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Individual-Systemic Violence: Disabled Women's Standpoint

By Maria Barile¹

Abstract

This article presents an insider reflection on questions of violence and women with disabilities. We explore reasons for the systemic omission of women with disabilities from mainstream research and from services addressing non-disabled women's experiences. Several questions are postulated. Has segregation of women with disabilities from the mainstream rendered a large part of their experiences, including the experience of violence, invisible? Have misconceptions about the lives of women with disabilities contributed to exclusionary practices within the women's movement?

This article further submits that violence against women with disabilities assumes many forms, both individual and systemic. It explores several factors, among these how exclusion of disabled women from mainstream services, coupled with the lack of appropriate funding for their organisations, and the poverty lived by individual women with disabilities; renders more difficult the task of these organisations to respond to member needs. The inaction that allows the cycle of poverty and violence to continue in the individual and collective lives of women with disabilities furthers institutional, system-based violence.

Key words: Women with disabilities, systemic and individual violence.

Introduction

A premise of feminist standpoint theory asserts that the structure of society is based on the individual's status in the socio-political system. This individual status is determined by those in positions of power within the social hierarchy: historically, this refers to men and the non-disabled majority. In this social structure, the more layers of difference that distance one from those who determine norms, the further away one is positioned from measured social acceptability: "Systemic differences are determined by all of the individual's characteristics" (Light 1991: 5).

Due to the organisation of social structures and the day-to-day living which separates disabled² and non-disabled people, it is not surprising that non-disabled women have not always been aware of the life experiences lived by women with disabilities. For example, violence against women with disabilities assumes many forms, both individual and systemic. It can be covert or overt. This social separation has rendered a large part of the experiences of women with disabilities, including the experience of violence, invisible. Have misconceptions about the lives of women with disabilities contributed to exclusionary practices within the women's movement? How does sexism and ableism influence the resources allotted and distributed to resolve the problem of violence? Is there a correlation between the stresses of a sexist society and the increase in specific impairments among women after age 35? And how do those stresses change when intermixed with ableism?

A standpoint, . . . carries with it contention that there are some perspectives on society from which, however well

intentioned one may be, the real relations of humans with each other and with the natural world are not visible. (Hartsock, 1997, p.218).

In the second wave of feminism, the notion of diversity has emerged, and the idea of a single women's movement is being questioned. Women with disabilities are not the first to question their exclusion: black women, lesbians, women from lower economic backgrounds, Marxists, and socialist feminists were prominent in shaping a newer vision of the women's movement(s). In the latter part of the second wave of feminism, women with disabilities began to build "an adapted room of our own" on the periphery of the movement and to contribute to the re-visioning of feminism.

It is imperative that a new structure be created to eliminate violence and other forms of inequity, in order to do so, it is necessary to rethink the position(s) accorded to all women, including disabled women. Although these issues encompass a large scope, this article will explore some important critical questions about violence against disabled women, as well as question how women with disabilities can help the women's movement(s). We will discuss these questions using examples primarily from the women's movement in Canada, where a lack of appropriate funding has made it difficult for women with disabilities to be recognised as "objects of violence." Some of the shared experiences may have implication for the global women's movement.

How is Environmental Inequity Created?

Inequity occurs when the social structures, spaces, social norms, culture and the tools for interacting therein, are constructed without taking differences, and, therefore equity, into account. A singleton society built on the premise that everyone is the same, and that those who are not must either learn to live within the structure established for the majority or perish, is a society that creates inequity.

Predominant Values and Culture

A large part of what we have learned about disability comes from a non-disabled construction of disablement, which is similar to accepting a male construction of women's lives. A man's perception is not always produced in a deliberate attempt to oppress women, but men have nonetheless benefited from their dominant position.

