are: poverty and the lack of secure housing; the intergenerational nature of violence stemming from residential schools; a loss of land and resources to securely and safely rely on; lateral violence and its relationship to a lack of resources; the shift from egalitarian power relations between men and women; the ongoing cultural genocide; institutionalized racism; and, in rural locations, the lack of resources for addressing and preventing family violence.

Taking a different approach to understanding sexualized violence against Indigenous women, the inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG, 2019) argued the crisis against Indigenous women and girls requires a gendered lens. The MMIWG report discusses the history of colonization and the abusive practices Jesuit priests and missionaries taught Indigenous men such as the need to beat Indigenous women and children. The report also explained how during the fur trade Indigenous women became sex slaves where so-called marriages were used for diplomacy and the networking needs of male fur traders. Further, the creation of the 1876 Indian Act and its precursors legislated women out of their community's politics and community altogether if they married a non-Indian man as defined by the Indian Act. The report also discusses the reality that the legal system created and disseminated the discourse that Indigenous women's hypersexuality had to be controlled

through adding amendments to the criminal code to govern their behaviour, yet there was no proof that they were any different than European women. Disturbingly, it was in 1880 when a Manitoba member of parliament stated that the North West Mounted Police were involved in the trafficking of Indigenous women. Maria Campbell's story is reflective of the abuse of Canada's policing system when at the age of 14, the RCMP arrived at her parent's home to speak to her parents about so-called poaching where, in the process, Campbell was raped by an RCMP officer.

In addition, the MMIWG argued, the history of forced sterilization of Indigenous women contributed to the dehumanization and objectification of Indigenous women and girls. These early ways of thinking, early Canadian laws, and practices of eugenic medicine, the MMIWG argued, resulted in stereotypes that persist today causing Indigenous women, girls, and 2SLGBTQQIA to be targets of sexual violence. The final MMIWG report concluded that this history is not something in the past, something that is over. Rather, "colonization created the conditions for the crisis of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people that we are confronting today, economically, socially, and politically", adding the "crisis of missing and murdered Indigenous women, girls, and 2SLGBTQQIA people is centuries in the making" (MMIWG, 2019, vol 1, p. 313). This of course is inclusive of Indigenous women and girls with disabilities. Unfortunately, the MMIWG inquiry did not address the reality that many of the Indigenous women and girl victims also embodied the intersecting element of being disabled which made them easier targets of sexual violence such as rape and murder. Possibly unnecessary to state, Canada must address the MMIWG 231 Calls for Justice as they would go a long way in the protection of Indigenous women and girls with disabilities. The first call for justice reads, the National Action Plan calls "upon all governments to ensure that equitable access to

basic rights such as employment, housing, education, safety, and health care is recognized as a fundamental means of protecting Indigenous and human rights, resourced and supported as rights-based programs founded on substantive equality. All programs must be no-barrier, and must apply regardless of Status or location” (MMIWG, 2019, vol. 1b, p. 175).

It would be incorrect to reason that Rajan (2004), Holmes and Hunt (2017), and the MMIWG (2019) are contradicting one another in their understanding of how to best look at the sexual violence that Indigenous women and girls with disabilities experience. Rather, it is best to see their positions as multiplying one another. What I mean by this is that Canada’s strategy at addressing the sexual violence and other forms of gender based-violence that Indigenous women and girls with disabilities experience has to rely on a broader system approach in terms of their families and communities that they are situated within, and also rely on a gendered lens in terms of their personal and private needs as Indigenous women and girls with disabilities. One framework and way of addressing the issues cannot displace the other as both lenses are required. This of course speaks to the need to appreciate all research on Indigenous people with disabilities and their recommendations, as well as research that more specifically focusses on Indigenous women and girls and their recommendations. I am grateful that Rajan (2004), Holmes and Hunt (2017), and the MMIWG (2019) help me make this argument.

Durst and Bluehardt (2001) provide a review of the early literature on the topic of Indigenous people with disabilities. They point out that the issues Indigenous people with disabilities, inclusive of Indigenous women and girls with disabilities, experience and live with have been a topic of discussion as early as Canada’s 1981 Obstacles report<sup>6</sup> and again with Canada’s Obstacles 1987 report update. The Obstacles 1987 report examined, more specifically,

First Nations people with disabilities offering twenty-two recommendations inclusive of the need to address their poverty, and to resolve the jurisdictional issues regarding supports and services. Regardless, little action was taken. According to Durst and Bluechardt the Report of the Royal Commissions on Aboriginal Peoples (RCAP, 1996) stated little was done to implement the recommendations of the Obstacles reports. Then, in 1996, a Task Force on Disability Issues was set up where after talking with 2,000 Canadians, it concluded that First Nations people with disabilities were more disadvantaged than other Canadians with disabilities (Durst & Bluechardt, 2001, pp. 36-39).

Through their review Durst and Bluechardt synthesized a list of barriers Indigenous people with disabilities experience: ignorance and oppressive and racist attitudes; their marginalization; a lack of information; fear and mistrust of non-Aboriginal service providers; a lack of sensitivity from service providers; the fragmentation and lack of coordination of services; accessing home care and other benefits; a lack of income and supports for independent living; inadequate funding of Aboriginal service organizations; jurisdictional confusion in terms of supports and services; poor quality and inappropriate education and employment; physical and transportation problems; poor emotional and social health; and finally, inadequate and expensive housing (pp. 43-71).

Continuing with Durst and Bluechardt's (2001) analysis of the jurisdictional issues, they explained that health and social services are a provincial responsibility, yet First Nations persons deal with the federal government or their Band Councils because many of the supports and services for Indigenous persons with disabilities are being devolved to First Nations. It is said that this devolution creates problems for members who move to urban centres seeking services not

available in rural and isolated reserve communities. It was precisely for this reason that the 1981 Obstacles report recommended that all Aboriginal people, regardless of Indian Status, have access to needed rehabilitation and vocational services under provincial jurisdiction. With this, Durst and Bluehardt offer a valuable caution when they discuss the devolution of services as a part of Canada's self-government agenda, offering the "creation of another level of government, can be problematic for some individuals trying to navigate through an already confusing array of existing services" (p. 62). What is more, "if the purpose of the federal government is to 'off load' services which have inadequate training, financial and technical assistance, with assurances that community leaders will make the services for persons with disabilities a priority, the situation will only be exacerbated" (p. 62). In addition, there is the concern that First Nations leaders may not take disability issues seriously enough and as such, self-government could harm this population. Thus, drawing on Sinclair<sup>7</sup> (1993), Durst and Bluehardt stated that "a comprehensive approach be implemented that involves all the stakeholders: federal, provincial, and band governments, service providers, and Aboriginal persons with disabilities" (2001, p. 63).

It was as early as 1991 when disability amongst Indigenous people in Canada was a topic of federal statistical analysis. Relying on the 1991 Aboriginal Peoples Survey, Ng (1996) concluded Indigenous people were more likely to have a disability than non-Indigenous people: 31% versus 13%. This is more than 2 times the national average. Indigenous women had a slightly higher rate than Indigenous men: 33% versus 30%. Ng also discussed the reality that Indigenous people with disabilities who live on reserve were isolated from the supports and services needed, yet when they move to urban centres to access supports and services, they become isolated from their families while at the same time they are exposed to racism. Ng attributes the higher rate of

disabilities to poor housing and community conditions such as crowding, a lack of safety supports, and to the higher rate of accidents. Ng concluded that the needs of Indigenous people with disabilities are not being met, in particular those with severe disabilities.

In returning to RCAP (1996), it of course addressed the matter of disability amongst Indigenous people. RCAP cited that the 1981 House of Commons special committee Obstacles report stated, “Native communities, and Native people living in non-Native communities, suffer on a daily basis from living conditions which other Canadians experience only rarely. These adversities—economic, political, social and cultural in nature—greatly increase the probability of being disabled at some time in a person’s lifetime” (RCAP, 1996, vol. 3, p. 136). RCAP stated that Indigenous people with disabilities who live on reserves and in rural settlements have to deal with inaccessible buildings such as band offices, schools, community centres, meeting halls, and even their homes. What is more, their isolation and poverty is greater because they have additional expenses related to their disability. Disability Counsellor Isabelle Smith offers additional insight into the difficulty of being an Indigenous person with a disability, stating,

There is a lot of abuse taking place also with Native disabled people ... . And without somebody like me who can go out there and investigate this [a resource which most disabled Aboriginal people certainly do not have], there is nothing that can be done for those people to get help. (RCAP 1996, vol. 3 p. 137)

RCAP then criticized the government of Canada for not addressing the needs of Indigenous people with disabilities despite the fact that the 1981 House of Commons special committee urged Canada to develop programs for Indigenous people with disabilities.<sup>8</sup> Rather, RCAP lamented, it was not until 1991 when the federal government announced a national strategy, where the program fund consisted of \$158 million over 5 years, with additional funds to improve co-ordination and accessibility and to promote sensitive design and delivery of

existing programs and services to people with disabilities living on-reserve. Regardless, RCAP argued, this initiative did not resolve the major problem areas identified in 1981 (p. 138-9). Then in 1993, a House of Commons committee issued another report identifying the reality that no single agency or department was responsible for Indigenous people with disabilities. Rather, the responsibility was fragmented within the federal government, and there is also the issue of “jurisdictional murkiness between federal and territorial/provincial governments”. RCAP argued, these were the main barriers to addressing the “unacceptable human suffering” of Indigenous people with disabilities (vol. 3, p. 139).

