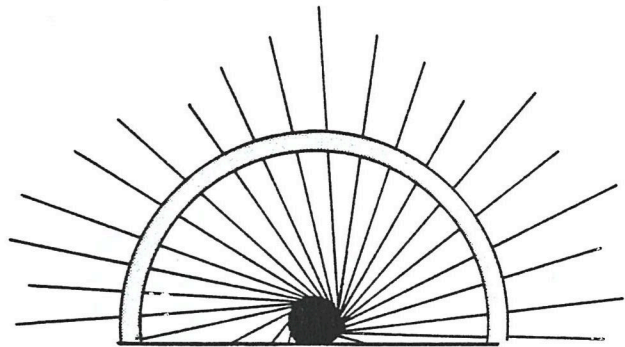


COURAGE ABOVE ALL

SEXUAL ASSAULT AGAINST WOMEN WITH DISABILITIES

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Funded by the Office for Disability Issues (Province of Ontario)

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This report is dedicated to those women with disabilities who found the courage to come forward and share their sexual assault experiences. It is also dedicated to the members of D.A.W.N. Toronto.

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FOREWORD ONE

Immersing yourself in sexual assault of women with disabilities can sometimes be a very onerous task. The stories you hear from the women concerning their sexual assault are invariably similar. The negative reaction by others to these disclosures was almost uniform: expressions of disbelief; hurtful comments like "you must be crazy!"; and exclamations of fear like "you mustn't tell anyone!".

I started this research with a fair amount of anger, an anger which spiralled into a rage as I spoke with the disabled women of Ontario who have been sexually assaulted. I was in shock when I learned that women with disabilities are being sexually assaulted twice as much as able-bodied women, in spite of the fact that disabled women are the most vulnerable women in our society.

I was speechless with anger as I discovered the predominant attitudes of the police and the courts towards sexually assaulted women with disabilities. What's more, these women were often being re-victimized by a system meant to help them. No one protected by the Charter of Rights and Freedoms in this country should have to endure this kind of treatment from a system pledged to support that Charter.

The disabled women I met throughout this province are highly intelligent, strong, energetic, hard-working and always courageous. They are neither stupid nor hysterical. It only took one woman to come forward and break her silence for me to match her courage and pursue this research. It was the qualities of these women which gave me hope and purpose during the year's research and through many days of discouragement. The qualities of these women gave me hope, purpose and faith that there was still courage in the face of overwhelming odds, and faith in the renewal of dignity which has been stripped away.

I would like to thank the disabled women of Ontario who trusted me with their disclosures in order to help break the violence against women with disabilities in this province.

It is now up to both the disabled and able-bodied communities working together to have as much courage as these women so that we may change a society which permits such violence against women with disabilities.

Finally, I must state categorically my great respect, and thanks to Margaret Best for her dedication, hard work and loyalty throughout these long months. Thank-you, Margie.



Liz Stimpson

FOREWORD TWO

My involvement in this research project was not something I had planned. And yet, like so much that "just happens to us", it has ended up being one of the most rewarding and enlightening experiences I've had.

It is my privilege to have been trusted with the interviews and transcripts of a number of disabled women who found the courage to come forward and speak out about their experiences. I have tremendous respect and admiration for these women. Their stories have left a deep impression on me.

Again and again, the women I met taught me something not only about their lives, but something new and revealing about myself as an able-bodied woman.

I thought that the nature and content of this research might weigh heavily on me. While there were times I wanted to scream or cry with anger and shared pain, I was astonished to realize that what I finally felt was hope and determination. This is not to say I feel no anger at sexual assault against disabled women. I do. But the courage, strength and humor of so many of the women I met doing this research has left me ...inspired.

Finally, I must mention the tremendous courage and conviction of Liz Stimpson. She is ultimately an advocate not only for disabled women, but for the humanity of all people.

I look forward to the day when all women -disabled and able-bodied- need not fear violence against them.



Margaret C. Best

INTRODUCTION & METHODOLOGY

"None of us is truly objective...each of us sees things through the lens of our own experience...but it is possible, even though one is subjective, to do justice fairly to your interpretations of those facts, so that it's the reality of the events, and not your ideology or your personal prejudice that shapes your analysis."

(Bill Moyer, during the tributes paid to Edward R. Morrow, on the American Masters television special dedicated to Morrow).

Introduction

It is impossible to write about sexual assault and women with disabilities from an entirely objective point of view. In general, sexual assault is the most immediate, most personally negative thing that can happen to a human being. And, it is the most degrading and harmful thing that can happen to a woman with a disability.

According to *The Statistical Profile of Disabled Persons in Ontario (1986)*, the most up to date study available, we can estimate that out of 1,236,000 disabled Ontarians, about 700,000 of these are female. This is no small portion of Ontario's population and makes up the largest group of disabled women in the country. Therefore, when we examine sexual assault against disabled women in Ontario, we are examining an issue which effects a considerable segment of our society.

Women with disabilities do not cause sexual assault. There is sexual assault because there are people, mostly men, out there assaulting disabled women. The numbers of disabled women who are sexually assaulted are horrifyingly high. According to one source, approximately 83% of disabled women will be sexually assaulted during their lifetimes.¹ 50% of disabled women have been sexually assaulted as children.² Other sources, including our own, do not offer much relief to these figures. As a group, women with disabilities are sexually assaulted at an extremely alarming rate.

So little is the topic of sexual assault against disabled women even talked about or thought about among government groups, women's groups, or until recently, disabled groups, that the need for a critical perspective becomes vital. For far too long, sexual assault against disabled women has been a non-existent topic among the general Ontario public.

Methodology

This project was started in the summer of 1990, because of the growing sense of outrage felt within the disabled women's community at the treatment that disabled women were receiving from everyone who touches a disabled woman's life. Her very disability puts a disabled woman at risk and makes her vulnerable. Vulnerability for a woman with a disability tends to compound an already difficult existence.

For this research, we travelled to small towns, large towns and to cities and the stories were always the same, but not always identical. Disabled women are being sexually assaulted in institutions, in group homes, foster homes...and in their own homes.

Since sexual assault is such an emotionally charged issue, it is unrealistic to perceive this research with a cold and clinical eye. There *are* emotions involved: the emotions of human beings whose lives are radically affected. Further, the ignorance, and often outright discrimination against women with disabilities, coupled with the complexity of sexual assault/rape makes ineffective the neat methodology so often used by academics:

"While we agree that the truth is important for its own sake, we also feel that the illusion of total objectivity may be the most dangerous bias a researcher can hold. As researchers studying fellow humans who are abused, we naturally respond emotionally to their suffering".³

For those who feel that nothing in society is credible without a number attached -fear not! Questionnaires were sent out to disabled women throughout Ontario. These questionnaires were deliberately composed in plain English so that all women could have access to them. "Rape" was not mentioned in the survey, and the term "sexual assault" was not used until well into the survey. This was done as a cautionary measure and based on the advice of Diana Russell, who, in her book *The Secret Trauma*,⁴ suggests that such terms not leap out from any page in case the woman in receipt of a questionnaire is living in a situation where her perpetrator might have access to her correspondence. (A sample of the questionnaire can be found in the Appendix). The only identification on the questionnaire was the city or town of the woman filling it out.

One of the most difficult obstacles our research encountered was the unwillingness of disabled women victims to speak about their experiences. So strong was the fear and vulnerability of these women, so terrified were they to re-live the trauma, that it was difficult to even start this part of the research.

Nevertheless, through much effort on the part of ourselves, sensitive counsellors and of course, the courage of the victims themselves, we were able to secure a number of meetings throughout the province at which we discussed the experiences of sexual assault with the disabled women.

The taped interviews of survivors of sexual assault were preceded by a contract, a sample of which can also be found in the Appendix. The contract states anonymity and confidentiality. In addition, it was agreed that the disability not be described without the woman's approval or unless it is germane to the context. Any interviews used in this report are used through the signed permission of the participant. Still, the transcripts of these meetings, while an important source for some of our comments, are not open for public scrutiny. References to these interviews are meant only to add anecdotal colour to theories and conclusions which we draw ourselves or are drawn from other research studies and findings.

4 Introduction & Methodology

In both the questionnaire and the taped interviews, a special effort was made to cover major regions of the province including the North, the South-West, Metropolitan Toronto and the Ottawa district.

As well as the original research done in the field, we have also taken advantage of the expertise of people working in the areas of disability and sexual assault. In combining this report's research with research done throughout Canada and the United States, we have found that trends and issues are pretty much consistent. The major difference in this report is its singular focus on disabled women.

The hope of this research is that from the analysis in the pages to follow will come some helpful recommendations which can be implemented not only on a governmental level, but also in the professional and service providing areas.

It has not been easy for disabled women of this province to come forward and talk about their experiences of sexual assault. This report is for those women with disabilities in Ontario in the hopes that the risk factors will be lowered when they leave and enter their homes, their workplaces, their method of transit and the streets they travel.

Once again, it is left to women, disabled women, to bring the horrific numbers of sexual assault to the public's attention.

Unless the silence is broken, the violence will never be broken...this requires courage above all.

¹Dorothy Griffiths, Lecture at Conference at Northern College. Timmins, Ontario. (June 21, 1991).

²Doucette, J. "Violent Acts Against Disabled Women". Toronto: DisAbled Women's Network. (1986). p. ix

³Sobsey, Grey et al., *Disability, Sexuality, and Abuse -An Annotated Bibliography*. Baltimore, Maryland: Paul H. Brookes Publishing Co., (1991) p. xi.

⁴Russell, D., *The Secret Trauma: Incest in the Lives of Girls and Women*. New York: Basic Books, (1986)

DEFINITIONS & TERMS

Introduction

The lexicon attached to disabilities changes as consumer groups gain control and begin to articulate their own issues and define the words which will be used to describe their issues, needs and experiences.

The mostly well-meaning able-bodied public has busied itself trying to develop new terms for people with disabilities such as, "physically challenged", or "differently abled". However, when we interviewed women with disabilities and asked them what they would prefer to be called, they've more than not offered the illuminating response, "I would like to be called a person".

As always, it is essential that all of us learn to see the person first, and then the disability as required. The list of definitions which follows is nonetheless helpful for the purposes of this report, and, in understanding a terminology which ultimately must be controlled and developed by disabled people themselves. Some of the definitions which follow will apply to all of us.

(Where we think it is appropriate, we have added some comments concerning certain definitions and terms.)

"SEXUAL ASSAULT" & "RAPE"

On January 4th, 1983, the **Criminal Code of Canada** was changed to exclude the word **rape** and replace it with **sexual assault**. In place of **rape**, **sexual assault** is meant to cover a range of sexual offences such as sexual harassment, molestation etc... **Rape** is a gender-specific word and implies the seriousness of the offense and with clarity. **Rape is "oral, vaginal or anal intercourse forced upon a woman"**.¹ It has been commented that **sexual assault** is a more "comfortable" term to be charged with than **rape** because **sexual assault** muddies the precise description of the act. The benefits of sexual assault replacing rape are that it broadens the categories of offenses. But the implications of sexual assault are far easier to swallow than the implications of rape.

RAPE is oral, vaginal or anal intercourse forced on a woman.

SEXUAL ASSAULT is any sexual act perpetrated against a woman against her will, or failed rape.

DISABILITY

DISABILITY "refers to any disturbance of normal sensory, motor, perceptual, cognitive, emotional, or behavioral function that results in special needs or in being perceived by others as handicapped in some way".²

N.B. In the interviews and questionnaires done for this report, I did not single out different disability groups due to the belief that assault on disabled women is assault regardless of her disability (although it is well documented that the largest groups of women who are sexually assaulted are the developmentally disabled and the hard of hearing and deaf).