From the notion of cultural hegemony introduced by Gramsci in Quaderni 1948-1951, we understand that those with less power – or no power – end up following dominant values and culture. They do so because of the ideological and practical prominence of the majority culture, and not necessarily willingly.

società politica," organo di coercizione giuridica, ma come intreccio di società politica e "società civile," dove l'egemonia di un gruppo sociale si esercita attraverso le organizzazioni cosiddette private come Chiesa, sindacati, scuole e altri strumenti di direzione culturale. (Gerratana 1979)

"political society," the organism of judicial coercion is a link to social and civil society, where the hegemony of a social group is exercised within

organisations that are considered private, such as the church, trade-unions, schools, and other apparatuses that administer culture.(unofficial translation by M.Barile)

Discrimination, as experienced by persons with disabilities, consists of combined elements of paternalism, neglect, and exclusion. Historically, the primary groups determining power in the lives of women and men with disabilities were members of medical and religious groups who imposed paternalistic control, social norms, and myths. These groups created an “acceptable ideology” of, and an extensive body of knowledge on what constitutes physical ability.

In reference to violence, Lane (1995) reveals how the church was key “in perpetuating the ideology of patriarchy,” ultimately contributing to “making the suffering of women invisible.” (34). Lane also links disabilities with the effects of patriarchy: “At the base of invisible barriers is an insidious paternalism: the attitude that being disabled means you are incompetent, mentally deficient, or sick, and that you are incapable of decision making or caring for your independence. This paternalism is rooted in [patriarchy]” (28).

In other circumstances, systemic violence experienced by women and men with disabilities makes them “objects of violence” (Barnes 1992:28). Barnes (1992) shows that there are generally three ways in which violence in society is applied to persons with disabilities. The first is portraying them as helpless victims, which only encourages aggressors to take advantage of them without fear of consequences. Another way is justifying violent treatment for medical purposes. The third way is by portraying people with disabilities as evil and deserving punishment. Barnes cites various portrayals of persons with disabilities in the media and popular literature consistent with these types of depictions (28).

The response to persons with disabilities who are victims of violence is similar to the way in which the media and popular literature have created images of the good woman (mother, sister, wife) and the bad woman (prostitute, mistress). The response varies depending on which group she is classified in and these paradigms influence the way a woman is treated when she is the victim of violence. In the case of women with disabilities, are there circumstances in which disabled women who have been abused can be judged as either a victim or as evil women deserving of their punishment? How does the good woman/bad woman role play in the context of women with disabilities?

Language

Language has been a tool of both oppression and liberation for many groups. For women with disabilities, it is also a tool that renders the violence we live with invisible. Past research and articles on violence against women seem limited to the experience of non-disabled women. The non-disabled majority saw women and men with disabilities as genderless (Fine & Asch, 1988). The media and popular literature play an important role in how women and men with disabilities are viewed, by using words, imagery, and specific pictures, which reinforce stereotypes.

Language needs to mean something to those who use it. Political correctness is useless unless it has political meaning to affirm it. Some Canadian feminist activists with disabilities have raised the question: can we educate women by examining the words we use? And can this process liberate us and, consequently, others? Alternatively, Jenny

Morris (1993), among others, says that the term “disabled persons” has “political power” because it shows how society oppresses people with a wide range of impairments (x). This is a powerful and liberating message. It is precisely by examining the dichotomy of disability language that we can achieve understanding of how invisibility and myths maintain exclusion.

Women with Disabilities and The Experience of Violence

Since the 1980's, several studies have emerged that offer an overview of the situation of violence as experienced by women with disabilities. The Dis-Abled Women Network (DAWN) was one of the first organizations in Canada to bring forth concerns expressed by the grassroots members of the organization. Both at the national and local level, women with disabilities spontaneously and repeatedly talked about their experiences. When we exchanged stories with women with disabilities from other countries, similar experiences with violence were brought up, indicating that this is a systemic global problem and not an individual- or country-specific problem.