In 1998 Fricke examined the magnified inequity effect that Indigenous people with disabilities experience due to socioeconomic, political, environmental, and cultural marginalization and subsequent barriers. She explained that the 1867 British North American Act placed the health care needs of the Indians in the hands of the federal government; yet the health care needs of all other Canadians were placed in the hands of the provincial government. She explained, it was the 1874 Indian Act that enforced the federal government’s role, and that the Non-Insured Health Benefits (NIHB) program provides the health care costs for Indigenous people who are registered as Status Indians under the Indian Act, irrespective of where they live, to such entities as prescription drugs, dental, chiropractic, medical transportation, medical equipment, dentures, and eye glasses. Regardless, she explained, service delivery for Indigenous people with disabilities hinges on their place of residence because in reserve communities many health services are not available. She further explained that home care services are provincially funded, yet home care is not available on reserves because they are under federal jurisdiction where funding moves through the band council who make decisions based on a limited amount

of funds available to them. This means persons with disabilities, inclusive of women and girls, have to travel outside of their communities into urban centres.

In 2008 the Assembly of First Nations (AFN) issued a discussion paper on the Health of First Nations children and the environment they have to contend with. The AFN argued that First Nations children are 4 times more likely to live in a home that is in need of major repairs; adding 26% live in crowded homes that lack clean water, flushable toilets, sewage services, and proper ventilation. The AFN relies on four determinants of health: community health, Individual health, environmental health, and socio-cultural health. In offering these, the AFN speaks to the reality that individual health intersects, and is very much a product of, how individuals are situated within the other three determinants. The AFN understands the rate of disabilities for Indigenous children is 2 times that of the general population, warning that the cost of doing nothing to resolve these interconnecting health determinates will serve to have “major socio-economic consequences and create a huge burden on the health care system in Canada” (AFN, 2008, p. 12).

Hirji-Khalfan (2009) provides an analysis of the federal government’s supports and services for Indigenous people with disabilities who live on reserves, first explaining that services and programs are funded and guided through the structures of Indian Status registration, place of residence, and geographic location. She explained, there are several government departments serving Indigenous people with disabilities, such as the Department of Indian and Northern Affairs Canada (INAC)<sup>9</sup>, Health Canada, and the Public Health Agency of Canada through eight federal programs. Some of the programs consist of the Assisted Living Program, the Incomes Assistance Program, the Special Education Program, the Aboriginal Human Resources Development

Strategy, the Fetal Alcohol Spectrum Disorder Program, the Aboriginal Diabetes Initiative, the National Native Alcohol and Drug Abuse Program, and the Native Youth Solvent Abuse Program.

It is of interest for readers to have an entry level understanding of some of these services and programs that serve Indigenous people, inclusive of Indigenous women and girls with disabilities. According to Hirji-Khalfan the Assisted Living Program is a national program managed by INAC, where the provinces and territories are responsible delivery. This program provides non-medical support, meeting the needs of the chronically ill and disabled people requiring in-home care, foster care institutional care, and disability care. It is stated that in order to access these programs the criteria are: place of residence, the need for professional assessments, and financial need. In terms of residence the person must originally be an on-reserve resident, and in terms of the professional assessment the medical model is relied on, implying there are issues with this. The Income Assistance Program, again according to Hirji-Khalfan, provides eligible people with financial support for special needs such as, but not inclusive of: dietary needs; service dogs; special transportation; child care requirements in the area of accommodations, transportation, and equipment costs related to employment and training; and children's winter and schooling clothing.

The Special Education Program is administered by First Nations, First Nations Registered Organizations, or INAC regional offices. This program provides First Nation students with supports and services related to, but not limited to, hearing impairments, deaf and blindness, autism, severe learning disabilities, chronic health impairments or physical disabilities, and communication disorders. The Aboriginal Human Resources Development Program is a federal program that funds seventy-nine Indigenous organizations, providing employment support and

human resources programs across Canada. This program supports Indigenous people with a disability who have never worked before and offers such things as wage subsidies and skills development. The Fetal Alcohol Spectrum Disorder Program's goal is prevention and does so through raising awareness, targeted interventions, collaborative work with communities, education training for health care workers, and early diagnosis for pre-school children. Hirji-Khalfan stresses that while all Status Indians, are entitled to health care, housing, and education when they reside off-reserve or move off-reserve, some of these entitlements are restricted, noting that Metis and Inuit people are not Status Indians and thus not entitled to Non-Insured Health Benefits.

Although limited in her analysis to online sources, Hirji-Khalfan offers two main criticisms. First, there is no indication that the programs are effective in terms of reaching the stated objectives. And second, it is stated that Indigenous people with disabilities remain marginalized within these programs in terms of the right to self-determination and the recognition of cultural diversity as they are assimilatory in nature in a way that forces Indigenous people to comply with provincial standards. Given these criticisms, it is Hirji-Khalfan's contentions that Indigenous people with disabilities must lead awareness programs in their communities, for their governments, and for the government of Canada, leading at this directorate level.

Cunningham and Sena (2013) also conducted research on Indigenous people with disabilities, focusing on challenges they face regarding the full enjoyment of their human rights and inclusion in development. They stated that while Indigenous women and girls with disabilities are at a higher risk of sexual violence, when they do report it the perpetrators are not punished. This results in non-reporting that consequently places them at a greater risk of experiencing

additional sexual violence. Adding to this, Cunningham and Sena argued, the justice system is not accessible to, and is insensitive to, persons with disabilities, yet they are overrepresented in correctional institutions and detention centres. Thus, they advocate, disability awareness training, with a rights-based and intercultural approach, must be provided to the staff in charge of the administration of justice. Disturbingly, it must be kept in mind what Rajan (2011) has previously stated, that being that “potential abusers may intentionally seek employment where they will have opportunities to assault women with disabilities or Deaf women” offering for example transit drivers, attendant care workers, and interpreters (p. 4).

Further, Cunningham and Sena also stated that Indigenous children with disabilities face challenges accessing education and health care within their communities. In the end they conclude Indigenous communities need equal access to land, resources, and capital with special attention paid to the needs of Indigenous women with disabilities. They also argued Canada must consider a service delivery model that “entails a First Nations disability resources centre, regional centres, mobile therapy units, community-based support, resources and equipment, and training and capacity-building for the First Nations” (Cunningham & Sena, 2013, p. 14).

In his work, Sobsey (2014) adds that having a disability increases vulnerability to violence in two ways. The first has to do with personal limitations such as mobility and communication that limits a person’s ability to avoid and escape the abuser and the context, for example, the inability to move, walk, or run away. And second, the social responses of others in denial or being offended by people with disabilities, increases the risk of being abused because they are viewed as not entitled to human rights.

Although the 2015 Truth and Reconciliation Commission's (TRC) final report did not dedicate a section specifically to disability related issues, it did state that the Residential School system caused many children to acquire health related disabilities, yet the schools were ill equipped or unprepared to deal humanly with Indigenous children with disabilities where as a result many were abused and bullied (vol. 1, p. 573). As we all know the intergenerational trauma of the residential school era continues and as this paper has been demonstrating, treating Indigenous people with disabilities poorly, inclusive of Indigenous women and girls, continues to be a Canadian practice.

In her work, Stienstra (2018) examined Canadian disability policies through a wide-angle lens, arguing they are fragmented across many programs and jurisdictions, where due to processes of colonization, Indigenous peoples experience greater complexity. As discussed already, while for Canadians the level of access and the amount of funding available for disability-related supports depends on which province or territory they live in, for Indigenous people, it depends on whether there is a treaty, a land claim settlement, and whether the person resides on or off a First Nation community. This complicates the administration of disability-related needs. Adding to this is the diversity of disabled people in terms of gender, age, impairment, class, race, and Indigenousness. This diversity, she argued, is a challenge for policy makers. Thus, Stienstra argued there are significant gaps that reflect systemic inequalities, in particular for people with intellectual disabilities and Indigenous people with disabilities.

Stienstra also speaks to the material circumstance of living with a disability arguing that people, Indigenous women and girls included, have higher rates of poverty and lower levels of income, yet they have extra costs related to living with disabilities. What is more, she stated that

they have higher levels of violence directed towards them (p. 13). Stienstra concludes, the “material circumstances of women, men, girls, and boys with disabilities in Canada reflect underlying power relations based in disability, gender, and Indigenesness” clearly implying that Canada can and must do better (p. 9). Finally, she criticizes Canada for its reliance on the medical model of disability because it focuses on difference versus inclusion which is in stark contrast with Indigenous understanding of disabilities.