DISABILITY GROUPS

MOBILITY IMPAIRED includes women in wheelchairs, on crutches, with canes, with walkers, or who have a mobility impairment for which she has a need for any support as listed above.

HARD OF HEARING AND DEAF. **Deaf** means a hearing impairment which is so severe that the individual is impaired in processing linguistical information through hearing, with or without amplification. **Hard of Hearing** means a hearing impairment, permanent or fluctuating, which adversely affects processing linguistical information through hearing, but which is not included under the definition of **deaf**.³

BLIND AND VISUALLY IMPAIRED applies to an individual without sight either wholly or partially.

DEVELOPMENTAL DISABILITY, INTELLECTUAL IMPAIRMENT, PSYCHIATRIC DISABILITY AND LEARNING DISABILITY may apply to a range of impairments which *might* fall into four main categories: mental or psychiatric illness; brain injury; dementia, senility and Alzheimer's disease; and developmental disability or intellectual disability. Like the rest of the population, people with impaired mental functioning are very diverse in terms of extent of impairment, living circumstances, and sexual interest and knowledge. These people do not form a cohesive, consistent or definable group.

INVISIBLE DISABILITIES includes diabetes, epilepsy, chronic asthma, A.I.D.S. etc... There are numerous invisible disabilities, too lengthy to include here.

CONSENT

CONSENT. The crime of sexual assault has been committed only if sexual activity has occurred without the consent of the complainant. Therefore, in sexual assault cases, the court must consider whether or not the complainant consented (agreed) to the sexual activity.⁴

Consent in American Penal Code is "positive cooperation in act or attitude pursuant to an exercise of free will. The persons must act freely and voluntarily and have knowledge of the nature of the act or transaction involved."

PEOPLE, SERVICES AND ORGANIZATIONS INVOLVED

PERPETRATOR is an individual (almost always a man) who assaults, rapes or demonstrates inappropriate behavior towards a woman with a disability. A perpetrator can come from any class, any race, any religion, any ethnic group, any profession and any disability group. The perpetrator is also known as the **OFFENDER**.

VICTIM is a woman of any disability who becomes a prey to a perpetrator/offender. Some women now wish to call themselves **SURVIVORS**.

RE-VICTIMIZATION is a phenomenon whereby women who were abused as children are more likely to be victimized later in life by someone else⁵. We believe a disabled woman is also re-victimized by police, lawyers, families etc., when they doubt her credibility in disclosing a sexual assault.

OUT-OF-HOME CARE may refer to foster homes, group homes, hospitals or institutions, which are now being called (are you ready for it?) -Facilities!

SERVICE PROVIDERS refers to those people who provide counselling, transportation, medical, legal and educational services.

CARE-GIVERS includes home-makers, V.O.N., attendants, family, foster families, friends, neighbours...

SPECIAL NEEDS SERVICES includes C.N.I.B., Variety Village, Canadian Hearing Society (C.H.S.), MS Society, March of Dimes etc...

COMMUNITY SERVICES includes crisis centres, shelters, assault centres in hospitals, women's counselling services, legal clinics, advocacy groups, etc...

The following definitions are taken from *...after sexual assault...Your guide to the criminal justice system*, put out by the Department of Justice, Canada:

ACCUSED

A person who is charged with a crime.

ASSAULT

The intentional or threatened use of force against another person without his or her consent.

CANADIAN CHARTER OF RIGHTS & FREEDOM

Part of Canada's Constitution which guarantees certain rights and freedoms.

CHARGE

A formal accusation that a person has committed a specific crime.

COMPLAINANT

The person who states that a crime has been committed.

COUNSEL

A lawyer, legal advisor.

CRIMINAL CODE

A federal law which sets out most criminal offences in Canada. Some criminal offences are described in other federal laws.

CROWN

The state or the state's representative at the trial (see "Crown Attorney").

CROWN ATTORNEY

The lawyer representing the Crown. At the trial, the Crown Attorney presents the facts about the crime to the court. Also referred to as the Crown Prosecutor, Crown Counsel, or simply, the Crown.

DEFENCE COUNSEL

The lawyer representing the defendant/the accused person.

DEFENDENT

A person against whom a legal proceeding has been taken.

EVIDENCE

Testimony by witnesses, or objects identified by witnesses which are presented to the court to help the court reach a decision.

GUILTY

The decision by the judge or the jury that the accused committed the crime. An accused can admit he or she did the crime by pleading guilty.

JUDGE

A person with the authority to hear evidence and decide cases in court.

JUDGEMENT

The decision of the court in a legal proceeding.

LAYING CHARGES

To accuse a person of having committed a crime.

OFFENCE

A crime.

RAPE

Penetration of the vagina by a penis without the consent of the woman. **The definition of sexual assault includes the act of rape.**

SENTENCE

The punishment given to a person convicted of a crime.

STATEMENT

A description of events given to the police. Usually a statement is in written form and is signed by the person giving the statement.

TRIAL

A hearing where both sides present evidence and the court makes a decision.

VICTIM

A person against whom a crime has been committed.

¹Brickland, J., and Briere, J., "Incidence of Rape and Sexual Assault in an Urban Canadian Population". International Journal of Women's Studies, Vol. VII (1985) p.3.

²This definition is taken from a research project by the University of Alberta which was sponsored by the Family Violence Division of The National Health Research and Development Program of Health and Welfare Canada.

³From DuBow, S., et al. *Legal Rights of Hearing-Impaired People*. National Center for Law and the Deaf. Washington, D.C.: Gallaudet College Press (1987) 3rd Edition. p.28.1

⁴...after sexual assault...*Your guide to the criminal justice system*. Department of Justice, Canada (1988) p.78

⁵Senn, C.Y., *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. Downsview, Ontario: G. Allan Roeher Institute. (1988) p.32

CAUSES OF SEXUAL ASSAULT

"Since the early stages of research in the late 1970s, study after study has indicated that the statistics are higher for sexual abuse among persons with disabilities... society prefers not to acknowledge the specifics of such situations".¹

Introduction

Women do not cause sexual assault. Sexual assault exists because there are people, mostly men, assaulting women.

Women with disabilities, particularly, do not cause sexual assault. Some estimates place sexual assault of disabled women at one in four -a much greater incidence than sexual assault against able-bodied women.² This statistic is not stated in order to ignite a contest between disabled and able-bodied women, but simply to show how vulnerable disabled girls and women are to sexual assault. (It is worth bearing in mind, however, that an able-bodied victim of sexual assault may well end up with a disability as a result of her assault.)³

Whether able-bodied or disabled, the incidence of incest, rape and murder are simply far too high.

Societal Causes

Stated simply, a primary cause of violence against women with disabilities is society's attitude towards violence against women in general. We live in a society which gives permission to men to perpetrate violence against women. Society has condoned violence against women by its silence and unwillingness to intervene seriously and effectively.

Secondly, the causes of sexual assault against women with disabilities stem from the risks involved in simply being disabled in our society. It is vital that we grasp the true meaning of this statement. Women with disabilities are not vulnerable to sexual assault because of some inherent quality in being disabled. Rather, it is society's misguided and prejudiced attitude towards disability which makes these women vulnerable to sexual assault.

Therefore, although it is perverse that her disability should increase her risk of sexual assault, that is unfortunately the case.

Causes which put Women with Disabilities at Risk

As women with disabilities living in Ontario, and potential victims of sexual assault, many of us share the same social characteristics and risks resulting from our disabled condition.

Poverty

"Poverty is an overwhelming reality for most disabled women and its impact on our lives cannot be overestimated. Any discussion of violence ...must recognise that disabled women are among the poorest of the poor".⁴

While statistics vary slightly, the majority of women with disabilities in Ontario have gross annual incomes of under \$11,000 a year.⁵ Poverty directly effects a disabled woman's ability to control many of the circumstances of her life. In addition to the general poverty of disabled women, frequently their finances are controlled by others, often compounding their lack of control and dependence.

Poverty makes women with disabilities vulnerable. But their vulnerability is increased by other factors typical in the lives of disabled women.

Compliance

Women with disabilities are taught to be "good", quiet, compliant and passive. In other words, disabled women are meant to be "easily managed". Teaching disabled women such behavior has frightening consequences.

Experts in the field of behavior and disability have recognized that programmes of compliance in institutions, for example, need to be re-examined. Too often, incidents of sexual assault have involved compliance by the disabled woman with a care-giver, staff member or service provider.

For example, there is the story of a young disabled woman who was assaulted by a staff member of a group home. The incident was brought before the courts. The judge couldn't understand why the young woman had not attempted to run. When asked, the disabled woman replied that she didn't run because the perpetrator was staff and he had told her to stay. The judge questioned what kind of society we have created for people with disabilities where we teach them to comply with abuse.⁶

This story illustrates of how compliance in a disabled woman can be manipulated for the purposes of sexual assault. We must keep in mind, of course, that most incidents like this one would remain undisclosed, and never brought to court.

When compliance results in sexual assault like this we have neglected to teach the woman with disabilities how to respond to inappropriate actions and behavior.

Instead of compliance, we should be teaching women with disabilities, whether in or out of institutions, how to cooperate but also, how to say "no" when things are uncomfortable.

Lack of Credibility

The vulnerability of women with disabilities, particularly developmentally disabled women, makes them sitting targets for caregivers and family members. One reason why this is so, as sexual offenders have stated, is because developmentally disabled girls and women have no credibility with anyone within institutions or in the legal establishment. It is assumed that she will be unable to identify the offender for reasons pertaining to her disability. At the bottom of this attitude is the idea that being disabled, she is somehow less intelligent and being less intelligent, she will be perceived as less credible than others, including the perpetrator.

In our research, this attitude was found to be pervasive. An example is one disabled woman who, after being sexually assaulted by her boyfriend, went to the police to report the incident. When her boyfriend appeared at the same division, his version of the incident was believed over hers and, in fact, she was charged with creating mischief.

*"Often people think you're stupid...you don't know what you're talking about, which is not true but it's how people see it sometimes. You're not believed as much".
(survivor interview)*

Dependence Increases Risk

Women with disabilities must depend on others to varying degrees ranging from almost complete dependence among the severely disabled to dependence for more extraneous needs among mild or moderately disabled women.

Living outside one's natural family home, in group homes or institutions, immediately increases the risk of sexual assault further because it exposes the disabled woman to a larger number of caregivers and settings. Because she is exposed to more people, she is exposed to more potential perpetrators: "if we assume the same risk from each caregiver a woman is exposed to, the greater the number, the greater the risk".⁷

Developmentally disabled women are especially exposed to this increased risk. Living in a group home or institution, there may be 50 or 60 different caregivers in that woman's life, who assist her in undressing, personal hygiene, and other intimate routines. There is a constant infringement on that woman's privacy. Therefore, she is exposed to a greater number of situations in which she is vulnerable.

Women with disabilities are exposed to countless situations and people which require an element of trust. To have to put their trust in so many people each day, takes tremendous courage.

Lack of Education/Awareness

Lack of proper education designed to meet the needs of women with disabilities will increase the risk of sexual assault. There are too many women with disabilities, especially developmental disabilities, who are almost entirely ignorant of the basics of even the sexual act and what it involves.

One woman interviewed illustrated this plainly when she asked: "How do I know if I've been raped?"

Lack of awareness of her sexuality, her rights and what poses a threat to her is a major risk contributing to causes of sexual assault for a woman with a disability.