Some Facts

In 1989, The Dis-Abled Women's Network of Canada (Ridington 1989) surveyed 245 women with disabilities and found that 40% had experienced abuse, while 12% had been raped. The perpetrators of the abuse were primarily spouses and ex-spouses (37%) and strangers (28%), followed by parents (15%), service providers (10%), and dates (7%). In Sobsey and Doe (1991), a study conducted with 166 abuse cases handled by the University of Alberta's Sexual Abuse and Disability Project, found that 82% of women and 70% of persons with intellectual impairments had been abused. The study covered a very wide age range (18 months to 57 years). Sobsey and Doe (1991) reported that in 96% of the cases, the victim knew the perpetrator, and that 44% of the perpetrators were service providers (245).

DAWN Canada's primary researcher, Shirley Masuda (1989-1995), presented findings on violence as experienced by women with disabilities in Canada and abroad. DAWN also conducted research on the attitudes of the police and judges, as well as their lack of knowledge about dealing with women with disabilities (Chappell & Masuda 1995). Researching one issue at a time, from violence to suicide (Masuda 1995), DAWN's resulting data contradicted non-disabled knowledge of women with disabilities each time, especially in the area of assisted suicide. Although it is true that the findings show a high incidence of suicide attempts, the reasons for attempted suicide included both internal factors (impairment related) and external factors (disabling society related). External factors such as violence, poverty, discrimination, stereotypes, and the social myth that we are “better off dead,” were most often cited as reasons. From a feminist standpoint, this study shows how three pivotal points come together and further oppress women with disabilities: sexism, paternalism based in biological determinism, and the use of power by those “outside of the disabled women's community.”

How Women With Disabilities Experience Systematically Violent Situations

From the data available on violence against women with disabilities, two elements show up consistently:

- 1) Women with disabilities are victims of violence more often than non-disabled women;
- 2) Resources available to non-disabled women who are victims of violence are not accessible to women with disabilities.

If we look at item (2) above, we recognise that all research to date has shown that the resources available to non-disabled women are not equally accessible to women with disabilities. "15% reported that no services were available or that they were unsuccessful in their attempts to obtain services" (Masuda & Ridington 1990). "In 73% of the cases, treatment services were either inadequate or not offered" (Sobsey & Doe 1991). Financial scarcity appears to be one reason for the lack of available and accessible resources for women with disabilities in the mainstream women's community.

Non-accessible spaces are also part of a disabling environment by excluding people with specific realities from the mainstream. Imagine going into a workplace in 2003 and finding that it has no washrooms for women? Specifically, women's services and organisations that are physically inaccessible lack appropriate modes of communication, provide information only in print, contribute to a sense of insecurity, and increase the stress of women with disabilities. Inaccessible transportation and preconceived ideas based on the non-disabled construction of the lives of people with disabilities, add to that stress.

These contributing factors may explain why less than half of those who experience violence reported it to available resources. In fact, "55% had not tried to get services. Only 10% of the women interviewed had used shelters or other services" (Ridington 1989).

On a personal note, I remember that when I first spoke about violence against women with disabilities in the early '80's, representatives of disabled people, women's organisations, health care professionals, and the government were in complete disbelief: "Why would anyone want to assault a disabled woman?" The seventeen women who founded DAWN Canada had either directly experienced violence or had seen / heard of our sisters' experience with violence, so we knew that the disbelievers were wrong. We set out to find the numbers to prove it. Today, most people do not doubt that violence is a part of the lives of women with disabilities, as it is in all women's lives. This knowledge has not translated into better access to women's shelters, or funding for disabled women's organizations to fight disabling environments and experiences. Nor, I was told, did it translate into knowledge in other countries, especially poorer countries, where women with disabilities have to re-establish this proof.

Women's Services and Organisations: Between Contribution and Exclusion

The exclusion of women with disabilities occurs at different levels. The national and local women's organisations co-ordinate their ranks without including us in the planning process. This exclusion results in a lack of funds for accommodations and in the omission of our issues from the agenda – issues which are essentially all women's issues: including research, action, policy, and services designed to assist women to overcome discrimination.