With its 2019 Beijing +25 Report, the DisAbled Women’s Network (DAWN), the leading Canadian voice regarding women and girls with disabilities, commissioned research that begins with stating that more than 50% of human rights complaints at the Federal, Provincial and Territorial levels are disability related (Abbas & Alimi, 2019). Drawing on the Cotter (2018) they explain: women disabilities “are twice as likely” than those who do not have a disability to be victimized; 24% of women with cognitive disabilities and 26% of mental health related disabilities report being sexually abused before 15 years of age; and when they are Indigenous the risk of violence increases (Abbas & Alimi, 2019, p. 8). They also discuss the reality that women with disabilities experience increased levels of caregiver abuse, inclusive of intimate partner violence, threats of abandonment, emotional abuse, isolation abuse, and more barriers leaving abusive situations because disability-related supports and services are not able to respond to their needs. While this is the situation there is a lack of understanding the intersectional aspects of structural oppression that are resulting in situations where they are bigger targets. They also add the alarming situation that many intersectionally oppressed women and girls become disabled as the results of experiencing sexual violence (Abbas & Alimi, 2019, pp. 3-8).

In another report Abbas (2019) stated that intersectional oppression such as gender, race, and disability lead to incarceration where a high percentage of incarcerated women have undiagnosed traumatic brain injuries (TBI) acquired through being victims of sexual violence. It is said that 40% of Ontario's population of incarcerated women have a history of TBI. Canadian research indicates Indigenous peoples and persons with psychiatric disabilities, inclusive of women, are incarcerated at disproportionate rates (Abbas, 2019; see also Abbas & Alimi, 2019). As we reflect on this, we must keep in mind that, and drawing on 2018-2019 data, the Native Women's Association of Canada (NWAC) stated that while federal corrections facility admissions have declined, this is not so for Indigenous women. Although they represent 4% of the female population, Indigenous women account for 42% of the inmates. What is disturbing is that 97% of the incarcerated Indigenous women were diagnosed with a mental disorder and 92% had substance abuse needs (see Office of the Correction Investigator, 2020). Abbas, and for that matter Abbas and Alimi, also explained that disability in Indigenous populations is complicated because: they are underserved in terms of available disability supports; the prevalence of disability is increased and a direct result of environmental racism and neglect; and the conditions in reserve communities inclusive of overcrowding, the lack of clean drinking water, and the lack of adequate sanitation (Abbas, 2019; see also Abbas & Alimi, 2019).

More recently, DAWN raised the voices of several Indigenous women with disabilities to raise attention to the issues. Marsden (2020), a Mohawk woman and who is visually disabled, discusses how throughout her schooling she experienced barriers and was treated poorly where she heard statements from teachers such as she would not amount to anything because "she's just an Indian" (n.p.). Beauséjour (2020) adds, living at the intersection of being Indigenous, a

“womxn”, with chronic pain has made it harder for her to be believed by health care professionals because they assume her real goal is seeking drugs versus medical remedy. Similarly, Crawford (2020), an Afro-Indigenous woman who also lives with chronic back pain, discusses her experience with racism in the health care system where she has experienced near death outcomes. Lastly, Rich (2020) talked about her life experience with anxiety and depression and how reconnecting with her Indigenous culture has helped her in many ways.<sup>10</sup>

In summary thus far, through this review of the literature it is easy to categorize the needs of Indigenous women and girls with disabilities: 1.) Personal and community requirements and needs that Canada must address; and 2.) Departmental structure and policy change within the government of Canada. The personal and community requirements and needs that Canada must address immediately are: the poverty and economic violence; the lack of housing, lack of clean water, and lack of toilets; the lack of reliable transportation; and community buildings that must be accessible. At the departmental structure and policy level, it is clear that the issues that Canada has to address are the inequitable supports and services for Indigenous women and girls with disabilities, as well as the fragmentation of supports and services across many government departments. Addressing these issues will go a far way in protecting Indigenous women and girls with disabilities from sexual violence and other forms of gender-based violence. In offering this it would be remiss of me if I failed to say that many of these suggestions are basic human rights. In the very least Canada can meet these needs immediately.

In offering this summary thus far, there is something more pressing that must be addressed. Cunningham and Sena (2013) raise the reality that sexual abusers intentionally seek out vulnerable Indigenous women and girls because they are easy targets. As Sobsey (2014)

explained, many Indigenous women and girls with disabilities are unable to escape from their abusers because they are paralyzed, rely on a wheel chair, or they are blind. Some are unable to reach a telephone. What is more, again as Cunningham and Sena have suggested, when they report the sexual abuse to the authorities, the abuser/s is/are not punished. This would especially be the situation when the victim has an intellectual or developmental disability because authorities and courts would not believe they understand what 'tell the truth' means. Disturbingly, what results from this is that Indigenous women and girls with disabilities become even bigger targets of sexual violence.

#### Understanding the Jurisdiction Issue

Given that throughout this review of the literature the issue of jurisdiction manifested several times, it is important to take some time for a more focused look at this matter because it is relevant to Indigenous girls with disabilities and the supports and services they are entitled to. I do this here at this point in the paper because it will serve the reader well to have a more solid understanding of the issue when reading the research projects in the following section.

King (2012) explained First Nations children registered as Status Indians as per the Indian Act are denied equitable access to government services or subject to a lesser quality of care in the areas of health care, education, and child welfare simply because of whom they are. She explained, while funds that serve First Nations children are allocated from the federal government, this funding is lower than what is provided for all other Canadian children allocated from the provinces. This lower amount results in poorer supports and services in reserve communities in terms of both quantity and quality. King explained the federal government underfunds education on First Nation reserves at a rate of \$3,400 per year per child as compared

to provincial/territorial standards, and also underfunds child welfare services, where First Nations children on reserve receive 22% less than other children.

What is more, King explained that federal and provincial/territorial governments disagree which level of government is responsible for funding services for First Nations people, where, as a result, disputes also arise. These administrative disputes result in the harming of First Nations children. In 2007, a private Members' motion unanimously passed in the House of Commons in support of Jordan's Principle (JP), a child first policy that bypasses departmental disputes. While the goal was to resolve the jurisdictional squabbles, the government of Canada consistently fails to implement it. In terms of children with disabilities, King stated, "First Nations governments often have little alternative but to absorb the necessary costs, so that children are not forced to go without doctor-recommended services. This, however, requires a redirection of funds, and thus the inability to meet other community needs and governance priorities" (2012, p. 34; First Nations Child and Family Caring Society of Canada, 2014).

Johnson (2015) adds to this discussion saying that although Canada is one of the wealthiest countries in the world, Canada treats Indigenous children with disabilities in unequitable ways through applying a narrow bureaucratic definition of who qualifies for JP. This, she contends, has resulted in First Nations parents and communities remaining locked in legal struggles with Canada. The TRC (2015) also adds to this discussion offering the story of Jeremy, whose family went to court seeking to enforce JP so they would receive the support needed for Jeremy to remain in his home versus becoming institutionalized. Both levels of government, though, denied Jeremy's family, absurdly arguing they were in agreement in their denial and so

in fact a jurisdictional dispute did not exist and thus JP did not apply. The federal court disagreed and ordered the federal government to pay the necessary costs (TRC, 2015, p. 26).

Dion (2017) also looked at the funding and jurisdictional issues that Canada imposes on Indigenous children with disabilities, arguing these disputes are “the most inhumane acts ever committed against innocent people”, explaining they come about because each government agency opts to declare itself the provider of last resort, meaning they refuse to provide the first dollar (p. 12). She offers some of the reasoning that Canada has relied on to excuse this bad behaviour: the children must be on-reserve, JP is limited to Status or Status-eligible children, and they must be professionally diagnosed as having multiple disabilities requiring multiple services providers. What is more, Dion explained that Canada narrowed the scope of jurisdictional dispute to exclude intra-governmental disputes, meaning disputes between federal government departments. Dion contends that these funding and jurisdictional disputes are the result of a lack of a centralized agency that is responsible for Indigenous persons with disabilities as well as the lack of an ombudsman or advocate for children with disabilities. She too advocates for the coordination of policies at the federal and provincial levels designed to meet their needs for “education, social integration, health care and other services” (2017, p. 26). There is the need to stop pushing Indigenous children with disabilities between authorities. She laments, “Indigenous children with disabilities are one of the most oppressed and marginalised groups in Canada” (2017, p. 32).

In 2007 the First Nations Child and Family Caring Society (Caring Society) and the AFN, turned to litigation, taking INAC to the Canadian Human Rights Tribunal regarding two issues: First, the inequitable funding formula that INAC’s First Nations Child and Family Services (FNCFS)

relies on; and second, the flawed implementation of JP. In 2016 the Tribunal ruled in the Caring Society's and AFN's favour in three areas. First, the Tribunal ruled that INAC denied services to First Nations children and families living on-reserve resulting in adverse impacts because it was based on flawed assumptions about First Nation communities that did not reflect the actual needs of the communities. Second, the Tribunal ruled that INAC's main funding mechanisms resulted in the removal of First Nations' children from their families. And third, the Tribunal ruled that INAC's narrow interpretation and implementation of JP results in service gaps, delays or denials, and overall adverse impacts on First Nations children and families on-reserve (First Nations Child and Family Caring Society, 2016). Despite this victory, the Caring Society and the AFN have been forced to file ten non-compliance orders against Canada for its failure to comply with the Human Rights Tribunal decision (Ball, 2021; Palmater, 2021). Many of these Indigenous people are women and girls with disabilities or mothers who care for girls with disabilities.