When we combine the level of ignorance, due to lack of awareness and proper (if any) education, with the trust factor involved in a disabled woman's dependence on others, it becomes obvious that the risks to a disabled woman are greatly increased. Experts and studies have found that increased knowledge and awareness will definitely reduce the opportunities for sexual assault.⁸

Further into this report, we will examine the issue of sex education in greater depth. (See Section on Sex Education).

Lack of Counter Controls

In order to prevent sexual assault the disabled woman must be able to counter such attempts. Women with disabilities often lack this ability. Dick Sobsey of the Sexual Abuse & Disabilities Project at the University of Alberta has called this a lack of counter control. The seriousness as well as the nature of the woman's disability may be an important factor in her ability to control or react to sexual assault.

A major factor in this limitation is impaired communication. Impaired communication will mean the woman "often lacks the ability or opportunity to protest effectively".⁹

If a woman is physically or developmentally disabled, it will be much harder for her to physically defend herself. "Mobility, sensory, and intellectual disabilities all are likely to interfere with a person's ability to resist or escape abuse".¹⁰ Again, it is important to keep in mind that it is often not the disability that increases the risk, it may be society's treatment of that disability that increases the risk.

Factors Which Increase the Risk of Sexual Assault for a Woman with Disabilities:

• Society makes disability a risk factor.
• Poverty of women with disabilities.
• Compliance.
• Lack of Counter Controls.
• Lack of education and awareness.
• Dependency.
• Lack of Credibility.

The Perpetrator

One of the most important questions we have to ask when considering causes of sexual assault against women with disabilities is who is the perpetrator? How does the perpetrator perceive women with disabilities and what conditions assist the perpetrator in sexually assaulting a disabled woman?

Before we take a look at some of the common factors concerning perpetrators, we should note first that a perpetrator of sexual assault can be anyone -of any race, economic and professional category or religious belief. (A psychological profile of perpetrators is beyond the scope of this report. However, some very enlightening research has been done by individuals like Dorothy Griffiths and David Hingsburger. Some of their published works are listed in the Literature Search near the end of this report.)

There are other factors, however, which can be described more specifically.

Relationship to the Victim

"I was also told, don't speak to strangers. I wasn't told that most victims are not abused by strangers. I wasn't taught that. No way!"
(survivor interview)

The perpetrator is usually known to the disabled woman and in a position of trust. Rarely is the perpetrator a stranger.

The interviews in our research tend to support the fact that most perpetrators are known to the victim. In many cases, sexual assault occurred at the hands of a boyfriend or spouse. In other instances it was a family member, parent or guardian. Still in others, sexual assault was perpetrated by a caregiver.

Most of the studies on sexual assault and disabled victims carried out in Canada, again confirm that the majority of offenders/perpetrators are known to the victim. We did not feel it necessary to attempt to duplicate the solid research carried out by these other studies and we consider them representative of a breakdown of perpetrators of sexual assault against women with disabilities in Ontario.

A University of Alberta study found that 88% of the perpetrators were known to the victims. Most of the perpetrators were male and the victims female. Approximately 30% of the perpetrators were in the category of friends or acquaintances of the victim. Another 30% were either natural, step or foster family members. Rather disturbingly, 27% of the perpetrators were caregivers or special service providers.¹¹

Perpetrator's Perception of Women with Disabilities

Some incidents of sexual assault may be described as situations which "get out of hand". Although unacceptable as an explanation, such incidents are seen as "potentially explosive situations". For example, the view of developmentally disabled women as non-sexual may lead caregivers into situations which lead to sexual assault. Providing intimate attentive care in the washroom and touching as if a disabled woman is not a sexual being, shows a lack of respect for the degree of personal distance which applies to everybody else. This sort of excuse screams out for proper staff training and screening for group homes and institutions.

Generally, however, sexual assault against women with disabilities can not be explained by the innocent lack of awareness or intent on the part of the perpetrator.

The Stereotype of a Disabled Woman

The perpetrator has a negative stereotype of women with disabilities, seeing them as weak, vulnerable, non-credible, non-feeling and asexual beings. Assisting the perpetrator in his act is the secure knowledge that women with disabilities lack access to effective counter controls they could use in their defense.

Because able-bodied men who perpetrate violence against women with disabilities have looked at the disability first they often see the combination of a woman plus a disability as an especially easy target. As women they are already perceived as vulnerable objects. The woman's disability would seem to magnify that vulnerability and objectification.

We have already explained why a woman's disability has become a major risk and cause of sexual assault. Her perpetrator is aware of her vulnerable position as a woman with a disability and realizes that this vulnerability is easily exploited.

"There's this feeling of 'Well, you can't damage already damaged groups.'"¹²

Being disabled, the woman is frequently seen by the perpetrator as lacking in an ability to feel and as asexual (see section on sex education). Perpetrators often will make comments such as "it was o.k. to rape her, she didn't know what was going on anyway", or, conversely, "It was o.k. because she couldn't feel anything anyway".

Because women with disabilities, particularly those living in institutions and developmentally disabled women, have been taught to comply with the system, the perpetrator anticipates his demands will be readily met.

Over-compliance, even with the most extreme rules or demands made by staff, caregivers and even family, teaches disabled women to comply even when it results in harm to her being.

Disclosure & Report are Unlikely

"Frequently, the burden of risk involved in disclosure is on the person experiencing the abuse. Societal neglect helps to shape the victims and yet does not attend to the survivors. We frequently question the competency and reliability of the person with the disability when he or she identifies an incident of sexual exploitation. In general, society simply does not know how to address the problem. These offenses are sexual violations that create social, moral, ethical and legal responsibilities. Institutions, agencies, and organizations, as well as administrators and other professionals, are cautious about becoming involved. Information is difficult to document, and informational and service resources are extremely difficult to obtain".¹³

The perpetrator often correctly assumes that the sexual assault incident will be neither disclosed nor reported. 14% of the respondents to our questionnaire said that charges were laid. Our research is fairly consistent with the admittedly optimistic findings of the University of Alberta which found that 80% of the offenders were *never even charged*.¹⁴

Perpetrators have stated that they choose disabled women as victims of sexual assault because they believe afterwards the woman will have no credibility and probably will not be able to identify him. These beliefs are supported by the attitudes towards women with disabilities from the legal system.

The implications of this are serious. It would appear to indicate that women with disabilities are simply not taken seriously and have little value placed on them. If we keep in mind that the disabled woman is invisible to the general public, then she is also going to be invisible to the court system. The perpetrator will likely understand that he already has an advantage over the disadvantaged disabled woman. He will be correct in assuming that the incident will probably go unreported and not go to court.

The Perpetrator

• Perpetrator is from any race, class, profession and religious belief.
• Perpetrator is most often known to victim/survivor.
• Perpetrator has negative stereotype of woman with disability.
• Perpetrator knows report and disclosure are unlikely.

We have attempted to give an outline of some of the causes of sexual assault against women with disabilities. Once the assault has occurred, there are many effects which we must consider.

¹Sobsey, D., & Varnhagen, C. (1988). *Sexual abuse, assault, and exploitation of people with disabilities*. Ottawa, Ontario: Health and Welfare Canada. Cole, S. (Foreword, p.vii)

² Doucette, J. (1986) *Violent Acts Against Disabled Women*, Toronto: DisAbleD Women's Network -Toronto p.xxii. Also, Riddington, J. *Beating the 'Odds': Violence and Women with Disabilities*, Vancouver, B.C.: DAWN Canada (1989). Also, Sobsey, D. Sexual offenses and disabled victims: Research and implications. *Vis-a-Vis: A national newsletter on family violence*, 6(4), p. 2-3

³ Sobsey, D., & Varnhagen, C. (1988). *Sexual abuse, assault, and exploitation of people with disabilities*. Ottawa, Ontario: Health and Welfare Canada. p.5.

⁴ Doucette, J. (1986) p.vii

⁵ Ministry of Citizenship, Office for Disabled Persons. (1990) *Statistical Profile of Disabled Persons in Ontario, Volume II*, p.18

⁶ From interview with D. Hingsburger, (Expert in field of working with people with disabilities - see Literature Search) (January 1991)

⁷ Sobsey, D., & Varnhagen, C. (1988) p.5

⁸ Griffiths, D., from presentation given at conference in Timmins, Ontario (May 1991). Also, see G. Allan Roehner Institute. *Vulnerable: Sexual Abuse and People with an Intellectual Handicap* (1988) Appendix.-Figure 7.

⁹ Sobsey, D., & Varnhagen, C. (1988) p.4

¹⁰ Sobsey, D. "Sexual offenses and disabled victims: Research and implications". *Vis-a-Vis: A national newsletter on family violence*, 6(4) p.1

¹¹ Sobsey, D., *Vis-a-Vis* 6(4) p.1

¹² From interview with D. Hingsburger (January 1991)

¹³ Cole, S., from Foreword, Sobsey, D., & Varnhagen, C. (1988) p.vii

¹⁴ Sobsey, D. *Vis-a-Vis* 6(4) p.1

EFFECTS OF SEXUAL ASSAULT

The effects of sexual assault on women with disabilities are serious and many.

Women with disabilities who have been sexually assaulted as adults may show signs of alienation, anger, guilt and fear. Some victims will experience a degree of physical harm. Frequently, they are likely to develop a negative self-esteem, suffer from degrees of depression and bouts of anxiety. Finally, others may have to face negative responses to the event by others and even further victimization.

These long term effects of child sexual assault of disabled girls are subtler and more likely to slip through a professional's or counsellor's perception or diagnosis.¹

Physical Harm

The most tangible effect of sexual assault is probably the physical manifestations of the incident. A few women with disabilities will be victims of severe physical harm. More will suffer minor physical effects. And some will have experienced no physical harm at all.

The problem of physical evidence is not a new issue. For some of our interviewees, physical proof (bruises, cuts, etc...) never figured in their sexual assault evidence. The reasons for this ranged from no obvious physical harm to the passage of time before the incident is reported. Physical evidence can play an essential role in sexual assault cases. We must bear in mind, however, that physical evidence is not always available.

As one woman interviewed remarked about a sexual assault incident which happened to her:

"He was smart...unwanted touching. You can't go to a doctor. He'll say, 'I don't see any evidence'. I mean, he played his cards really well."
(transcript of survivor)

For another disabled woman interviewed, the physical battering she underwent was severe. Over an extended period, she was beaten, knifed and raped while being held captive in her own apartment by her ex-boyfriend.² The physical effects of her repeated rape obviously left scars. But as the physical scars are able to heal, more alarming for her, are the emotional and psychological scars which remain and persist.

It is very hard to separate the physical from the psychological features of sexual assault no matter when it happened to the disabled woman. It is difficult because any physical attack upon a disabled woman is also an attack on her psyche and her very being. When this happens, the disabled woman has been turned from a woman into a victim and as a victim she has had her dignity, her self-esteem, and her worth greatly destroyed.

Alienation from Herself

Sexual assault can have the effect of virtually ripping a woman with a disability's psyche apart. It may take several months, indeed years for her to piece together the parts. Many disabled women, through lack of support and proper counselling, may never regain a sense of wholeness. Tragically, these women are unable to grasp why their lives have been shattered. The incident has been buried so deeply that the trauma of dragging the incident out and having to confront it is so painful that it may seem preferable to live with the confusion and broken life.

Without proper supports, it is easy to see why disabled women might leave out the healing process, which while vital, requires strength and courage.

As a disabled child, if this happens, the repercussions will remain with her the rest of her life,³ attacking her psyche, probably during her early adult life, and leaving her with confusion and pain. If the disabled woman was lacking in a knowledge of the act of sexual assault/incest as a child, she may not be able to connect the childhood incident with what is happening in her life as a mature woman.