Disabled women have written about these exclusions for the last 30 years, both in academic terms and in community-based media: "Perceiving disabled women as childlike, helpless and victims, non-disabled feminists have severed them from the

sisterhood in an effort to advance a more powerful, competent and appealing female icon” (Fine and Asch 1988:). Fine and Asch (1988) were reportedly told by some feminist organisations that studying women with disabilities reinforces traditional stereotypes of dependent, passive women with disabilities.

Specifically, in the case of violence against disabled women, research conducted by Masuda & Ridington (1990) found that there is an overwhelming lack of physical access to shelters for battered women. They also noted that “research demonstrates a total lack of understanding about issues of abuse of women with disabilities” (46).

In Montréal for the past ten years, the committee against violence of *Action des femmes handicapées de Montréal* has kept a watchful eye on the progress of the fight against violence. Some progress has been made. In Montréal, there were only two partly accessible shelters in 1989, whereas in 2001, seven out of twenty-three shelters for battered women were now partially accessible (resources from Communication Québec).

The latest examples of exclusion include Statistics Canada’s 2000 report on family violence that completely ignored the realities of women living with double discrimination (<http://www.statcan.ca/Daily/English/000725/d000725b.htm>), as well as the World March of Women (*Marche mondiale des femmes*) in October 2000. Despite the presence of disabled women on the March planning committees in Québec and other countries, the issue of access for women with disabilities was not mentioned. At the time of the March, the Quebec Women’s Movement met with the Quebec government to officially present women’s concerns in various areas. During that presentation, they made small gains only in the area of violence. However, because the issues of violence against women with disabilities was not presented, one of the greatest opportunities for real change was missed.

Consistently, the reasons given for lack of access in women’s organisations are associated with lack of funds. This notion comes from the government’s insistence that there is little money for social programs that could produce community-based solutions. What the leadership of women’s organisations do not yet understand is that by playing along with the government’s stance, and by not asking for money for access, funding for other existing and equally important needs is not being preserved. This attitude works to the advantage of a government whose mandate ignores community-based needs. As well, on several recent occasions, the women’s community did nothing when the government did not fund the organisations of women with disabilities.

In fact, most disabled women’s organisations in Canada have no core funding. The AFHM had been receiving less than 1% of the budget allocated to disability advocacy groups by *l’Office des personnes handicapées du Québec*. Under these circumstances, it has been virtually impossible to offer appropriate services. As a result, disabled women experience a second form of violence: institutional, system-based violence caused by inaction (Barile 1993).

Exclusion is also manifested in the dismissal of a non-mainstream reality. In other words, knowledge that is not proven according to the so-called ‘objective rules’ of those in power, is not deemed valid. Consider the example of when our self-knowledge undergoes a “*capitalisation*.” This occurs when knowledge is translated into individualistic and non-disabled acceptable language and values, and sold by non-disabled researchers or service providers to a non-disabled market. More simply put, a capitalisation can occur when a life story, or the knowledge owned by an individual

living a particular situation, is recounted for profit without proper acknowledgement of the sources or ownership of this knowledge. Information is misrepresented, as it is analysed with tools that represent the researcher's understanding and perceived reality. In the area of research, data is miscollected or misinterpreted, oftentimes even without deliberate intent, as the instruments of research - scales, or other research tools - are in themselves inadequate to permit researchers to conduct a proper data gathering of information from people living in circumstances that are not accounted for by the norms. Yet, the knowledge is presented as being "objective knowledge" as interpreted by the researchers and writers.

One such area of misrepresentation is in the area of disability, when some people living with disabling conditions talk about to being 'OK with our physical differences, even our pain'. This is clearly an attempt to distinguish our physical differences and the social-political reality that disadvantages us. However, more often than not, when survey results come out, those statements are either downplayed or they are recounted as bravery or explained as an individual in denial. If the parameter of what is known as disability culture is not understood or accepted, those statements will continue to be misinterpreted, and as a consequence, so will the unique perception of disabled people and a specific life reality. Even though profits will continue to be made from the misinformation, knowledge acquisition will continue to create a false consciousness among newly disabled and the younger generation of people with disabilities.