Through the Spirit Bear Plan, Blackstock, executive director of the First Nations Child and Family Caring Society of Canada, advocates that Canada: comply with the Tribunal and cease with the discriminatory funding of First Nations child and family services, and fully implement Jordan's Principle; ask the Parliamentary Budget Officer to cost out the shortfalls in education, health, water, and child welfare and propose solutions to resolve the issue; ensure that all government departments providing services to First Nations children and families undergo an independent evaluation to identify discriminatory ideologies, policies or practices and address them; ensure that all public servants, inclusive of those at a senior level, receive mandatory training to identify and address government ideology, policies, and practices that are barriers to the implementation

of the Truth and Reconciliation Commission's Calls to Action (First Nations Child & Family Caring Society of Canada, n.d.)

#### **4. Key Research Projects that Informs this Project**

This section gathers together the research involving human participants on the topic of Indigenous people with disabilities, inclusive of Indigenous women and girls with disabilities. It pulls forward eleven research projects where empirical data led to concrete recommendations, that if placed into action would improve the lived experience of Indigenous women and girls with disabilities, thus ensuring them less vulnerable to sexual abuse and other forms of gender-based violence. Readers will notice that many of the recommendations overlap with the suggestions identified in the review of the literature. This section will offer some brief commentary about the methods these research projects relied on because they shaped the outcome and recommendations made.

Drawing on her lived experience and embracing the concept of "triple jeopardy" as an Indigenous woman with a disability, Demas (1993) begins the process of producing empirical knowledge regarding Indigenous women with disabilities. She addresses several issues such as education, the jurisdiction issue, and the living conditions on reserves. She explained that while education is the key to escaping poverty and dependence on welfare, there is a denial to services that serve the process of getting an education. She argued the main barrier to health and wellness is the jurisdictional quagmire, explaining that people with Indian Status are the responsibility of the federal government, which means that provincial rehabilitation resources are not available to them. Demas also explained reserves have poorly constructed houses that

lack plumbing, water systems, and adequate heating systems which makes dependence on a wheelchair even more difficult.

Demas advocates the need for clear methods to accessing services, decentralizing services that are available so that on reserve people do not have to leave their community, improve access on reserves for things such as schools, information programs so people can get access to it, public education with Native women's organizations so they are aware of the issues women with disabilities deal with, and also culturally appropriate programs which meet the needs of Native women with disabilities. She argued self-government is important, but cautions there is concern the needs of persons with disabilities will remain marginalized.

The British Columbia Aboriginal Network on Disabilities Society (BCANDS, 1993) conducted research on Indigenous people with disabilities, inclusive of men and women. Considered the first of its kind this research took place in the province of British Columbia. Two methods were relied on. The first method consisted of workshops where it was estimated 2,000 people, consisting of Indigenous people with disabilities, caregivers, family members, Indigenous and non-Indigenous professionals, supporters and members of the society, and also non-Indigenous agency representatives, participated. There were 15 workshops consisting of one-day sessions in both rural and urban locations. The second method relied on was surveys, with 362 respondents from 72 communities.

This research yielded several recommendations inclusive of, but not limited to, such matters as: First Nations must prioritize disability issues, government offices must work in cooperation to better serve the requirements of their clients, a call for increased funding for modification requirements for both on and off reserve people, the need for community service

buildings to be modified and become fully accessible, the need for job retraining programs and the establishment of flexible working hours, a call for child care programs for special needs children, additional funding to assist disabled persons and their families who are dealing with trauma, training for caregivers, and public transportation services that specifically serve Indigenous people with disabilities. In addition, there was a call for public awareness and education efforts to prevent disabilities, as well as a general public awareness campaign. It is easy to rationalize that these recommendations would improve the lived reality of Indigenous women and girls with disabilities who are bigger targets of sexual violence and gender-based violence.

The Assembly of Manitoba Chiefs commissioned a research project conducted by Elias and Demas (2001) in that province regarding the needs of Indigenous people with disabilities. The focus included determining social-economic and job training needs, and identifying the barriers in the areas of health services, housing, and transportation. This project relied on 1,618 surveys where the participants were persons with disabilities. Elias and Demas provided their findings of the types of disabilities Indigenous communities are contending with according to responses from the survey participants: mobility impairment (43%), agility impairment (30%), legal blindness or visual impairment (26%), and deafness or hard of hearing (20%) (Figure 6), mental illness (11%), learning disability (10%), speech impairment (9%), and developmental disabilities (5%). They also add the major causes of disability among participants were diabetes (32%), accidents or injuries (23%), and child birth (10%), adding diabetes was a major cause of disability in the south (40%). Through their research they also determined that the highest single cause of disability among participants was other illnesses (54%) not identified.

Through their effort several policy recommendations were made such as: the need for preventative measures, the need to address social and geographic isolation, the need to address poverty, and the need to address inadequate living conditions. For example, it was stated that a social security system for First Nation people with a disability and their families is “urgently required” (Elias & Demas, 2001, p. VII). It was also recommended that housing barriers be addressed through the establishment of a funding stream that could retrofit existing homes. In addition, there was a call for accessible healthcare, and a thorough evaluation of Health Canada’s Non-Insured Health Benefits Programs as it relates to people with a disability, stating the “evaluation should also extend to other federal departments, provincial departments, and provincially funded rehabilitation agencies and programs in terms of the services they offer to First Nation people with a disability, particularly to those First Nation people that live on-reserve” (Elias & Demas, 2001, p. VIII).

Durst and Bluehardt (2004) (see also Durst & Bluehardt, 2001) conducted research on the needs of Indigenous people with disabilities in the cities of Regina and Saskatoon, Saskatchewan where the goal was to offer recommendations for programs and policy makers that would better serve. They relied on the interview method with an unstated number of agency providers in the areas of employment, recreational, and social and health services. They also relied on seven focus groups with Indigenous people with disabilities where the number of participants is also not stated. They explained, though, that their research was facilitated by two Indigenous women who had the lived experience of living as quadriplegics.

This research yielded several recommendations such as: education and awareness training at all levels of government; the establishment of a team to review and resolve

jurisdictional issues; cultural awareness training for service agencies; service agencies that employ Indigenous people, as well as appointing them to executive boards to improve services; First Nations leadership must understand the seriousness of the issues; the creation of advocacy offices, and an ombudsperson in each province to serve as a structure for Indigenous people with disabilities and their families.

Durst, South, and Bluechardt (2006) (see also Durst & Bluechardt, 2001) conducted research on the lived reality of urban Indigenous people with disabilities living in Regina, Saskatchewan. The research method relied on was a focus group of four sessions involving a varying distribution of eleven participants with moderate to severe forms of physical disabilities who were forced to relocate from their reserve communities to urban centres so they could gain access to programs and services.

This research yielded several recommendations such as: awareness programs delivered by Indigenous people with disabilities; increased funding to cover the cost of living with a disability; a sufficient and dependable income that would improve their standard of living; funding for family member caregivers, and respite programs to provide temporary relief; a universal health-care system to cover the costs of disability with no restrictions based on Indian Status and non-Status people, or on-reserve and off-reserve residence; the resolution of funding disputes based on political jurisdiction; funding for training programs and education to assist in developing the skills required so they could become self-sufficient and independent; employment equity programs to ensure opportunities for Indigenous people with disabilities; culturally sensitive programs that meet their needs; trained Indigenous people to deliver

programs; a city based transportation system for Indigenous persons with disabilities; and an awareness campaign to ensure that the needed changes manifest into reality.

In another research project, in partnership with the National Association of Friendship Centres, Durst (2006) again looked at the issue of Indigenous people with disabilities, inclusive of both men and women, in the urban setting of the City of Regina; adding site visits and interviews conducted in Montreal, Toronto, and Vancouver; and further, telephone interviews with participants in the city of Halifax. The interviews were primarily with Indigenous parents of children with disabilities as well as social and health service providers. Offering an example of their data source of the recommendations gleaned from this research project, the Vancouver element included seven professionals, seven service providers, and two mothers. We should keep in mind here that one service provider could have experience dealing with more than one child with a disability.

Drawing from these methods this research fleshed out issues faced by urban Indigenous people with disabilities, the first of which is the need to address the jurisdiction and bureaucratic barriers they face. It was said that many Indigenous people become so frustrated with the barriers they encounter that many give up. Durst again recommended the need to implement a review panel to resolve the jurisdictional barriers. In terms of services provided to serve this population, it was stated that there was a low participation rate. Given this finding, Durst recommended several actions: an Ombudsperson for Aboriginal Persons with Disabilities; the need for provincial intergovernmental advocate offices; an intergovernmental team to complete a comprehensive review of the issues for the purpose of proposing a system to resolve them; and a call for a national network of urban Indigenous health and social services centres to serve

Indigenous people with disabilities and their parents. In terms of the latter, it was his contention that every city with a significant urban population of Indigenous people with disabilities should have such a centre where a variety of services can be coordinated and accessed.

Durst, Morin, Wall, and Bluechardt (2007) (see also Durst and Bluechardt, 2001) offered a life case study analysis of “Hope”, a courageous Indigenous mother with a disability. Hope became a paraplegic due to a tragic shooting accident while in a neighbour’s home in a remote First Nations community in northern Saskatchewan. The research methods relied on were oral history, listening without judgment, and grounded theory analysis. This research was exploratory and qualitative in nature, yielding several themes and findings.