Alienation from Others

Not surprisingly, sexual assault can result in alienation from other people. If, as so often is the case, the perpetrator was a man, the sexual assault may result in alienation from men. For example, the disabled woman may fear being alone with a man, talking with men, or having a man touch her. In our interviews, this alienation from men as a result of being sexually assaulted by a male partner or caregiver, was typical. In all but one of the interviews, the disabled woman felt strongly alienated from men as a result of her sexual assault.

However, the alienation may be manifested in other ways, such as alienation from all people, regardless of who these people are in the disabled woman's life. The general external sense of alienation will also extend further into activities such as work, community events or family events. The woman with disabilities ends up living a life of seclusion and isolation -cut off from everything and everyone she perceives as posing a threat to her. A number of disabled women interviewed shut themselves away from their normal activities, friends and families. Still, others (who had the resources) moved from the city or town where the assault took place.

In conclusion, sexual assault has the effect of not just alienating a woman with a disability from herself, but also from others around her.

Fear and Nightmares

Closely connected to the alienation which results from sexual assault against women with disabilities is the fear which arises from the incident. In our research, again and again, women with disabilities mentioned constant and recurring nightmares and a general sense of fear. One woman, even after some time has passed since she was raped remarked:

"I have bad dreams still. And I feel very depressed with myself. I'm scared at night when I go to bed...Sometimes I have dreams about (him). I really want to fight back but he's so strong".⁴

These women continue to feel the effects of their trauma even in their dreams. Obviously, the effects of constant horrifying images and a nagging sense of fear are harmful to the woman.

Another type of fear which disabled women, especially those in institutions or group homes, often feel as a result of their sexual assault disclosure, is the fear of loss of placement or services. Many survivors are afraid that they will be "punished" for what happened to them. Indeed, many disabled women will choose not to disclose their sexual assault because this fear is so strong.

Anger & Guilt

When not experiencing fear as an after effect of their sexual assault, many disabled women experience one or more varieties of anger according to our research. There is often the mistaken direction of anger at herself for being a victim. Every one of the women interviewed said she felt guilt as a result of her sexual assault. It is important to recognise that along with guilt or blame, there does appear to be a very real and destructive anger often directed inward on her own being. This has much to do with the socialization of women in general and women with disabilities in particular.

It is easier for us to comprehend the anger most of the victims felt -if only eventually- towards the perpetrator of the sexual assault.

Many women were unable to articulate their anger easily. Again, because of their inability to realise that they were not at fault or were not to blame, some disabled women were torn in their anger between themselves and the perpetrator. Unfortunately, but understandably, this anger often manifested itself generally as well -towards others , sometimes resulting in anti-social behavior.

Negative Response by Others

The response to sexual assault against women with disabilities by others is

often deeply wounding. This is because, in many cases, the disabled woman whether a girl or adult, will not be believed by those around her.

"I felt guilty when it (sexual assault) happened. I was a loner when it happened...and withdrawn". (survivor)

For example, a disabled woman telling her mother about a rape by a male member of the family might bring a response of disbelief. The parents of a disabled girl or woman may not want to believe the act ever took place, not only because it involves a family member but also it may cause further disruption within the family unit.

But it is not just family members who may respond negatively to the event. Interviews reveal that even the occasional counsellor may doubt the credibility of the disabled woman who discloses her incident of sexual assault. Some counsellors may only go half way to placing a serious value on a sexual assault incident by accepting the disclosure but advising against pursuing any report or proper resolution of the incident.

Discouraging a resolution beyond the disclosure, has the effect of burying the incident and disregarding the seriousness of what has happened to the disabled woman. It also demonstrates to the woman with disabilities that sexual assault is something that can go unpunished. And if the assault goes unpunished, then the disabled woman is left with the sense that the value of her quality of life must be negligible.

Another effect of this lack of proper counselling is to make the disabled woman feel that perhaps nothing had happened and maybe she was even "crazy" to have made it an issue after all. This is a total disregard of a disabled woman's credibility and dignity. This lack of counselling HAS happened to disabled women, although it almost defies explanation. The only thing that can be surmised is that some counsellors may have a problem with the presence of a disability itself and not being able to get beyond the disability, are unable to deal with the issue under consideration.

(This is not to say that able-bodied counsellors are not fine counsellors. Two of the finest counsellors met during this research, were not only able-bodied, but male).

Re-victimization

A great percentage of disabled women who have been victims of sexual assault become **re-victimized**. This may happen in a couple of ways. The first involves an actual pattern of repeated sexual assault. This occurs when a disabled woman ends up in similar relationships where she becomes not only physically, but sexually abused. These women start living lives repeatedly terrorized by sexual and physical assault. Re-victimization of this sort involves a conception of love as a form of abuse.

Developmentally disabled women in particular are vulnerable to this kind of repeated sexual assault. In fact, it is rare to find a developmentally disabled woman who has been sexually assaulted only once.

Another form of re-victimization results from people not believing or bestowing credibility on a disabled woman's disclosure of sexual assault.

Because the sexuality of a woman with a disability has been denied by all those with whom she comes in contact- from her family to the police- it seems hard for many able-bodied members of the public to believe that anyone would rape or sexually assault a woman with a disability. Many members of the able-bodied public, including the police and the victim's family will question the validity of her experience, or, make statements such as "that's the only way she could get sex".

Re-victimization may come at the hands of counsellors who blame her for the incident, family members who deny its existence, the police who question her veracity, and, the able-bodied public who choose to remain ignorant about this whole area of sexual assault. In other words, re-victimization often stems from the actions and words of those very people whom the victim would normally expect to assist her in the necessary healing and recovery of the primary experience of her victimization.

This is much more complex than it appears on the surface. Most able-bodied people, male and female, feel a certain amount of discomfort with severely, mild or moderately disabled women. Thus, it becomes easier to deny the existence of sexual assault and rape ever happening in institutions or homes where disabled women reside.

Harmful Psychiatric and Medical Responses

One of the most troubling groups of disabled women who have been sexually assaulted are those who were victims of incest as children and young women. When in the hands of the psychiatric and medical professions these women may encounter forms of treatment which further exaggerate the effects of her incest experience.

The majority of patients in psychiatric institutions are women. Through discussions with disabled women and advocates for psychiatric survivors,

we are now realising that an alarming number of women with disabilities in psychiatric institutions have been sexually assaulted as children and are victims of incest.

Rape crisis centres have stated that of all the disabled women they counsel, psychiatric survivors are among the toughest to counsel. This is attributed to the fact that the counselling which the crisis centre attempts to use with the woman is usually diametrically opposed to that which the psychiatric institution is implementing. Many of these women are on medication which has the effect of suppressing their feelings. The counsellor at a crisis centre is trying to get the woman in touch with her feelings in order to discuss and begin resolving them. However, these attempts to deal with or assist the woman in expressing her experiences of incest, rape or sexual assault are frustrated by the woman's doped-up condition.⁵

As long as these women are still connected to the psychiatric institution, as "out patients" for example, they are probably going to be on medication, often of a strength which will inhibit clear thought and emotion.

In two of our interviews, young women with disabilities had been put on medication which they felt inhibited their abilities to concentrate or react properly. One woman claimed that she felt "more depressed than when she first entered the institution" and also that the medication made her "drowsy and destroyed my concentration". While some medication may be necessary, a review of medication will often prove that less or no medication may be possible in many instances.

According to a highly respected and knowledgeable advocate for psychiatric survivors⁶, there are usually two types of approaches which psychiatrists in institutions might take in dealing with those who have been victims of incest, rape or abuse. One is for the psychiatrist to deny the incest/abuse entirely because the woman is generally seen as less credible in their eyes. In such instances, the woman may be diagnosed as borderline personal disorder and/or histrionic, and often will end up institutionalised or re-institutionalised.

Another approach is for the psychiatrist to recognise the incident of incest and to diagnose the woman as having multiple personalities. The woman will often be encouraged to refer to herself in the plural, such as "we", instead of the singular, "I". This approach tends to sensationalise the already fragmented condition of the woman and causes further aggravation.

Therefore, when considering the effects of sexual assault on psychiatrically disabled women, we must take a close look at the kind of treatment and medication being administered to them. As we have illustrated, it may be inhibiting a proper healing process and, in fact, serving only to condemn her to a life in psychiatric institutions.

The effects of sexual assault on women with disabilities are obviously many and complex. The table below list some of the effects outlined in this chapter.

Summary of Effects

• Physical Effects
• Alienation from Herself
• Alienation from Others
• Fear
• Loss of Services/Placement
• Anger
• Guilt and Blame
• Negative Response by Others
• Re-Victimization
• Harmful Psychiatric & Medical Response

¹Senn, C.Y., *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. Downsview, Ontario: G. Allan Roeher Institute. (1988) p.32.

²Interview with survivor, Peterborough. (January 1991)

³G. Allan Roeher Institute. (1988) *Vulnerable* p.32

⁴Interview with survivor, Peterborough. (January 1991)

⁵From telephone interviews with counsellors at Barrie Rape Crisis Centre (June 1991).

⁶Bonnie Burstow, telephone interview (June 1991)

WOMEN WITH DISABILITIES AND THE POLICE

Introduction

As stated in the section on "Causes", most cases of sexual assault against women with disabilities go unreported. It is vital for us to understand why this is so. In most scenarios, initial contact with the legal system starts with reporting a sexual assault to the police. As essential as this step is, it appears to be more of an obstacle and even hindrance for many disabled women. Until an accessible and knowledgeable relationship and protocol is worked out between disabled women and the police, the chance of a disabled woman pursuing a sexual assault charge will always be slim. If women with disabilities do not pursue sexual assault charges, the alarming rate of sexual assault against disabled women will not decrease.

Women with disabilities, more than any other group of women, are extremely vulnerable and may have very low self esteem. If the police are able to empathize with the disabled woman, that will improve her perception of the police. It does not take long for one "bad cop story" to get through the disabled community to put all disabled women on their guard, and they will be less likely to report rape or assault.

Women with disabilities must feel secure that when making contact with the police they will be treated fairly. Reporting an incident of sexual assault takes tremendous courage in the best of circumstances. It is ludicrous that disabled women continue to have to deal with ignorance and sexist attitudes.

Problems Women with Disabilities Face

Women with disabilities rarely encounter the police and when they do, they too often have a negative experience making it unlikely that she would want to contact the police again.

On the other hand, many members of Ontario's police forces will necessarily have dealings with people with disabilities, including women with disabilities. The police may be called to pick up a psychiatric patient from the streets, or to intervene in a group home or institutional setting. In some instances, the police may be approached by the disabled woman who wishes to report a sexual assault incident.

Women with disabilities are members of the general public the police are meant to serve so there is no excuse good enough as to why there is a general lack of knowledge among the police of disability issues. There is a saying, "Ignorance is not an excuse before the law". Therefore, the police should not use their lack of knowledge about disability as an explanation for their poor treatment of disabled women.

Here, we will take a look at some common problems women with disabilities face when dealing with the police forces in Ontario. We will also take a look at some of the problems which are currently under review for Ontario's police forces in regards to a protocol for women with disabilities who have been sexually assaulted.

Many of the attitudes, stereotypes and myths about women with disabilities held by the public at large, are also prevalent among Ontario's police forces.