All of these exclusions contribute to the inequality of women with disabilities. These are partly due to what Joan Meister (1998), former chair-person of DAWN Canada, calls the "Funding driven agenda" (8). However, economics and lack of pre-planning are not the only reason for the exclusions. Handicapism and disableism are also factors.

Handicapism is defined as: "[a] set of assumptions and practices that promote the differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences" (Bogdan & Biklen 1977:14). The term 'Ableism' denotes a similar phenomenon.

By consciously deciding that it costs too much to integrate women with disabilities into women's services and organisations, and by believing that knowledge stemming from our non-traditional research is not as valuable, non-disabled women are repeating that male-centred injustice. However innocent the individual may be, the outcome is the same. In disability language, one speaks of disableism and ableism.²

The segregation of women with disabilities from the mainstream accounts for the different explanations provided for the exclusion of women with disabilities and our issues from women/ feminist organisations, and for the sense of powerlessness expressed by disabled women within the movement. Hartsock (1997) observes that "[i]f material life is structured in fundamentally opposing ways for two different groups, one can expect that the vision of each will represent an inversion of the other and in systems of domination the vision available to the rulers will be both partial and perverse" (218). For women with disabilities within this patriarchal system, there are a few added elements: the disabling environment, language, and values, and paternalism. Excluding women with disabilities and our issues from other women's services and organisations furthers the isolation and probability of violence in our lives.

Where We Go from Here

When women with disabilities speak out about these omissions, we are only stating our position(s) within the feminist and disability communities as we experience them. Feminist standpoint theory tells us that we need to bring forth all of our experiences – historical material reality – in order to understand it (Hartsock 1997).

Can the standpoint of women with disabilities help the global women's movement? At first, one might think that this is unlikely. However, consider the following facts:

- 1) Poverty lived by individual women with disabilities is mirrored by the collective (Barile 2001) and this is replicated by the dearth of funding to their organisations.
- 2) Women with disabilities make up between 13-16 % of the women's population. In Québec, women make up a larger portion of the disabled population thirty years and older.³ Prior to age fifteen there are more boys than girls with impairments. This pattern reverses after the age of fifteen. (OPHQ 1997).
- 3) A 1999 report shows that childhood abuse impacts general health, including long term disabilities ("The Price", 2000: 7). There also appears to be a greater incidence of specific impairments among women, such as Arthritis, Multiple Sclerosis, and Lupus, among others.
- 4) There is very little available data investigating the correlation between violence and the onset of impairments among woman after a specific age. A short column in the *Me-first* magazine suggests a link ("The Price," 2000: 7). The important question is, what role does gender-specific stress play on the onset of specific impairments among women?

In order to create a power base, feminism must diversify by including all facets of women's lives, from 'double occupations' violence to incorporating the experience of disablement in the larger women's community. Feminism needs to acknowledge the presence and issues of women with disabilities, as it is attempting to do with woman of colour, lesbians, and women from other ethnic backgrounds. Segregating women with disabilities would not be a logical step to take.

Toward a Distinct Feminist Standpoint on Disability

To eradicate violence against all women, one must identify the process and continuum by which the feminist movement(s) can re-construct itself (themselves). E

- 1) It must recognise that women's life experiences differ depending on factors such as disabilities, age, class, family, status, income, language, location, race, sexual orientation, citizenship status, and so on. As well, women experience inequality and oppression differently even within the same group. It is important to take these differences into account when planning inclusive activities.
- 2) Women and men experience impairment and react to disabling environments differently.
- 3) There is a need for minority women, including women with disabilities, to be given a specific voice on committees, boards, and planning groups. Within

feminism, there is a need to re-examine and recognise that the idea of a “uniposition” – where everyone agrees by default – is a male capitalist value.