The first theme that emerged was the matter of grief, and her loss of the will-to-live after the accident. Hope discussed how suicidal thoughts remained with her for ten years after the accident, discussing the reality that many of her friends with disabilities took the road of suicide making it harder for her to cope. Another theme that emerged was her experiences of racism in the four foster homes that she spent time in such as the stereotype of the “lazy Indian”. Hope also expressed that in one foster home, members of the family complained she used too much electricity and toilet paper.

In terms of assault Hope discussed her experience with sexual violence and other forms of gender-based violence from a male foster parent, and also from a male health care worker who felt, she said, he could get away with the sexual abuse because he thought a part of her disability included the inability to speak. Hope also spoke about health care practitioners who treated her with a lack of dignity, such as being left her uncovered while nude yet she lacked the ability to cover herself.

Hope shared that while after her rehabilitation process was complete, she did return to her community but only for a short time because she needed greater access to supports and services. She also talked about living in deep isolation and with chronic loneliness where, when she was in her home community, playing bingo at the community hall was an important reprieve for her. Given this it must have been a hard decision to leave her community where she could in the very least enjoy social activity at the bingo hall.

Another theme that emerged from Hope's sharing was the issue of poverty that social assistance placed her in even though she was a holder of a Bachelor of Education degree. She explained the many barriers preventing her from meaningful employment in terms of transportation, workplace accommodations, and sufficient remuneration to cover the extra cost that she incurs due to her disability. Although Hope struggles with living with a disability, she uses her voice to advocate for the changes needed. She is a public speaker at such places as universities and conferences, and she actively lobbies First Nation governments to address the needs of Indigenous people with disabilities. Finally, Hope is clear with her position that the federal and provincial governments must address the jurisdictional issues that urban First Nation people with disabilities are forced to deal with. Lastly, Hope is tired of what she calls being researched to death (Durst et al., 2007).

The First Nations of Quebec and Labrador Health and Social Services Commission (2013) conducted research on the lives of Indigenous people with disabilities, inclusive of men and women, living in Quebec and Labrador. The goal was exploring the needs of Indigenous people with disabilities, and providing solutions to improve the health, social services, and care for them and their families. This research process consisted of two components. First, questionnaires were

delivered to eleven community health directors and their staff, inclusive of First Nation communities. Second, a questionnaire, delivered by video conferencing to regional focus groups in ten communities, where 21 people participated, inclusive of First Nation adults with disabilities, parents of children with a disability, caregivers of persons with disabilities, home and community care nurses or personal support workers, as well as other community support people such as social workers, mental health workers, education workers, and medical transportation workers.

This research yielded many recommendations inclusive of, but not limited to: the need to place all service providers under one domain; the need for early assessments at the community level before school begins because transportation was an issue; the need for transportation for rehabilitation services purposes; and the need for respite care for caregivers. There was also the need to address the issue of a lack of electricity, running water, and toilets; the need for adaptations in homes; the need to address being forced to leave their communities to have access to supports and services; the need for motorized wheelchairs; and the need to resolve jurisdictional issues. In terms of the broader community, participants spoke about elders living in isolation, whereas others were living in overcrowded homes. There was also a call for a formal advocate, and more employment opportunities for persons with disabilities.

Of course the research component in Quebec yielded issues that were specific to French speaking people such as but not limited to: the need to address the barriers between French speaking service providers in First Nations English-speaking communities; and the need to resolve situations where border communities are forced to pay for English services received in neighbouring provinces for no charge, yet Quebec receives funding to provide services for its population to the exclusion of First Nations communities.

The research that Stienstra, Baikie, and Manning (2018) conducted was in Labrador, mainly in the town of Happy Valley-Goose Bay where Inuit, Innu, and Inuit-Metis people reside. This research rested on a five-year relationship building process where seven Indigenous women with disabilities participated. The method relied on was interviews and it yielded valuable insights, concerns, and recommendations. The women spoke about their experiences with harassment, discrimination, isolation, and exclusion specifically linked to them being both Indigenous and in terms of their disability related needs. Some women expressed concerns regarding access to health and education services, where others talked about how resource development projects and urbanization heightened their exclusion, safety, and access to services. Some of the issues fleshed out consisted of, but were not limited to: a lack of sidewalks while at the same time potholes on streets made it difficult for wheelchair users; the lack of accessible buildings due to issues with ramps that were too small, ramps that were not maintained in terms of snow removal, and a lack of elevators once inside the buildings. The women also talked about being isolated from their families because they had to leave their communities to access supports and services, and they also discussed the difficulty of finding employment.

Participants in this research project also talked about the effects of living under the resource extraction industry, namely the Muskrat Falls project. They spoke about how the project caused them to lose valuable services such as their transportation needs when taxi drivers found higher paying employment. This loss of transportation made going to the doctor and grocery shopping more difficult. Further, they discussed that due to the influx of workers, their groceries and rent expenses climbed, yet they lived on low and fixed incomes. What is more, again due to

the influx of workers, the health care system became stressed causing longer wait times for medical appointments and longer wait times in the emergency room, yet these women frequent them more often due to their health care and disability related needs. Lastly, one participant, a wheelchair user, spoke of her anxiety regarding the possibility of the dam breaking. Her concern was would she be able to get to a safe location, if that happened (Stienstra et al., 2018).

While these community-based research projects manifested valuable insights and recommendations for program and policy makers in serving the needs of Indigenous women and girls with disabilities, there are additional resources available that can be relied on. In 2016 Canada committed to developing new accessibility legislation to promote equality and the inclusion of Indigenous men and women living with disabilities. With this goal in mind, funding was provided to three Indigenous organizations so they could carry out consultations with Indigenous stakeholders. BCANDS, AFN, and NWAC conducted research and consultations to inform this legislation building process. It stands to reason that their research findings and recommendations serve this compilation. As such, the next part of this section offers an analysis of these three consultation processes.

In their consultation process BCANDS (Mar 2017-Mar 2018; Jan 2017-Mar 2018) crafted two surveys on the topic of accessibility. The first consisted of seven questions directed to government stakeholder employees, and Indigenous Services Canada (ISC) employees because ISC provides funding support and policy direction regarding Indigenous people and families living with disabilities in the areas of health, education, First Nations housing, social programs, emergency management, water in First Nations communities, First Nations community infrastructure, and First Nations funding. In total BCANDS disseminated 478 surveys. Through this

effort BCANDS put forward several recommendations that consist of, but are not limited to: the need for more system navigator services to serve people with a disability so they are able to receive the supports required; direct grants for housing and medical services; funding individuals directly instead of through the band or organizations; funding that is monitored to ensure they are distributed equitably within the community; and safe and up to standard accessible housing.

BCANDS' second survey consisted of 10 questions directed to members of the Indigenous community, connecting with 42 on-reserve departments and Indigenous organizations. One hundred surveys were disseminated that yielded several recommendations that included but not limited to: a call for free admission to events in the community inclusive of support workers and family members who are helping the person with a disability; a call for more employment opportunities that accommodates their needs and with equal pay; funding that goes directly to the person living with a disability so they have full control of ensuring the funds are used for their needs as they define them to be; the need for the federal government to listen to the voices of Indigenous people with disabilities so programs in their community can be developed; better sharing of programs, services, and information applicable to their needs as persons with disabilities; the elimination of long wait times for services needed; increased training for service providers and members of non-Indigenous communities; an increased availability of specialized personnel such as respite care providers; a transportation strategy for inside the communities; awareness in training regarding accessibility; training in how to best support people with a disability; training on navigating the system and programs that are available for persons once they leave their community; better repairs and upkeep of on reserve housing to serve the needs of persons living with a disability; the need to prioritize housing for persons with

disabilities; accessible infrastructure; the need to educate community members in a way that addresses the assumptions about Indigenous peoples and the funding they receive; the need for government employees, and members working in social and medical services, to listen to the requests and needs of persons with disabilities; a call for service providers to be responsible for the travelling needed to reach people in their communities; cultural training for service providers; improved sharing of information; when services are not available in the community accessible and free transportation must be made available; the federal government needs to provide education campaigns about people living with a disability in order to reduce the stigma and promote inclusion; a call for the inclusion in all decisions in the community; a call for community leadership to address the needs of Indigenous people with disabilities; more accessibility in terms of buildings, housing, and sidewalks; and the implementation of JP for adults with disabilities to provide supplies and support needed.

The AFN (2017) named the types of disabilities Indigenous people, families, and communities are dealing with. They include attention deficit disorder, attention deficit hyperactivity disorder, blindness, hearing impairments, learning disabilities, psychologic or nervous disorders, and physical disability. In their consultation process the AFN (2017) relied on the method of a webinar, facilitated by Indigenous women and men with disabilities, and a survey. The webinar connected with 279 viewers, and the survey conducted during the webinar resulted in 32 participant responses. The areas of focus were broken down into: employment, service delivery, transportation, the built environment, and information and communications. This consultation process yielded several recommendations that included, but are not limited to: a call for awareness training for potential employers; a call for employment and training

programs; the need for sensitivity training for service providers; the need to identify the strategies and supports required to remove barriers for their full inclusion; the need for fully accessible community buildings such as health centres; a call for Indigenous leaders to become better advocates; a call for additional funding to accommodate their needs; the need for inclusive education with qualified staff; and the need to address the lack of services for reserve communities, especially the remote reserves.