The problem of sexism and discrimination in the police forces is nothing new. Too often, police will find fault with women, disabled or not. A disabled woman may be on medication, as many of us are. This medication may slur the speech. Think of the psychiatrically disabled woman doped up to her eyeballs and imagine how this might effect her speech patterns. She may be less than coherent. Other women, through their disability, have lost their equilibrium and have a tendency to stumble and fall. Also the woman may have epilepsy and when in a mild psycho-motor seizure, may stagger. All these symptoms: slurred speech, falling, and staggering are often attributed to drunkenness.

Police may not even think to simply ask a disabled woman if she is on medication or prone to seizures. Police might first check to see if a woman is wearing a medical bracelet and take the time to read what it has on it.

It would also be helpful if the police were to look on the best aspect of the disabled woman rather than to assume a negative opinion like, "She must be a drunk" or "trying to pick up a man". Some disabled women, like other people, have even been known to take a drink. Currently, there is no law against this.

In one incident disclosed during our research, a disabled woman phoned the police after she had been sexually assaulted. According to this woman, when the police arrived at her door, they took a belligerent attitude. The police commented that she was "stupid" to get into a car with a man she did not know. When the disabled woman explained that she *did* know the man, the police implied that she still *should have known better*. In other words, the police in this example, were laying blame on the disabled woman victim. Besides jumping to a negative conclusion about the disabled woman, the police were re-victimizing the woman.

The police *must* treat women with disabilities, no matter what their position, with the same respect they give white, middle-class men.

The police, coming armed with power and authority to a sexual assault incident, often forget that they are primarily meant to serve as a protective and reassuring presence, and may instead come across as dominating and even frightening. The police must remember what their role is in a sexual assault case -it is certainly not to blame or degrade the victim, but to protect her and assist her in any way.

Communication

For women with disabilities who lack regular communication skills and who, as victims of sexual assault, come into contact with the police, it is essential that the police do everything in their power to assist her. If a hard of hearing or deaf woman comes in, it is essential that an interpreter or signer be made available. Her language, her method of communication must be made available to her if she is to communicate effectively. If we are able to provide translators for other languages, we should be able to do the same for women with impaired communication skills. Obviously, clearer communication will only benefit both the woman and the police in such situations. If a proper system were in place, an interpreter might be "on call" for example.

If a developmentally disabled woman comes in (especially one severely lacking in communications skills), the last thing she needs is to be further frustrated or frightened. The police must make every attempt to communicate with her and if this proves impossible, to find an advocate to assist her.

Developing relations with various advocacy groups in the community would give the police access to the assistance the woman might need. Centre for Community Living exists in almost any sizable town in Ontario. The police should find out if there is a People First organization in the community. If there is a DisAbled Women's Network in the city, they can be called.

If the woman has come from an institution or a group home it is not always going to be in her best interest for the police to immediately contact the institution or group home. These places may even be the source of the disabled woman's victimization. The police should first attempt to discover what the woman's wishes are and try to respect these.

Police in Ontario should have available a contact number for the Advocacy Research Centre for the Handicapped in Toronto and other major centres; or REACH which can be found in Ottawa, Kingston, Welland and surrounding areas. Such a groups are vital because a disabled woman is entitled to protection and equality before and under the law according to the Canadian Charter of Rights and Freedoms. The disabled woman should be able to have a counsel with her at the police station to assist her in what can be a complicated and terrifying experience.

Police Perception of Disabled Women

The police coming into contact with a disabled woman, whatever her disability, may doubt her credibility. This is partly due to her being a woman, but mostly due to her disability. The attitude that disability is synonymous with stupidity is still alive and well.

The police with the macho image which many of them hold of themselves, will only be too happy to doubt the credibility of a disabled woman reporting an assault. (Although there are women officers, we

"I have had to storm at bureaucrats that "I lost my vision, not my brains!".
(disabled woman advocate)

all must be aware that women, regardless of their work are informed by and live under a patriarchal system). Many disabled women are treated with patronizing condescension.

Establishing a Police Protocol

There is a police protocol which covers able-bodied women who have been sexually assaulted. Women with disabilities are women first and their disabilities should not be an excuse for an absence of a protocol designed to address their specific needs. Indeed, this is an area in which the police must establish an education and protocol for their forces.

While there is not yet a proper protocol in place, the Solicitor General's Policy Development and Coordination Branch has recognized the need and begun to develop plans for a police protocol to cover disabled women who have been sexually assaulted.

Sergeant Michael Gobeil, a police officer with the Kingston Police Force for many years, was seconded to the Ministry of the Solicitor General's Policy Development and Coordination Branch as the Victim Assistance Training Coordinator. One module of the "Consider the Victim" Programme which he was developing deals with persons with disabilities.

The purpose of Sgt. Gobeil's efforts is to design training to enhance the skills of police officers in crisis response situations and to further educate officers on victim's needs and concerns. Hopefully, such an undertaking will result in an enlightened police protocol concerning disabled women and sexual assault.

There would likely be two components to this protocol: one involving the police forces and the other involving the institutions, group homes and hospitals which house women with disabilities.

Police Interaction with Organizations and Institutions

The jurisdiction between the police and institutions have traditionally been firmly drawn, often leaving the disabled victim's welfare and rights out in the cold.

Women in institutions seldom report rape or sexual assault, primarily because such places often lack the proper independent channels for reporting and also because the disabled woman may fear a reprisal. (The proposed Advocacy Act, 1991 will hopefully help to remedy this situation - see appendix.)

The police are not trained to deal with women with disabilities who are from homes or who are picked up from the streets. When police take women with disabilities from the streets back to institutions, they leave the woman in the hands of the administrators who the police see as being in charge and knowing best what to do.

"There's no training or very little as far as when you (police) take someone off the street and all of a sudden into a hospital setting or a psychiatric institution. All of a sudden, that's somebody else's territory. And there's a natural assumption that the people who are the administrators, the people who are in charge, know what's best and know what's going on. I realise that that's not the case...(we must) work out guidelines which they can use within their own institutions whether it's the police or institutions" ¹

Sgt. Gobeil admitted to feeling some frustration at how the legal system works when dealing with disabled women who have been sexually assaulted. It is important, therefore, that the police develop an effective protocol:

"I can't change the justice system. What we can do is perhaps establish some kind of protocol. We need to break down a lot of the problems we have when we deal with especially an institution or a hospital...going in. If

you can break down some of the barriers which those institutions have and you've worked out how you're going to deal with the situation and you've made those personal contacts...talked to somebody, know them and about each other's job and how you're going to work on it together when the situation arises...then we're not caught off guard when the woman walks in and tells us her story. We work out all those things before-hand. And that's what we're trying to suggest. That people establish guidelines which they can use within their own institution whether it's the police or hospital or any other service agency..."²

According to Sgt. Gobeil, one of the problems facing an effective protocol has been that there are several tiers of police in Ontario: the R.C.M.P., the O.P.P. and local police forces. There is a feeling around the province that what works for police forces in Owen Sound, for example, might not work in Toronto. Pulling together a protocol would require the cooperation of different police force levels as well as the cooperation of the different institutions and centres serving disabled women:

"In terms of police protocol, what we'd like to do is look at all the ones in existence now and see if they work, and the reasons why they work. How they were set up and then we can make suggestions around the province. Here's things that work. We've seen them work and make it as easy as possible for each police service and each organization that has to interact because we're asking all these people to work together on these issues. We're asking sexual assault centres. Although most of their clients may not want to talk to the police, there will be that percentage where the sexual assault centre and the police will work together. Or the sexual assault centre, the police and the hospital will work together. The way things are now...I'm sure most sexual assault victims don't talk to the police...don't ask for charges..."³

Credibility and Consent

This whole area seems to boil down to whose credibility is perceived as strongest: is it that of the disabled woman victim or that of the perpetrator/accused (able-bodied or disabled). We are talking about credibility. This is one of the greatest problem areas in sexual assault against the disabled woman. Disabled women are rarely given credibility in

the legal system and the disabled woman will likely experience this problem with her initial contact with the police.

"One whole issue is that question of consent. Whenever you're dealing with sexual assault, there's the whole question of consent. Do you have to have knowledge? Where is that fine line where a person is not able to consent? Or, say, their learning disability or their lack of knowledge of what's good and what's bad? The amount of training or education they have in sex education (plays an important factor)."⁴

Conclusion

Disabled women are the most oppressed and vulnerable group in society. If the police, through education and the establishment of a protocol, can put an end to the sexism and the problems they have in dealing with disability, then a whole new relationship of trust and mutual respect can develop between the police and disabled women, and that, of course, is what we want as disabled women.

"Too many of the rights are with the accused. Until a few people start yelling and screaming, they won't listen. It's an uphill battle. There's no group more frustrated than the police, believe me, you have to see people who are abused and people who are hurt, people who are going to be changed for the rest of their lives. And you try to fight (for that). You go to court and see the kind of things that are handed out. Especially when you see people who are guilty and walk out of court "scot-free".⁵

It is somewhat encouraging that there are compassionate minds at work in dealing with developing police understanding of disabled women who have been sexually assaulted.

There is almost a sense that women with disabilities may be able to have a more direct line of communication and effect where police are concerned.

When approaching the issue of sexual assault and disabled women and the "higher" forces of the law, the work that must still be done seems monumental.

¹Interview with M. Gobeil. Toronto: (December 13, 1990)

²M. Gobeil interview.

³M. Gobeil interview.

⁴M. Gobeil interview.

⁵M. Gobeil interview.

DISABLED WOMEN, SEXUAL ASSAULT AND THE LEGAL SYSTEM

Sexual assault is a crime. A woman with a disability has been sexually assaulted if she has been fondled, kissed or forced to a sexual act against her will. When this happens to a disabled woman, she has the choice of taking legal action. However, many disabled women may not be aware of this avenue or may choose not to pursue it for a range of reasons -including a lack of knowledge of her rights, to a sense of fear and weariness about the legal process.

If a disabled woman makes the courageous and important decision to bring her sexual assault incident into the legal arena, we must consider that she will be faced with even further obstacles. In this chapter, we will take a look at a number of issues including: ongoing negative perceptions by members of the legal system towards disabled women; structural problems in the legal system; problems which developmentally, psychiatrically disabled and communication-impaired women face; and typical disadvantages which disabled women bring to their encounters with the legal system, including low literacy and educational levels.

At the root of all these problems, as usual, we believe it will be apparent that what is at issue is a general ignorance of disability issues and the misconceptions and discriminating attitudes towards women with disabilities.

Where We've Come From¹

Until recently, people with disabilities, particularly women with disabilities, have not been treated equally in terms of their rights as human beings. Even now, women with disabilities face many inequities when they

confront the legal system. While there have been some important steps forward, we still have much to accomplish in terms of awareness and implementation.

For many years there was little, if any, scrutiny of the conditions in which people with disabilities were having to live, particularly those within institutions. Many people were uninterested in the disabled and their issues so long as they were kept out of sight and mind. In terms of people with disabilities residing in institutions, as long as the institution appeared to be performing its appointed function, they were left alone by society. Therefore, people with disabilities were effectively segregated from "normal" society.

Those sectors of society which might have been expected to concern themselves with institutional conditions, e.g. courts, attorneys, legislators, generally did not bother to do so on the grounds that the treatment of the institutionalized was a medical judgement, outside both the experience and the expertise of legal professionals who were non-clinicians.

Budgetary cuts were easy to apply and policy and legal reviews were easy to ignore for society's agents, since people with disabilities were perceived as having no real political clout.

Developmentally and psychiatrically disabled people were given up to institutions by society. The destiny of individuals of many disabled groups was left in the hands of the medical professions and institutions. The result was that these disabled individuals were living without the rights secured for other Canadians. In addition, knowledge about mental health issues and disability issues in general, were not a part of law school curriculum and so there were few advocates within the legal system working on behalf of the disabled and the vulnerable.