If we start from different social positions, and if the tools used to oppress us are different from those used to oppress other women, how can the means to arrive at a solution for all be the same? A process is needed to lead to a collective shift towards enabling environments and experiences. The following perspectives can contribute to this shift. First, Gleeson's (1999) notion of ‘enabling justice’ combines the ideals of cultural recognition and social equity, including the fulfillment of material needs for access to space and the means for all to participate in society (147). Gleeson's makes reference to “enabling injustice”, an idea similar to the notion of social justice posited by Young (1990) and Fraser (1995). Both strongly link social justice to principles of cultural recognition and social equity, and ascertain that these principles must work jointly to support each other and to eradicate historical oppression, which Gleeson's premises propose as the result of present ideology promoting individualism and self-reliance.

Gleeson draws on arguments cited from French (1993) and Oliver (1993), stating that “disabled people want social inclusion and cultural respect [,] rather than individual independence, a goal that recognizes the inescapable fact that all agents are constituted through, and dependent upon, networks of mutuality that ranges in scale from local affective to the national- institutional.” (Gleeson 1999. 147) Thus, enabling justice is based on the goal of mutual interdependence among all people. H

Second, Hartsock (1997) suggests including "all human activity rather than focussing [only] on activity more characteristic of males in capitalism." (216) In this respect, feminist standpoint position might expand the present understanding of materialism to include human activities that the system combines to conflict with each other, for example, the roles of care-giver and care-receiver, and the imbalance of power and knowledge that exists between them. Hartsock (1997) further ascertains that the "mediated interaction with nature in the process of production shapes both human beings and theories of knowledge":

If we look at violence against women with disabilities in this context, we can discern that in order to understand the nature of violence against us, one must redefine violence. To accomplish this, one needs to look at the process of how violence against women with disabilities is produced and the link to historical/systemic oppression of women with disabilities, as well as the means by which services for women and men with disabilities are set up and how present established systems identify and solve the problem of violence against women. In this way, can we truly understand why and how services that aim to assist women in situations of violence are not physically or humanly adapted to women with various disabilities or cultural/economic realities that differ from the majority (1997).

Concepts from the feminist standpoint (Collins 1990) and from the social model of disability (Oliver 1990) can be combined to create a sustainable frame of reference. Both of these approaches question the power relationship between the social structure and human relationships, and account for historical inequity. Feminist standpoint theory and the social model have distinctive epistemologies but there are points of convergence that

are still unexplored. Historical Materialism has explored how the present political, economic, and social structure is built to keep the respective population (disabled people, women) in positions of economic and civil disadvantage. (Oliver 1990, 1996, Barnes 1999, and Hartsock 1997). Also, both models have explored the role of language in maintaining and sustaining present oppressive standards (Barnes 1999, Morris 1991, Wendell 1996, and Collins 1990).

Furthermore, consider knowledge development from the vantage point of marginality. The feminist standpoint theory, in particular, has explored and supported the idea that those in positions of marginality have a unique knowledge that is deserving of proper value within "objective reality." The social model of disability advocates that the experience of people with impairments is invaluable to understanding disablement. Knowledge production from the insiders' perspective – more specifically, knowledge about social and inter-relation – is unique knowledge. Both models also maintain that lack of power is the result of a social construction of reality, as produced by norms in civil and political society, which favour those in positions of power and those similar to them.

The synchronization of feminist standpoint – through social model analysis that includes historical materialism, social construction, language, classification, etc, of women with disabilities – may produce different knowledge. Harding (1991) asserted that feminist standpoints are not necessarily the same as women's standpoints. Underpinning this premise that the above joint perspective may produce different knowledge, is the question: what if existing social perception of women with disabilities, which is constructed from within a biological perspective, has been molding our reality in both our everyday life and our place in society?

We can postulate that diverse life experiences and impairments (biological characteristic of our lives) have, for women with certain impairments and/or specific views of their impairments, produced different understanding of one's standpoint. Writing by women with disabilities shows that some women with impairments identify that impairment as a determinant of their destiny. Whereas for other women, they identify their impairment as a tool used by authority to construct their life choices.