Other issues the AFN consultation process identified consist of: the reality that many people with disabilities have to leave their reserve community to gain access to services, yet when in urban centres they continue to have difficulty in gaining services; and the need to address the provincial and federal jurisdictional disputes as it is the biggest barrier for persons with disabilities. In terms of this jurisdictional issue, it was again suggested that JP be expanded to adults with disabilities, possibly because they thought JP resolved all the issues which, as discussed, it has not. What is more, participants spoke about the limitations of the Non-Insured Health Benefits Program in terms of addressing the needs of persons with disabilities because they did not cover their needs. It was also stated that regional differences must be considered when addressing the needs of Indigenous people with disabilities, meaning people living in the north will have different needs than people living in the south. The same can be said about people living on reserve and people living in urban settings. In terms of accessibility and transportation, it was stated that persons with disabilities should be able to rely on all forms such as air, rail, ferry, and buses without barriers; and further that the transportation gaps between rural and urban access be addressed.

The AFN participants also discussed the need to expand the Assisted Living Program mandate in a way that addresses all the needs of persons with disabilities. Within this, the AFN research identified BCANDS as the best practices model to follow when serving Indigenous people with disabilities. In the area of employment, it was stated that Aboriginal Skills and Employment Training Services be expanded in a way that addresses all of the needs of persons with disabilities such as flexible hours and increased services for child care in the work place. There was also a call for the government of Canada to address the lack of awareness of the barriers Indigenous people with disabilities face as this would help them deal with the attitudes of the general public and service providers. Finally, it was stated that service providers are in need of cultural sensitivity training.

NWAC's (Quinlan, 2018; see also NWAC, 2017) research was driven through two online surveys, available in English and French, specifically directed toward Indigenous women. In the first survey there were 69 participants, where 56% stated they had a disability and 44% stated they were caring for someone with a disability; and in the second survey there were 96 participants, where 74% stated they had a disability and 26% stated they had both a disability and were caring for someone with a disability. Most of the participants reported they lived on a reserve located in the provinces of Ontario and British Columbia. There was little to no participation from the provinces of Newfoundland and the territories of the Yukon and Nunavut.

From this NWAC research many recommendations were made in the area of employment, such as a call for employment opportunities for Indigenous women with disabilities in their communities that provide a living wage; a call to empower Indigenous women, girls, and gender diverse individuals with disabilities as employees in their fields and support their socio-

economic independence; and also, a call for employment opportunities that do not remove needed benefits based on an arbitrary standard of income.

In the area of services and programs, NWAC recommended: transportation that is accessible, reliable, and affordable, where regional differences are accommodated for; free or affordable child care and specialized education for people with disabilities; the need for northern and isolated communities to have equal access to quality services and programs, especially regarding health care, specialized education, and mental health supports such as call-centres for remote communities; a call for cultural safety in services and programs such as housing supports, education and child care, employment centres, and mental health; a call to invest in Indigenous training for service providers to create more reliable and accessible services and to reduce the barriers to culturally appropriate planning; a call for policies that provide culturally appropriate services and programs aimed at preventing violence against Indigenous women and girls with disabilities and their families; a call for Indigenous women to have control over, and be leaders in, programming meant for them and their families; a call for more services to be located in close proximity to Indigenous communities, especially because persons with disabilities have to travel to cities to receive healthcare and other services; a call to work with women and their communities to build quality and culturally-appropriate services and programs within Indigenous communities that advance the inclusion of persons with disabilities; a call to implement a universal model regarding transportation, infrastructure, and telecommunications that provides for the full inclusion of people with disabilities; a call for greater access to information for Indigenous women with disabilities, explained in language that they understand, in terms of benefits, entitlement, and services; a call for the implementation of an appointment system for

people with disabilities accessing services under federal jurisdiction as a way to ensure an adequately trained federal employee is present and is aware of the client's needs as this would prevent long travel as well as having to endure long wait times; a call for preventative measures and an awareness that people with Fetal Alcohol Spectrum Disorder need lifelong supports; a call for accessible drop-in centres as places for social engagement and cultural supports; and the need to consider Indigenous women and girls who are incarcerated, in long-term care facilities, and in the child welfare system as they have particular needs such as mental health and access to supports. In terms of cultural needs, there was a call for more traditional ceremonies, medicines, storytelling, time spent with Elders, and the need for cultural workshops to cultivate mental and spiritual wellness. Finally, there was a call for action being prioritized over consultation.

As with the previous section, it is once again easy to organize the needs of Indigenous women and girls with disabilities into two categories: 1.) Personal and Community Requirements; and 2.) Department Structural and Policy Requirements.

The personal and community requirements and needs that these research projects identified are the need for Canada to: provide funding that will cover all disability and medical related needs because social assistance is not enough; address all housing and housing related issues such as heating, electricity, plumbing, and ventilation; modify all homes and community buildings making them accessible both inside and outside; provide funding for family caregivers and for respite care; institute an appointment system to ensure service providers are aware, present, and qualified; and provide greater access to information of all supports and services. Many of these research projects also recommended accommodations in the area of employment

such as: more employment opportunities being created at living wage standards, providing flexible work hours, funding for child care, and providing more education and training funding. There was also a call for more supports and services in communities as well as trauma related services. There was a call for better transportation both within communities and to neighbouring cities because often times the only access to supports and services is outside the community. At the community level there was also a call for leaders to become more aware of the issues and to become better advocates for persons with disabilities.

At the department structure and policy level Canada must: provide equitable supports and services to that of other Canadians; resolve the jurisdiction issues; institute an employment equity program; place all service providers under one domain; establish provincial advocacy offices and appoint ombudspersons; institute call centres for remote communities; create more preventative awareness programs about FASD; resolve the English-French barriers in Quebec; ensure that supports and services will not be disrupted when resource development projects and their workers move in and settle; provide more care for incarcerated, institutionalized, and children in care; listen to Indigenous people with disabilities and rely on them in shaping programs, supports, and services; and provide cultural awareness training for support and service providers. Another really crucial recommendation that emerged is the need for Canada to ensure that all social, health care, and mental health providers, inclusive of transportation, education, and employment services be trained in terms of anti-sexism, anti-racism, and ableism awareness and practices.

While it is encouraged that readers review all the research programs at their own accord and glean what is stated, there is one more important recommendation that is crucial for Canada

to take on. Many of the research projects recommended awareness campaigns about the lived reality of Indigenous people with disabilities. The stigmatization and isolation of people with disabilities, and the silence about them and their needs, are contributing factors that lead to the sexual assault and other forms of gender-based violence that Indigenous women and girls with disabilities experience. The stigmatization, isolation, and silence lead to them being out of the safety of societal awareness and belonging. A nation-wide awareness campaign would raise awareness of their existence, raise awareness of the gifts and skills they embody and have to offer, leading to more observation and inclusion, and thus lower their vulnerability to sexual violence and other forms of gender-based violence.

##### **5. Concluding Comments; Synthesis of Recommendations; and Identifying Gaps**

This project has pulled together two main bodies of literature that best informs the issue of Indigenous women and girls with disabilities and their experience with sexual violence and other forms of gender-based violence due to intersectional oppression. It is intuitive that within a social cultural context that is shaped by the elements of power inherent in sexism, racism, and ableism and their interacting, fortifying, and magnifying exponential effect that the people most subjugated, and thus harmed, would be Indigenous women and girls with disabilities. While intuitive, Canada now has the statistics to substantiate this reality.

From Hahmann, Badets, and Hughes (2019), who rely on 2017 data, we learn the rate of First Nations people living off reserve, Métis, and Inuit living with a disability: 32%, 30%, and 19% respectively; where for the general population it is 22%. From Statistics Canada's Survey of Safety in Public and Private Spaces (2018) data we learn that Indigenous women with a disability are: about 2 times more likely than Indigenous women without a disability to have been sexually

assaulted since the age of 15; and about 1.5 times more likely than non-Indigenous women with a disability to have been sexually assaulted since the age of 15. From Cotter and Savage (2019), who rely on 2018 SSPPS data, we learn that women living with a disability experience unwanted gender-based violence in public settings, while online, as well as sexual assault at higher rates.

Remedying the situation where Indigenous women and girls living with a disability are bigger targets of sexual violence requires both a community and gendered lens, as they identify and define their particular specific and particular needs are, because it is them, their immediate and extended family members, and the members of the community they exist within and rely on, that provides much if not most of their care. This is particularly so for Indigenous women and girls with disabilities who live in contained or isolated reserve communities. There is an existing body of literature and research projects, beginning as early as 1981, where Indigenous women and girls with disabilities' requirements and needs were discussed and explored, both in terms of personal and community requirements. Over time several recommendations have been made. Drawing on this previous body of work, the 15 personal and community requirements of Indigenous women and girls with disabilities, such as their health care, accommodations, and living needs, must be met immediately. Likewise, the 16 government of Canada administrative requirements, such as resolving the jurisdiction barriers and the fragmentation of supports and services available for Indigenous women and girls with disabilities, must be met immediately. Below, are two itemized lists of recommendations that the literature and several the research projects manifested.