Where We Find Ourselves

Obviously, this situation no longer exists -at least on paper. We have recognized the rights of people with disabilities within our Charter, for example. Reports such as *The Preliminary Report of the Task Force on Sexual Abuse of Patients*² which was commissioned by The College of Physicians and Surgeons of Ontario, have made public the alarming abuse of patients by members of the medical professions. But still, we must recognise that while all persons may share certain rights simply because they are human beings, implementation and enjoyment of those rights can occur only through judicial acknowledgement that the group in question -in this case, women with disabilities -has rights. This is not to say no one is engaged in the fight for disabled women's rights. Among other groups and individuals are the Advocacy Resource Centre for the Handicapped (A.R.C.H.), and David Giuffrida, a prominent attorney who works for the disabled.

In the meantime, when a disabled woman brings her sexual assault case to the legal system, she is likely to confront not just the trauma of her experience but the ordeal of being processed through a legal system which still appears to be lagging behind in practise what the law has stated and implied in words.

Dealing with the legal system is bad enough for the able-bodied woman. Yet, it is worse for the disabled woman, who is more vulnerable, and often less knowledgeable.

Once the disabled woman has made contact with a lawyer, the lawyer will often redefine the issues; i.e. violence, sexual abuse and battery, for judicial consideration. As the realities of the disabled woman's experience become redefined legally, she may start to feel that they have nothing whatsoever to do with the realities in which she is forced to live.

As we discussed in previous sections, disabled women are often seen as lacking in worth by members of society including the police. This is frequently underscored by many of the lawyers with whom she comes into contact. In many cases, disabled women, knowing little or nothing about their lawyers, the law or their rights, are served poorly.

The justice system has rarely been a friend to women with disabilities. Indeed many disabled women, either through experience or perception, view the law as an *unfriendly* force. Many of the disabled women we interviewed had similar fears: of being stripped of whatever dignity they had left; of being overly scrutinized; of their credibility being questioned; of further aggravating the offender whether or not he was found guilty; and fear of being punished even though they themselves were originally the ones victimized. Mary Lou Fassel has commented that the mediation process may be another form of abuse against able-bodied/ disabled women³.

Socialization of Women

The socialization of women is almost entirely overlooked in the legal system. Women, particularly women with disabilities, are socialized to be passive, compliant and cooperative. Women are socialized to believe that democracy/justice is served by the legal system. We are well-conditioned to put all our faith in a system that does not acknowledge our needs. Therefore, we are often doubly devastated, first by the incident that involved us in the legal "justice" system, and then by the failure of that system to dispense justice. Women with disabilities are frequently left forgotten and disillusioned. We have all been programmed to believe that television justice a la Perry Mason is the true justice.⁴

Women are further socialized to put their trust in authority figures (most of whom are male) such as the police, lawyers and judges, and never to question the decisions made by these authority figures.

By comparison, men are socialized to be aggressive, forceful and manipulative. Thus, when family members meet with court-appointed psychiatrists, the "accused" (the men) are passive in situations such as these, being acutely aware of the dynamics of decision-making in the system (the "boys club") and wanting to appear cooperative. When a woman refuses to answer questions which she finds insulting, patronizing, or condescending, she may be labelled as uncooperative. The gender game is in full swing from the minute the disabled woman enters the police station through to her court case.

Charges & Sentencing

Another point at issue in considering sexual assault against women with disabilities and the legal system is the incidence of laying charges and level of sentencing.

Women with disabilities have learned through their own experience, and the experience of other disabled women, that rarely are charges laid in sexual assault cases where they are the victims, and even more rarely do these reach the courts.

According to our questionnaire, more than 90% of the respondents had been sexually assaulted. 14% of the respondents answered that charges had been laid for the sexual assault incident. Approximately 8% of the respondents said that their charges went to court. And 5% of the respondents said that the accused was found guilty. (In fact, the replies to our questionnaire show higher than usual percentages for all these areas. There may be a connection between the high numbers of disabled women

respondents who had ties with women's and disabled groups and their decisions to pursue legal action.)

We did not ask about details of the convictions. However, a report put out by the Nova Scotia Advisory Council on the Status of Women titled *Issues in Sexual Assault Sentencing in Nova Scotia*⁵ came to some disturbing conclusions:

- * The average sentence imposed in Nova Scotia for simple sexual assault cases examined in the report is less than two years;
- * Sexual assault sentencing in Nova Scotia is inconsistent and is often mitigated by the offender's age, employment status, family status, and relationship to the victim;
- * Attitudes of police, lawyers, and judges towards sexual assault and to women as victims of sexual assault, indicate a continuing gender bias and often lead to a revictimization of the victim.

Council president Debi Forsyth-Smith commented that:

"Victims face judges, lawyers and police who sometimes appear to believe that the crime of sexual assault is not really causing harm to the victim or who perceive the crime as an act of misdirected or over-zealous lust rather than as a violent assault, which is what it is...The judicial system fails to recognize that sexual assault carries life-long consequences for victims. This significant difference between sexual assault and other crimes is rarely cited in sentencing in Nova Scotia".⁶

Forsyth-Smith goes on to make a statement which seems especially applicable to women with disabilities who have been sexually assaulted:

"Canadian studies show that the judicial system treats sexual assault less seriously than common physical assault, robbery, or even deer-jacking."

Duress of Legal Procedures

Another abuse of the legal system is the lengthy court process which can render a disabled woman's life immobile and helpless while she sits and waits. Annie Bunting tells of a woman who was in a depressed state and given electro-shock treatments.⁷ This is a gross injustice for a woman who, in this case, had survived twenty years of battering and twelve years in the court system. It is not difficult to see how anyone subjected to long-term battering and a "laissez-faire" attitude of the courts would be, at the very least depressed. It is a great tribute to this woman that she was only depressed. The treatment for her totally normal attitude says more about the authority of the state than it says about the woman's problems.

Lack of Knowledge about Legal System

As with the police, women with disabilities are often not cognizant of the law -rarely coming into contact with the legal or justice systems.

The general public seems to despair when having to face the legal system, often feeling powerless within it. For the woman with disabilities, who may have low literacy skills and less education due to institutionalization or a restrictive family environment, the legal system may seem even more insurmountable.

Disabled women who have never before had any contact with the legal system will be less likely to understand their rights are being violated by an authority figure. The whole issue of abuse of a position of trust for a disabled woman is complicated and painful. Many disabled women may think it is beyond their power to make an authority figure accountable for

harmful actions perpetrated against her. She may fear that if she charges the authority figure that she will have to suffer serious consequences.

Dealing with the legal system is bad enough for the able-bodied woman...it is worse for the disabled woman.

Still, other women with disabilities may not properly question abuse at the hands of a care-giver, doctor or family member. These women may have difficulty accepting sexual assault at the hands of someone who she has trusted as having authority and control over her. Because sexual activity and/or assault can go unchecked in many instances, a disabled woman who has a sexual history with a caregiver, for example, may not be aware that this history can work against her in the courts.⁸

Consent & Credibility

The whole issue of consent by the victim of sexual assault is pivotal in many cases. Under s.265 of the Criminal Code, the assault provisions provide that:

(3) For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

- a) the application of force to the complainant or to a person other than the complainant;*
- b) threats or fear of the application of force to the complainant or to a person other than the complainant;*
- c) fraud; or*
- d) the exercise of authority.*

(4) Where an accused alleges that he believed that the complainant consented to the conduct that is the subject matter of the charge, a judge, if satisfied that there is sufficient evidence and that, if believed by the jury, the evidence would constitute a defence, shall instruct the jury, when reviewing all the evidence relating to the determination of the honesty of an accused belief, to consider the presence or absence of reasonable grounds for that belief.

Consent is a subjective area. The accused has the possibility of mounting a defense which might claim he had an honest but somehow mistaken belief that the victim had consented to the sexual act. Removal of consent as in the right to say "no" presents problems especially for women with disabilities.⁹

If a disabled woman is unable to communicate effectively that her consent was not given, she will be at a great disadvantage. The accused may be able to convince a court that he had an honest belief that the victim consented, even if the victim, through her disability, was not able to communicate that she was not consenting. If the accused manages this, the current law requires that he be acquitted.

A familiar issue which the problem of consent gives rise to, is the issue of credibility. Again, many disabled women may be perceived as lacking in credibility. If she is developmentally or psychiatrically disabled, her recollection of the events will often be suspect. If she was or is on medication, this may further influence how credible the courts find her. Believing in and establishing a disabled woman's credibility should be as much of a given as the right of the accused to be considered innocent until proven guilty. If a disabled woman's credibility is questioned from the outset, she -not the accused- is being put on trial.

Obviously there are problems caused by the current legislation. The effect of the current law is in fact to be vary anti-victim, particularly if the victim has difficulty communicating. In situations in which a victim does not consent, an accused can be acquitted as long as he can convince the Court that he honestly believed that the victim was consenting. In a case in British Columbia involving a deaf-mute woman as victim, the court ruled that the fact that she was *unable to communicate* to the accused that she did not want to engage in sexual activity meant that the accused was able to maintain the mistaken belief that she was consenting. (British Columbia Supreme Court decision ruled on April 26, 1991 in which the accused was not found guilty of sexual assault.)

Sexual assault against disabled women with communication difficulties occurs at alarming rates. In fact, they are among the most vulnerable of disabled women when we are considering sexual assault rates. Still, there rarely seem to be any convictions.

If the disabled woman lacks the ability to communicate effectively with an accused she will likely be seen as an "easy target" for sexual assault because an accused can maintain the unreasonable belief that there was consent.

As long as the law is permitted to operate with these results, it is adding to the one of the major causes of sexual assault against disabled women.

A number of things become apparent when looking at sexual assault against disabled women and the legal system. For the disabled woman, it is important that she have an awareness of her rights and the law. If she requires assistance in this, she should be able to have an advocate to assist her in understanding the process. (See Appendix for proposed Advocacy Act, 1991).

Education on disability issues and sexual assault must be a part of law school curriculums and the topics of ongoing seminars and workshops within the legal system. With the repeal of the Rape Shield Clause, it probably would not hurt for there to be compulsory courses in feminism, so that sexist attitudes towards women and any sexual history they bring to their court cases will not be the standards on which *they* will be judged.

As with all the other designated groups -aboriginal, visible minorities, women- there must be a higher representation of disabled people and disabled women in our legal system and courts for there to be a proper implementation of the law as it should apply to these issues.

An accessible and accommodating legal system for women with disabilities is essential if our goals are to encourage victims to report sexual assault and for there to be some meaningful measure taken as a deterrent to further increases in the rate of sexual assault.

Issues Surrounding Disabled Women & the Legal System

•	socialization of disabled woman
•	literacy level/awareness of disabled woman
•	effective sentencing
•	law perceived as unfriendly by disabled woman
•	consent & credibility of disabled woman

¹Amary, I.S. (1980) *The Rights of the Mentally Retarded-Developmentally Disabled to Treatment and Education*. Springfield, Illinois: Thomas Books. Introduction.

²College of Physicians & Surgeons of Ontario. Marilou McPhedran et al. (May 27, 1991) *Preliminary Task Force on Sexual Abuse of Patients*.

³Panel discussion, Osgoode Hall Law School, 13/1/1988.

⁴Interview with Laura Rowe, May 22, 1989

⁵Nova Scotia Advisory Council on the Status of Women (June 1991) *Issues in Sexual Assault Sentencing in Nova Scotia*.