However, it seems that as long as specific physiques (biology) are held up to be socially valued and romanticized, and as long as notions exist that to be valued we must have young looking bodies and the notion "healthy" is classified only in a specific way, not only will women with impairments be devalued, but so will everyone that experiences physical changes. Determining factors that range from fat, the aging process to various degrees of impairments, have and will continue to create politics and profits from everybody's bodies. Thus indirectly encouraging and producing systemic violence against all women.

The objective of this paper is not to produce a new model. However, further analysis of these components within the frame of reference suggested above may assist us in understanding the socio-political position of the disabled women both historically and at present. Furthermore, it will allow us to investigate:

- how women with disabilities experience violence in our everyday lives;
- how lack of access to available resources in the women's community further perpetuates violence in our lives and in our community as a whole;

- how the dichotomy of sexist language and body myths place women with disabilities in inferior positions; and,
- how exclusionary practices maintain the invisibility of women with disabilities.

Thus, in the area of violence, one can view disabled women's positions in multiple ways, beginning with the climate of continuous and simultaneous social exclusion that results from the language used to describe us. For example, using terms such as "disabled person", "persons with disabilities" or "them, those women", instead of directly saying "disabled women" or "women with disabilities", we become invisible. Likewise in research, when women with disabilities are simply add-ons without proper analysis, our specific reality is ignored. Also, the continuing omission of women with disabilities from within the women's movement due to disabling environments, regardless of the intention to oppress a large part our experiences.

Most importantly, the isolation of women with disabilities denies the possibility that our simultaneous social and economic experiences from the margins may produce solutions that are presently unknown to mainstream society and that could potentially provide new and innovative solutions for society as a whole. We need to work together with the premise of eradicating inequity and promoting reasonable accommodations based on the above-proposed frame of reference. The two models, feminist standpoint theory and the social model will help to investigate the role environment and social stress-related factors play in the later onset of impairment, as well as the environmental stresses which create and maintain the elements that produce specific impairments among women. In the present social structure designed to alleviate historical inequity and all forms of violence against women, we can see that women with disabilities are at a disadvantage in this system. Thus, in order to avoid repeating historical errors, any new structure created to eliminate violence and other forms of inequity should include diverse standpoints and position(s) accorded to all women, including women with disabilities, as premised by feminist standpoint theory.

Bibliography

Adelson , L A. 1989. Racism and Feminist Aesthetics. In Malson, M., O'Barr J. F., Wesphal-Wihl, S., Wyer M., (Eds.). Feminist Theory in Practice and Process.. Chicago: Chicago UP.163-182.

Barile, M. 1993. Women with Disabilities Define System-Based Discrimination. M.S.W. monograph available at the McGill University library, Montréal. unpublished.

Barile, M. 2000. Disablement and Feminization of Poverty. Women In Action. No. 2, Quezon City.

Barnes Colin. 1992. Disabling Imagery and The Media: An Exploration of the Principles for Media Representations of Disabled People the First in a Series of Reports (2001-03-02) Internet. available: <http://www.leeds.ac.uk/disability-studies/>

Barnes, C. 1999. A Working Social Model? Disability and Work in the 21st Century. Paper presented at the *Disability Studies Conference and Seminar*, Apex International Hotel, Edinburgh. Available on the Internet: <http://www.leeds.ac.uk/disability-studies/>

Bogdan, R., and Biklen, D., (March/April 1977). Handicapism. *Social Policy Vol. #* :14-19.

Chappell, M. & Masuda, S. (1995). DAWN Canada's Safety Net/Work Policing and Justice Report: Responding to Violence Against Women with Disabilities: An Assessment of Judicial Training Needs. Vancouver: DAWN Canada . Unpublished.

Collins, Patricia Hill. 1990. *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.

Fine M., and Asch, A. (1988) Women with Disabilities : Essay In Psychology Culture And Politics. Philadelphia: Temple University Press.

Frontline, (2000) The price of abuse. The frontlines facts & stats: Sex, health and you. Me-first. Parkhurst: Montreal. 7

Gerratana, V. (1992) Antonio Gramsci Enciclopedia italiana Quinta Appendice E - IS 1979-1992 Roma: Enciclopedia italiana pp.485-86 <http://www.soc.qc.edu/gramsci/intro/italbio.html>. (2001-08-23)

Gleeson, B. 1999. Geographies of Disability. London: Routledge.