#### Personal and Community Recommendations:

1. Address and work to ensure service and funding gaps for Indigenous persons with disabilities in the areas of medical, dental, and nutritional related needs are met because social

assistance is not enough (Note, the goal here is not equality with non-Indigenous persons with disabilities because the current model fails them too.);

2. Address and work to ensure that housing accessibility needs are met for persons with disabilities, and that housing related needs such as heating, electricity, plumbing, and ventilation are met;
3. Address and work to ensure that homes and community buildings are fully accessible to persons with disabilities;
4. Provide funding for caregivers of persons with disabilities, inclusive of family and community caregivers;
5. Provide respite funding for caregivers of persons with disabilities, inclusive of family and community caregivers;
6. Institute an appointment system so the clients, who are persons with disabilities, are able to rely on. This will ensure service providers show up for the appointments;
7. Ensure that service providers are qualified, as well as screened and approved to work with Indigenous women and girls with disabilities;
8. Address and work to ensure that persons with disabilities have employment opportunities at living wage standards and with flexible work hours or reduced work hours with full time pay;
9. Provide additional funding for the special child care that children with disabilities require;
10. Provide more education and training funding that accommodates for extra time required;
11. Provide more supports and services in communities inclusive of trauma related services;
12. Provide additional funding for transportation both within communities and to neighbouring communities and cities because often times the only access to supports and services is outside the community;
13. Work with Indigenous communities and organizations to ensure that services and supports are culturally relevant;
14. Call on leaders to become more aware of the issues and become better advocates for Indigenous women and girls with disabilities; and,
15. Community leaders must listen to Indigenous women and girls with disabilities and rely on them in shaping programs, supports, and services.

#### Department Structural and Policy Recommendations:

1. Provide equitable supports and services to that of all other Canadians;
2. Resolve all the jurisdiction issues. One such suggestions is to institute Jordon's Principle for adults;
3. Institute an employment equity program;
4. Place all service providers under one domain in one building as this will serve accessibility issues;
5. Establish provincial advocacy offices and appoint provincial / regional ombudspersons;
6. Institute call centres for remote communities;
7. Create more preventative awareness programs about disabilities with a focus on FASD;
8. Resolve the English-French barriers in Quebec such as provide persons with disabilities with a translation service;

9. Ensure that supports and services will not be disrupted when resource development projects and their workers move in and settle;
10. Provide more care for incarcerated and institutionalized Indigenous women and girls with disabilities;
11. Ensure all foster parents are trained, screened, and approved as safe to work with and care for Indigenous girls with disabilities;
12. Ensure that all social, health care, medical care, and mental health providers are trained, screened, and approved as safe to work with and care for Indigenous women and girls with disabilities;
13. Ensure that all transportation, education, and employment services personnel are trained, screened, and approved as safe to work with and care for Indigenous women and girls with disabilities;
14. Listen to Indigenous women and girls with disabilities, and rely on them in shaping programs, supports, and services;
15. Provide cultural awareness training for all support and service providers; and,
16. Create a nation-wide awareness campaign about the lived reality of Indigenous people with disabilities, in particular about the need to better ensure the safety of Indigenous women and girls with disabilities.

While it is important to address the requirements and needs of Indigenous women and girls with disabilities at the practical level, both at the community level and a personal level, Canada must also be proactive at the front end to prevent the sexual assault and gender based-violence because back-end solutions will not curtail or end the dangers. This speaks to the need for Canada to be proactive through a nationwide awareness campaign strategy that speaks to the specific and particular vulnerabilities of Indigenous women and girls with disabilities.

There is always the issue where academics think there is the need to identify gaps in the literature on a topic. Sometimes this need to identify gaps in the literature is not what is most important in serving the most intersectionally oppressed members in our society at the practical level. Let's face it, humans are very good at splitting atoms and hairs, and at inventing rhetoric. What is more, researchers are very good at serving the research industry. Sometimes identifying a gap in the literature provides an opportunity not to, or obfuscates the need to, take practical action on an issue. Thus, and drawing on an Indigenist theoretical framework where practice is

just as important as theory, I offer here a discussion of both, identifying a gap in the literature as well as a gap in action.

#### Identifying the Gap in the Literature

That said, thinking through the Indigenous theoretical framework that situates this project, it is my analysis that the gap in the literature that would best complement this topic and the very need to remedy the issues at hand, is an exploration into the traditional Indigenous teachings, skills, and rituals of parenting that embody within children their own internal sense of self-governance that is then relied on for them to moderate good and moral behaviour. What I mean by this is, the literature gap identified that is needed is an understanding of the difference between an *internal locus of control as a governance system* versus an *external locus of control as a system of governance*.

#### Identifying the Gap in Government Action

In thinking through the Indigenous theoretical framework that situates this project, where it is acknowledged that sometimes the most important knowledge is in the practices we do, it is important to identify the gap in action. The identified gap of action is on the part of Canada. Canada must partner with an Indigenous organization *with a proven history of prioritizing Indigenous people with disabilities*, where through this partnership they can begin to act on the recommendations. One such organization that Canada could partner with is the British Columbia Aboriginal Network on Disability Society. Through this partnership that establishes an Indigenous Director to both guide and administrate the process, Canada then must fund 634 + First Nation community researchers, as well as community researchers for the Indigenous communities in the Yukon, Northwest Territories, and Nunavut, and equip them with a mandate to complete

community needs assessments, inclusive of costs for the needed supports, services, and accommodations, of Indigenous women and girls with disabilities. Once these needs assessment studies are complete, a budget must be allocated, where the costs of the needs supports and services are *directly placed in the hands of the women and families*. An emphasis is placed here that these needs must not be interfered with through self-government politics or the Indigenous identity politics. In taking this partnered approach with a proven Indigenous organization that prioritizes persons with disabilities, Canada will be steps ahead on their gender-based strategy.

Some readers may default to an economic lens, thus tossing their morality aside in the need for Canada to take care of Indigenous women and girls with disabilities. In her work advocating for Indigenous children with disabilities, Blackstock (2016) offered that a “2003 study found that child abuse costs Canadian taxpayers over fifteen billion dollars per year, stressing the need to prevent child maltreatment before substantial child trauma occurs” (p. 300). Further, “in 2013, the World Health Organization estimated that governments save twenty dollars for each dollar invested in children’s and women’s health” (p. 300). In offering these figures Blackstock implies that a lack of action costs Canadian’s millions.

## **6. Time for a Change: Introducing the Political Model of Disability**

Research accountable to, and preferably done by, disabled people offers the best insights. (Shakespeare, 2006. p. 199)

The research and recommendation that would improve the lived reality of Indigenous women and girls with disabilities began in 1981, which raises the question, “What is the barrier/s to serving their specific and particular needs as intersectionally oppressed people?” There are good people who want to see reconciliation unfold in real and moral ways, just as there are good people who want to see Canada’s gender-based violence strategy to reach all women and girls,

inclusive of Indigenous women and girls with disabilities. It is suggested that a barrier for many Canadians, may require a better way of framing and conceptualizing the issue. Naming things properly helps people see, perceive, understand, and act.

It does not take much for people to reason that humans foremost rely on language to communicate ideas between one another and across cultures. In the English language humans use nouns, verbs, adjectives, and adverbs to communicate where we also rely on concepts to convey a depth of meaning under an entity or lived reality. Like all aspects of culture, language, inclusive of both oral and written, is fluid, meaning humans continually invent and create new words to represent our ever-changing world. Such examples of new words include “selfies”, “bling”, and “blog”. We also create new concepts. Two such examples are “hegemony” and more recently “intersectionality”. The point is, as human culture shifts, new words and concepts are created to help humans communicate ideas and what we know.

In addition to creating new words and concepts, humans also create and rely on models to convey more complex concepts such as political realities for example. The first model relied on to understand and address disability related needs was the ‘medical model of disability’. The medical model of disability operated on the assumption and belief that disability was an individual’s issue where the person had to be cured of what ailed them. This model continues to remain useful in terms of ensuring persons with disabilities gain access to the medicines they need, yet eventually due to its limitations it was challenged. After all, there are many people in wheelchairs who are able to take on important community life activities such as teaching. The same can be said about people who are blind or people who lack hearing as they too have important gifts to offer community life such as music and art.

In the review of the literature and research conducted on Indigenous people with disabilities, the limitations of the medical model were identified as a barrier. Hirji-Khalfan (2009) criticized the practice of professional assessments of disabilities that Canada relies on, because it is situated within the medical model of disability, yet Indigenous people understand health and wellness more wholistically and in terms of the broader family and community needs. Similarly, Stienstra (2018) criticized Canada for its reliance on the medical model of disability because of its focus on difference versus inclusion and integration, which is in stark contrast with an Indigenous understanding of disability. In her work Dion (2017) talked about the paradigm shift of understanding persons with disabilities as being objects to being subjects. In line with this thinking Dion explained that eventually Canada did move away from the medical model of disability to that of embracing what is known and the 'social model of disability'.

It is said that the social model of disability was created because of the questions generated during and by the civil rights movement, and it is also said that it was Mike Oliver who first coined the concept in 1983 (Lisicki, 2013; Shakespeare, 2006, p. 198). The social model is different than the medical model because it recognizes that people with disabilities are mostly limited by barriers in societies that refuses to make room for their inclusion. Essentially, through the creation of the social model, we see a conceptual shift from 'the problem is the individual' to 'the problem is structures in society', where subsequently at the level of practice the focus is on resolving the barriers in society that prevent participation in community life. In short, it is society that has the disability, not people.