⁶Nova Scotia Advisory Council on the Status of Women (June 1991)

⁷Bunting, Annie, "The Disorder of Justice: Perceptions of the Matrimonial Law Process", 29/4/88, p.11

⁸Riddington, J. (1989) *Beating the "Odds": Violence and Women with Disabilities*, DAWN Canada, pp. 25-28.

⁹Advocacy Research Centre for the Handicapped (July 10, 1991) Memorandum re: Legal Reform concerning the issue of consent in sexual assault cases. Toronto.

WOMEN WITH DISABILITIES: THEIR SELF-IMAGE, SELF-ESTEEM AND SEXUALITY

"It has long been recognized that society has regarded individuals with disabilities as asexual and, therefore, not even candidates to be sexually abused. Consequently it has been an invisible problem, easily avoided by focusing attention on the more medical, intellectual, or physical aspects of a disability".¹

It is important that we consider the kinds of self-image, self-esteem and attitudes about sexuality which women with disabilities have. Such things may effect the disabled woman's level of vulnerability to sexual assault. In addition, sexual assault will almost always adversely effect the disabled woman's concept of herself.

For example, poor self-image and self-esteem may make a disabled woman more susceptible to dangerous situations because she may care less about what happens to her or others may believe it matters less what happens to her. Equally, as a result of being sexually assaulted, a disabled woman's self-esteem and self-image will be adversely effected because she will feel that she has been assaulted not just physically or sexually, but personally as well.

Input as a Child

The problem of self-esteem/self-image is something which can begin as a child, especially (but by no means only) for those disabled women with developmental disabilities. When developmentally disabled girls are growing up, their growing up pattern is very different from the typical able-bodied girl's pattern. An able-bodied girl will receive input towards developing a positive self-esteem, if not from her competitive peers, then from family supports. She will be encouraged by comments like "Boy!

She's going to be a real heart-breaker when she grows up..." or something along those lines.

"My mother...she'd call me retarded". (survivor)

A very important point to consider in the development of self-image in women with disabilities is emotional and physical affection. Because disabled girls and women simply do not receive the same amount of emotional and physical nurturing from people around them, many of them end up emotionally deprived and lonely -cut off from the experience of a loving and positive physical reinforcement. (We do not include in such displays, the inappropriate or unwanted touching of others.)

Our point should be clear. Disabled girls simply do not receive the same kind of positive reinforcement about their self-image from either well-meaning parents or school-mates. For each well meaning remark made, the disabled girl is faced with a barrage of media and consumer images diametrically opposed to her disability.

If a disabled woman became disabled as an adult, she will be rudely struck by the realization that much of her self-image had been based on able-bodied concept and values. She will have to learn to adapt to a new image of herself which will include an acceptance of her disability.

Some people will be familiar with the request by people with disabilities that the able-bodied public see the person first and the disability only after. For a disabled woman to lovingly accept and come to terms with her disability is not a contradiction of this requirement. Not only must the disabled woman accept her own disability, she must believe that her disability and the disabilities of others, are nothing to be ashamed of. It is a matter of self-acceptance. Just as able-bodied individuals must learn to accept who they are, so must disabled individuals. The larger perspective - that we are all of us unique individuals with unique value and potential- should be obvious and universally accepted.

All these conditions will aggravate the situations surrounding sexual assault against the disabled woman.

In our questionnaire, disabled women were asked if they felt their disability put them at risk. Approximately 77% said they thought it did. We will take the liberty of assuming that for many of these women, feeling vulnerable, or at risk, is an important part of how they see themselves. While this is probably not the only way in which these women see themselves, it is nevertheless important for us to consider. If one feels vulnerable, or at risk, one is less likely to feel independently in control. If one is uncertain as to one's ability to have self-determination and control, one stands a good chance of having a poor self-image and self-esteem.

48% of the respondents to our questionnaire blamed themselves for the assault they experienced. It is interesting that 43% also answered that someone told them they were to blame. Again, control over her self-image and esteem would seem to be greatly effected by other factors. Of course, many able-bodied individuals are also easily effected by the comments and in projections of others, but in the case of women with disabilities we must take into consideration a kind of domino effect resulting from so many potential obstacles to a positive attitude and outlook.

In truth, sexual assault against women with disabilities has very little to do with sex or sexuality but more to do with the control and power of the perpetrator over the disabled woman. However, for the disabled woman, sexual assault will often have a damaging effect on how she perceives her sexuality and self-image.

Many disabled women feel they don't have a sexuality because it has been so negated and they have been treated as if sexuality is not an important or relevant sphere for them. If disabled women had sex education tailored for their needs, the disabled woman's self perception with regards to her image and sexuality would undoubtedly change for the better.

Society's Ideal Woman

It is a mistake to think that just because a woman has a disability that she has not been exposed to the same standards and images about sexuality and "womanhood". The stereotypical role of woman in society -as wife and mother- has not altered drastically. (Disabled women have been known to get married and have children!) There can be little doubt that a disabled woman feels at a disadvantage when attempting to fulfill the "ideal" roles and images of women in our society.

Aside from the mother and wife image, there is the prevalent image in our society which comes to us mainly through media advertising, and that is the image of a slender, physically perfect woman, with the right clothes, doing the right things, (while willing and ready men look on).

It seems never before have we lived in an era so filled with images of physical perfection, action, youth and consumerism. All of which leaves out the disabled woman.

Disabled women are among the poorest women, so consumerism is out, as is so much physical action. The message is clear: the disabled woman is unable to meet most of the able-bodied standards of personal worth.

We do not mean to suggest that these values and standards for self worth are healthy or even realistic -even for able-bodied women. The point is, women with disabilities, and women in general, must define and have accepted their own standards of self worth. These, once acknowledged by individual women with disabilities, must be understood by society as valid, acceptable and of value.

Unless society starts to integrate images which reflect the reality of disabilities into our everyday lives, disabled women will be left behind, never accepted for who they are and will feel like an anomaly in society.

Effects of Discrimination

We must understand that women with disabilities, and people with disabilities in general, have been discriminated against as a group. Other groups have experienced discrimination by our society: visible minorities, aboriginal people, gays and lesbians and women. Discrimination of women with disabilities -either blatantly or by making them invisible- often serves to teach the discriminated group to hate itself.

Obviously, this is an effective mechanism of oppression. It becomes important, therefore, that women with disabilities not only recognise they are discriminated against, but that they must deal with their own lack of esteem which society's discrimination helps to encourage.

Many of the disabled women interviewed for this research showed an alarmingly low level of self-esteem and poor self-image. Some had been segregated by their peers at school. Others had been made to feel inadequate by family members. (One woman had been driven to personally desperate measures when she perceived that her whole community was against her.) On-going abuse along with the desperate perception that her disability was something deserving of abuse, compounded the degree of poor self-esteem in a number of the disabled women interviewed. The results were more often than not, self-hate.

"I even overdosed...one family I was close to, they gave up on me. I was depressed about it. I was on medication for my nerves, so I took them all and hopes I would go to sleep for a long time...to go into a coma". (survivor).

Defining Herself

Obviously, a disabled woman must be the author of her own beauty, worth and desirability. She must learn to determine her own worth and not allow others to dictate her personal value. When she chooses a partner, that person must be able to look past the disability to the unique individual the

disabled woman really is. As a group, it is vital that disabled women establish their worth together and state it generally to society at large.

In realising that she is a person of value, and as a member of society is an unique individual, the disabled woman will gain something of vital importance to her: a growing sense of personal power, increased control and even independence.

An essential part of the disabled woman's being is her sexuality. Her capacity to be secure in her sexuality and to feel better for it, has a great bearing on how she sees herself as a person, In the next chapter, we will take a look at the need for a comprehensive sex education for women with disabilities.

¹Sobsey, D., Gray, S., et al. (1991) *Disability, Sexuality, and Abuse: An Annotated Bibliography*. Baltimore, Maryland: Paul H. Brookes Publishing Co., p.vii.

SEX EDUCATION FOR WOMEN WITH DISABILITIES

*"The best way for me to tell you what is needed is to say 'education on the value of the individual is what is needed. To be taught we are all "10s", no matter if we are female, young, black, white, quadriplegic...I wish I knew I was valuable. Then, I would not have been so vulnerable."
(Questionnaire respondent)*

Why is Sex Education Important?

The main reasons sex education is so important for the disabled woman is because it has the potential to provide her with some essential lifestyle skills and concepts.

For a number of disabled women, especially developmentally disabled women, sex education will help to protect them from harmful sexual activities. Such disabled women often display an alarming ignorance about inappropriate and appropriate sexual behavior and may not even understand when they have been sexually assaulted. Indeed, the only consistent kind of sexual activity they may have experienced, may be some form of sexual assault. Although they may be feeling discomfort and pain at their experience, they may still be unaware that what has been perpetrated against them is something unacceptable and criminal.

In our questionnaire, 35.3% of the women recognized the need for improved sex education. In our opinion, and in the opinion of many experts, sex education is of the utmost importance for women with disabilities. A comprehensive sex education would help to provide the disabled woman with an awareness of her sexuality and her rights, knowledge about her body and its functions, and also act as a preventative measure against sexual assault.

When sex education first entered the public schools, there was an outcry from parents who felt that their children should not be learning about sex. Although this did not stop some form of sex education from becoming a part of the curriculum in most schools, society still has some problems with accepting the idea of a complete and practical sex education for young girls and women with disabilities. There are still people in our society who believe sex education is dangerous to teach to disabled girls because they believe these girls should not be allowed any reproductive rights. This however, is not the main problem society has in teaching sex education to disabled women. A larger problem is society's inability to accept disabled girls and women -especially developmentally disabled girls and women- as emotional and political equals.¹

A Preventive Measure

You do not need to be highly imaginative to know that disabled children, girls and women are unlikely to be taught about sex either from overly protective parents or from institutions which have diametrically opposed interests. And yet, sex education for disabled girls and women is vital to addressing the causes of, and examining the preventive measures of sexual assault. It is key.

"The statistics show us that if the developmentally disabled are provided with sex education they are less likely to be abused. That's an important statistic because it tells us that one of our priorities should be the provision of sex education. In one study they found that when education was provided, the abuse statistics decreased from 88% to 12% in females and from 38% to 20% in males. So there's quite a reduction in these statistics when people understand what's happening to them, when they have the knowledge of their body, and an understanding of the whole area of sexuality and its concepts."²

More than Basic Biology

Sex education for women with disabilities should not place emphasis only on the genitalia. Sex education must include lessons in loving, appropriate private and public behavior and being aware of one's right to privacy. Sex education should also discuss a loving, gentle, respectful relationship in which no one loses their dignity and no one is sexually abused.

Environments for Teaching Sex Education

It is equally important what is taught and who teaches it. One disabled woman suggested that sex education should be taught to both able-bodied and disabled boys and girls together in a group. Her idea is based on the premise that boys have not come to terms with their own sexuality and while this should be explored they should also learn just what the disabled and able-bodied girls felt about sexuality.³

Advantages of Integrated Group

Sexuality is not a single concept or image. It is a kaleidoscope of individual tastes, images, sensitivities and leanings. This kaleidoscope is one of the positive potential elements of lumping together boys and girls, able-bodied and disabled in a sex education class. This would be not only a boon to the disabled children but the able-bodied children as well.