Hartsock, N. 1997. Feminist standpoint: developing ground for specifically feminist historical materialism. In L. Nicholson. The Second Wave of Feminism: A Reader in Feminist Theory. Ed. L. Nicholson. New York: Routledge. 216-240.

hooks, b. 1984. Feminist Theory: From Margin to Center. Boston: South End Press.

King, D. 1989. Multiple Jeopardy, Multiple Consciousness. In Malson, M., O'Barr J. F., Wesphal-Wihl, S., Wyer M., (Eds.). Feminist Theory in Practice and Process. Chicago: U of Chicago P.75-105.

Lane, N. 1995. The Abuse of Power by Church and Society Toward Women with Disabilities: The Theological and Spiritual Implications of Sexual Abuse of the Vulnerable by the Powerful. Ph.D. thesis, Lansing, Ny (Contact Rev. N. Lane, Ph.D. at nlanel@twenty.rr.com).

Light, S. 1991. The Political Practice of Home. unpublished M.A. thesis, Faculty of Graduate Studies and Research, McGill University. Montreal, QC.

Masuda S., Ridington J. 1990. Meeting our Needs: Access Manual for Transition Houses. Vancouver: DAWN Canada.

Masuda, S. 1995. Don't Tell Me to Take a Hot Bath: Resource Manual for Crisis Workers. Vancouver: DAWN Canada /Health Welfare Canada.

Meister, J. 1998. A Short Herstory: Part 1." In Meister, J. Masuda, S. (Eds.). Dawning: How to start and maintain a group. DAWN Canada. 1-16.

Morris, J. 1991. Pride Against Prejudice: A Personal Politics of Disability. London: The Women's Press.

Morris, J. 1992. Personal is Political: A Feminist Perspective on Researching Disability. Disability and Society 7:2: 157-166.

Morris, J. 1993. Independent Lives? Community Care and Disabled People. Banigstoke: MacMillan.

Oliver, M., 1990. The Politics of Disablement. London: MacMillan Press.

OPHQ (Juillet 1997) La population des personnes handicapées. STAT Flash ! Bulletin d'information statistique de, N o 1 Drummondville Québec. 2000,10,02 <http://www.ophq.gouv.qc.ca/Bibliotheque/Recherche/Statistique/Flash/statflash1.pdf>

Ridington, J. 1989. *Beating the "odds": Violence and women with disabilities* (Position Paper 2. Vancouver: Dis-abled Women's Network Canada.

Sobsey, D., & Doe, T. 1991. Patterns of sexual abuse and assault. Sexuality and Disability 9(3): 243-260.

Statistic Canada. 2000. Family violence. The Daily, Tuesday, July 25, 2000. Available at :Internet. <http://www.statcan.ca/Daily/English/000725/d000725b.htm> (2001, aug13.

Statistics Canada. (Oct 13,1992) 1991 Health and activity limitation survey. The Daily 13 Oct 1992. Ottawa: Statistics Canada., Ottawa Canada

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[♀] **Note:** In this paper, the terms 'disabled women/woman/people' and 'women/woman/persons with disabilities' have been used synonymously regardless of model of disability. This deliberate attempt was made to reflect inter-community reality with regard to terminology, as it was partly explained within the article.

² Disableism is the ideological part of our oppression. It is integrally linked to the material aspects of the disadvantages we experience. Segregation, the separation from mainstream society, is an important part of the material experience of powerlessness. Segregation takes many forms but comes about because the needs created by our disabilities are not met within society's mainstream activities (Morris 1991:117).

Ableism is the label given to a set of assumptions, stereotypes, oppressive ideologies and practices which deliberately seek to totally exclude those who differ from the accepted norm” (Kirsten Hearn, “A Woman's Right To Cruise”).

³ The statistics are similar in the Canadian population. (Statistics Canada. Oct 13,1992)