Many people reading this discussion about the difference between the medical model of disability and the social model of disability will now be able to conceptually shift in their thinking

process and begin to think differently and critically about issues of disability and how best to resolve them. This new way of conceptual thinking, and making new cognitive connections about disability related issues, is precisely what communicating through concepts and models facilitate. This is precisely why humans use concepts to communicate and why we invent or create new concepts when needed. In this way new conceptual models are like magic, as in 'poof!', because they are able to open up space in our cognitions effectively creating a 'basket in our minds' to place ideas in and add new ideas to it when we learn and gather them. It is in this way that new conceptual models are important because they provide humans with 'directive cognitive function' (see Castillo, 1997, pp. 20-24).

In reading the literature on models of disability, sometimes the medical and social models are pitted against one another in a competing kind of way. For example, some people correctly argue that in fact there are people with impairments or medical issues that as such do require medical intervention and so the social model is wrong. For some reason humans tend to think only one model will do when sometimes two or even three are needed to best serve, after all there is a diversity of situations. What I mean by this is, there is no reason why both models cannot exist side-by-side, where health care practitioners, policy, and program makers are then able to harness one when it is most suitable and the other when it is most suitable, or possibly harness both when both models apply to any given person, situation, and context.

That said, there is yet again a need for a new model of disability to better serve Indigenous women and girls with disabilities: the 'political model of disability'. Bear with me as I explain this need in the paragraphs that follow.

Most Canadians are aware of the 'special' relationship that the government of Canada has with Indigenous people, after all it is Indigenous land that the creation of Canada rests on (Borrows, 2011). It is no secret that prior to the arrival of the French and English, Indigenous nations were here doing what they did. By now most Canadians are also aware of the historic treaty process that ended in 1923 thus leaving many Indigenous nations without a treaty. Although this was the situation, Frank Calder took Canada's refusal to respect the rights of the Nisga'a Nation to court in 1973, where afterwards the federal government then proceeded to unilaterally, rather than collaboratively, draft their Comprehensive Land Claims Policy (Manuel, 2017). Through this policy Indigenous nations were required to extinguish all of their land and land-related rights. Due to Indigenous opposition, in 1987 that policy was replaced with yet another unilaterally drafted policy. This policy though continued to be problematic, as is the more recent and current nation-to-nation framework. My point here is that the land claims processes, and for that matter self-government negotiation, are ongoing and seem to be never ending (Gehl, 2014). While I could go on and critique these processes, my focus must remain on the matter of seeking a better life for Indigenous women and girls with disabilities. What is important here is that the ongoing treaty, land claims, and self-government process places Indigenous nations in a special political relationship with Canada.

In offering a second example of the political relationship Indigenous people have with Canada that is more specific to this paper, many people know that Indigenous women have struggled to re-gain the rights taken away from them through the sex discrimination in the Indian Act so they can regain their places within their communities. It is important to reflect on this lengthy process because it points directly to where the most significant barrier and gap in action

is located. Generations of Indigenous women worked hard to eliminate the sex-discrimination in the Indian Act, while at the same time Canada worked hard to avoid addressing the sex discrimination in the Indian Act. In the 1960s Mary Two-Axe Earley began to speak out publicly on this matter, in 1973 Jeannette Corbiere Lavell and Yvonne Bédard took the matter to the Supreme Court of Canada, and in 1979 Sandra Lovelace Nicholas took the matter to the United Nations. They all failed, or rather Canada failed them. Although the Indian Act was eventually amended in 1985 to bring it in line with the Charter of Rights and Freedoms, it quickly became clear that in fact what happened was that Canada created new forms of sex discrimination versus eliminate it. This resulted in Sharon McIvor taking the issue to the British Columbia court of appeal in 2008, but when this failed, she was forced to go to the United Nations which after 10 years, in 2019, ruled in her favour. Parallel to McIvor's process, the matter of Canada's unknown and unstated paternity policy was challenged in the Ontario court of appeal in 2017 as it too was a new sex discrimination that was created in the 1985 Indian Act. The point here is that it has become clear to many people that when addressing sex discrimination in the Indian Act, Canada used the amendment process as an opportunity to create new forms of sex-discrimination. Finally, after the McIvor UN decision, Canada amended the Indian Act in 2017 and proclaimed the "6(1)a All the Way" clauses as law in 2019. But it took Canada 60 years to end the sex discrimination that harmed Indigenous women and their children even though the Charter made sex discrimination illegal in this country (Gehl, 2021).

There is a third example that is telling of the political relationship Indigenous children, inclusive of Indigenous girls with disabilities, have with Canada. As discussed in this paper, the First Nations Child and Family Caring Society and the Assembly of First Nations were forced to

take the issue of Canada's inequitable funding formula regarding child and family services, and also Canada's flawed implementation of JP to the Human Rights Tribunal seeking remedy for Indigenous children, inclusive of Indigenous children with disabilities. In 2016 the Tribunal ruled in the children's favour, yet the Caring Society and the AFN have been forced to file ten non-compliance orders against Canada for its failure to comply with the decision (again see Ball, 2021; Palmater, 2021). Many of these children are Indigenous girls with disabilities who are vulnerable to sexual assault and other forms of gender-based violence; and many of these mothers are Indigenous women with disabilities.

What I am getting at is, through these three examples—the land claims and self-government process, the sex discrimination in the Indian Act, and Canada's refusal to comply with the Human Rights Tribunal decision regarding child health and welfare—we can clearly see a pattern, that Canada needs a new conceptual model of disability to help them see, perceive, understand, and subsequently address the needs of Indigenous women and girls with disabilities. While the medical model of disability is important in that it addresses medicines and supports and services, and the social model of disability is important in that it addresses structures in society and the community, in the situation of Indigenous women and girls with disabilities there is the need to think critically through the 'political model of disability' because politics is the main barrier to addressing their specific and particular needs and their right to live free from sexual assault and gender-based violence. The goal of this new model, again the political model of disability, is not offered here to blame Canada. Rather, the goal is in serving parliamentarians, policy, and program makers so they are better able to perceive and understand how best to care for Indigenous women and girls with disabilities. After all, Canada's gender-based violence

strategy will be measured and judged through looking at the improvement of the lived reality of Indigenous women and girls with disabilities who are most intersectionally oppressed members in Canadian society. The improvement of their lived realities will be the litmus test of the success of Canada's 10-year gender-based violence strategy. It is Hope's wish that Canada passes this crucial milestone.

Finally, when it comes to Canada meeting the particular needs of Indigenous women and girls with disabilities, the rhetoric relied on by parliamentarians, that Canada must respect Indigenous self-government and thus consult with them and their political leaders before addressing the basic human rights of Indigenous people, is immoral rhetoric that obfuscates and excuses inaction. It must end. There is so much wrong with this rhetoric that is all too often relied on in the House of Commons and in the media. It is clear to many Canadians that this excusing rhetoric creates a false political barrier for the need for Canada to serve the most oppressed, and it is completely contrary to a Women and Gender Equity initiative that rests on an intersectional framework that seeks to remedy the needs of all women.

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**Endnotes:**

<sup>1</sup> It is stated that with the 2016 census 14 Indian reserves and Indian settlements were incompletely enumerated (Statistics Canada, 2019). It may be useful to note here that the government of Canada stated there are “more than 630 First Nation communities in Canada” (Canada, 2017, n.p.).

<sup>2</sup> RCAP (1996) cites Statistics Canada’s 1991 Aboriginal peoples survey (APS), offering, “31 per cent of Aboriginal people have some form of disability—more than twice the national average” (vol 3, p. 136).

<sup>3</sup> As per Durst et al (2006) the reference is: Halliday, B. (1993). *Completing the Circle. A Report on Aboriginal People with Disabilities*. Ottawa: Standing Committee on Human Rights and The Status of Disabled Persons.

<sup>4</sup> See also Cotter 2018.

<sup>5</sup> It is also important to point out here that it is indeed an assumption that everyone can afford, and has a cell phone, and also an assumption that all communities have cell phone coverage.

<sup>6</sup> The Obstacles report and the Obstacles report update were not a primary source in this literature project because in part they are not available online and libraries were not accessible during the Covid pandemic. Regardless the reference as per Durst and Bluehardt (2001) is: Canada. (1981). *Obstacles. Recommendations formulated and progress assessed by the Special Committee on the Disabled and the Handicapped*. Ottawa: House of Commons. The Obstacles report update is: Canada. (1987). *Obstacles report update. A status report on the federal initiatives undertaken in response to the 1981 Obstacles recommendations*. Ottawa: Secretary of State.

<sup>7</sup> Sinclair was not a primary source in this literature project because in part it was not available online and libraries were not accessible during the Covid pandemic. Regardless the reference as per Durst and Bluehardt (2001) is: Sinclair, B. J. (1993). *Health and social issues of Aboriginal people with disabilities: An Alberta perspective. The Path to Healing: Report of the National Round Table on Aboriginal Health and Social Issues RCAP*.

<sup>8</sup> Although this document was not a part of this project RCAP (1996) references this as: House of Commons, Special Committee on the Disabled and the Handicapped. (1981). *Obstacles: The Third Report*. Ottawa: Supply and Services.

<sup>9</sup> Although there was a name shift to Indigenous Services Canada, Indian and Northern Affairs remains the legal entity.

<sup>10</sup> See also Gehl, 2020 in this DAWN series.