All sorts of loving avenues could potentially open up for children learning comprehensive sex education in this scenario. A girl might fall for a guy with a perfect body but all the charm of a rattle snake. On the other hand, a girl might fall for a boy in a wheelchair who has tremendous charm. But "falling for someone" need not be the "test" of another's sexuality in this

scenario. Most importantly, a healthy respect and opening of new doors of humanity as a result of exposure to what was once labelled "marginal", "retarded", "mental", "deformed" would enrich each adolescent's concept of others.

In order for this approach to sex education to work, the school system must be 100% behind its philosophy. Just as de-segregated schools in the United States required firm political support on all levels, so would the de-segregation of able-bodied and disabled school children. If it is pursued half-heartedly, it will be difficult to break down the barriers of ignorance and discrimination. The establishment, legal system and society must give it its thorough backing.

Teaching Disabled Women Separately

While an integrated approach which includes able-bodied as well as disabled boys and girls is a good holistic type of approach, it may be necessary for disabled girls and women to be taught sex education separately at first. There are many issues which are specifically related to the needs of disabled girls and women and may be more comfortably approached independently.

Sex education may be able to teach a disabled woman that she can have self esteem, since it should involve the dismantling of negative stereotypes of sexuality and disability.

One on One Sessions

While teaching women or girls with disabilities in groups is excellent, there is great merit in one on one sex education sessions. The reason for this is the importance of disclosure. It is more difficult for a woman with a disability to disclose in a group. In addition, the individual teaching sex education in a group situation may not be a trained counsellor or therapist.

Disclosure may be a very important part of the sex education process. If a disabled girl or woman has been sexually assaulted or raped, this is going to seriously effect her attitudes about sex. One on one sessions are more likely to be conducive to finally disclosing such a traumatic experience. Once the disclosure has taken place, there will continue to be a need to work individually with the disabled girl or woman on developing a healthy concept of sexuality -one in which she will find happiness and security.

Who Teaches

The person who teaches sex education to disabled girls and women should have a thorough knowledge of disabilities as well as sex education issues. Whenever possible, the person teaching should be representative of the disabled community. Whoever sets out the curriculum should do it in conjunction with those women in the disabled community who know the issues.

A sex educator may not be qualified as a counsellor. What will this educator do, therefore, in the event of one woman's disclosure in a group? Equally, the group might inhibit disclosure and this is important if the disabled woman has been sexually assaulted. She may be defining her sexuality in terms of an undisclosed assault and this must be discovered and worked through. Therefore, trained counsellors and therapists may play important roles in the sex education of disabled women.

"Emotionality"

For many of us, we find it uncomfortable to talk about sexuality openly. In fact, what may be more difficult for us to talk about is "emotionality".⁴ We have a tendency, when considering sex education and sexuality issues, to de-personalize our reference points and put them into clinical and objective terms.

In fact, what we really need to be able to do -as disabled women, as teachers, parents and counsellors- is to acknowledge the emotional content of sexuality and sex education. We need to include the fact that sex education must involve caring about others, making others and ourselves feel good. Love should be a highlight of sex education, so women with disabilities do not confuse sex with love.

It requires tremendous generalization skills to combine the clinical content of sex education with the emotional content of sex education so that we end up with a more relevant and helpful understanding of sex education as it relates to our daily lives of disabled women. The people who provide this combined concept of sex education to women with disabilities must find a way to do so that is accessible.

The emotional component of a sex education for women with disabilities becomes particularly important when we remember that many disabled women need to explore the feelings they have about themselves and their sexuality (See previous section on Self-Image).

The Basics

Extremely important, but by no means the most important component of any sex education curriculum will be anatomy/biology. Unless a woman knows her body parts, she does not know whether she has been raped, assaulted or even touched inappropriately.

Showing the students their body parts without undue emphasis on memorization of terms, is probably the best way to approach this topic. It is important that disabled women know not only their body parts, but also their *functions*. Sex education will help to decrease the woman's chances of sexual assault. However, if she does become the victim of sexual assault and becomes pregnant, for example, she will know that she has been violated.

Rights

It is essential that disabled women know their rights in all areas in order to protect themselves from sexual assault. The teaching of a disabled woman's rights is appropriate in her sex education.

The abuse of rights of all disabled women is legion and the rights of all disabled women must be a basic component of any sex education programme.

The tools of knowing her body parts and functions will help the disabled woman to understand why her rights are important. She must understand that it is HER body -HER property only. It is not the domain for indiscriminate use by others.

Every disabled woman has the right to demand to know what medication she is being given, either by injection or by chemical substance. She should also know that no doctor has the right to give her anti-psychotic drugs without her permission.

Appropriate Touching

There are two types of touching: appropriate and inappropriate. As part of her sex education, the disabled woman must be taught the difference between the two so she may determine wanted and unwanted situations. She has to be taught that not all touching is good, or allowed, nor is all touching bad, or forbidden. For instance, parents or family may have a natural wish or desire to show affection through hugging. This will most often be considered appropriate.

The disabled woman must be taught that when bathing or dressing (there are a great number of women with varying disabilities who require assistance in these processes), there are boundaries for appropriate touching. This might be taught by using role-playing.

She must also be taught how appropriate and inappropriate applies to different people. Just as she must be aware of what is inappropriate touching, so she must also be made aware of what is appropriate touching and by whom. She *does* have the right to enjoy her body and her sexuality.

When the disabled woman learns words like appropriate touching and inappropriate touching, sexual assault and rape, she must have a clear knowledge of these concepts. These concepts must be made accessible by using plain English so all women in the disabled community may understand.

Facilitating an Understanding

Making these concepts clear for those women who have learning or developmental disabilities can often be difficult. The teaching of touching and sexual assault can be facilitated by using "sexually appropriate dolls".⁵ These anatomically correct dolls are especially helpful for those disabled women without good communication skills, and will often prove useful in attempting to disclose and explain sexual assault.

Sexually appropriate dolls can show where on the body touching is generally considered to be acceptable or unacceptable. Such dolls will also eliminate the need for an oral vocabulary.

Privacy

Many of the disabled women we interviewed lacked access to any privacy. Therefore, many of them lacked the private and intimate settings for exploring their sexuality. For women with disabilities in group homes and institutions, privacy is extremely rare. Usually, the lack of privacy has to do with the feeling among staff and administration that disabled people must be constantly monitored. If denying privacy to women with disabilities is meant to reduce their level of sexuality, this is not, in reality, the usual result:

"...the lack of privacy does not lead to the reduction of sexuality -it just drives it out of appropriate places and into inappropriate places. Dealing with sex by denying privacy does not work -it simply clouds and confuses the issue...This becomes more problematic when you realize that privacy isn't just a place -it is also an abstract concept."⁶

The right to privacy and the enjoyment of that privacy is one of our greatest qualities of life. Private moments allow us to reflect on who we are and allow us to do so without external interruption. It is vital that women with disabilities, especially those living in group homes and institutions, are not denied their privacy. An understanding and respect of privacy must be built into any comprehensive sex education programme.

Dealing with Unwanted Touching

Women with disabilities must also be taught mechanisms to deal with unwanted touching. If a woman lacks communication skills she should be taught alternative methods of demonstrating her feelings. For all disabled women, a course in women's self-defense, such as Wen-Do (see Appendix) should be compulsory. Disabled women must be taught ways to defend themselves verbally and physically from anyone who threatens them with unwanted touching.

Abuse as Love

We have already looked at the idea of abuse as love in the report. Dealing with this issue is an important consideration when teaching sex education to women with disabilities. Women who have come from either incestuous or abusive homes or backgrounds, may have developed the comprehension that abuse is a form of loving. Their experience with the physical and any form of touching has often come in the form of some kind of abuse. Compliance and lack of positive physical contact may condition the disabled woman to accept that level of abusive conduct. In extreme cases, she may even view her abuse as normal and acceptable.

Disabled girls and women must be taught that they have the right to say "no!" to others. Not being aware of this right, or not being taught how to use it confidently, is an important factor keeping them from resisting sexual assault and/or reporting it immediately.

It is so vital that we get the message out to disabled women: that loving should not and must not hurt. Loving affirms a woman's self-esteem, sexuality and dignity.

Compliance & Consent

Many disabled women from childhood have been taught compliance. Compliance provides fertile soil for sexual assault and yet, compliance has been one of the prime factors in dealing with mentally or physically disabled women either in institutions, group homes or hospitals. (Anyone who has had a stay in a hospital, will have had some exposure to the principle of compliance in institutional settings).

The very idea of assault implies a lack of consent -forced against one's will. Disabled women must learn that consent can be used against them or for them.

A woman must have a knowledge of sex education and her sexuality, before she can freely and safely consent to a sexual act. If she is unaware or unfamiliar with these things and is forced into a sexual act, her chances of charging the perpetrator with sexual assault will be greatly diminished, if she even knows to have him charged.

Obviously, having a perpetrator charged is not the prime reason for knowledge about consent. Ideally, an awareness of the disabled woman's right to *not give* her consent - that is, to say "no"- to an act she does not wish, will protect the disabled woman from assault. However, should the perpetrator persist -and there's a good chance he will- she will have the knowledge that she did not willingly consent to the violent act and may be in a better position to control the legal repercussions of the assault. (See section on Legal System for more discussion of consent issue.)

Sex education for women with disabilities is more than teaching the important body parts and their functions. Its ultimate goal will be to teach disabled women how to live full and loving lives -and how to do so securely.

¹Hingsburger, D., (1990) *I-Contact: Sexuality and People with Developmental Disabilities*. Mountville, PA: Vida Publishing. p.27.

²Griffiths, D., (1991) from presentation at conference in Timmins, Ontario. Also see G. Allan Roeher Institute. *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. Appendix, figure 7.

³Conversation with Mimi Schulman, DAWN -Toronto member (June 1991)

⁴Sobsey, D., from presentation in Timmins, Ontario (1991)

⁵Both Dorothy Griffiths and David Hingsburger (among others) have experience in the effectiveness of "sexually appropriate dolls". Our reference to the use of such dolls is based on the verification of the effectiveness of these dolls by these experts in behavior management.

⁶Hingsburger, D., (1990) *I-Contact* p.65.

WORKING IN CRISIS

Women in crisis, whatever the crisis, will usually come together to share their experiences, to get support, and to work through their crisis. Because rape and sexual assault are not new phenomena, women have been meeting in small groups in most towns of any size and sharing the violence in their lives. Rape crisis centres provide a life-line for many women who experience assault.

61.2% of the women in our questionnaire said they sought help or counselling. 31.8% of the respondents listed a crisis centre as a place from which they sought help and counselling.

The Rape Crisis Centre in Toronto and crisis centres in other towns and cities in the province become a focal point for many disabled women who have been sexually assaulted, providing them with an essential service as well as peer counselling.

At a rape crisis centre, the assaulted woman is more likely to be in touch with someone who has had a similar experience with violence.

Other services provided by crisis centres are advocacy with the legal and medical system. A counsellor may go to the hospital with the woman for her examination as well as accompanying her to court and taking her through the legal system.

The Toronto Rape Crisis Centre gets approximately 1500 calls a year.¹ Ten percent of the women calling in are disabled. Most of these callers have been sexually assaulted or raped by either a care-giver or someone who she is dependent on and in who's care she may still be. The majority of disabled women victims choose not to go through the legal system, because they suspect discrimination based on their disability.

It would be ideal if a disabled woman was part of the staff at a crisis centre, but such a thing is not always possible. The disabled woman will be told she is not alone in experiencing abuse -that there are other women who have gone through the same thing. This will help to validate the disabled woman's feelings. This is important because when a woman has been sexually assaulted, she will often feel very alone in her experience, and fall prey to the blame and guilt aspects of sexual assault and rape.

At no time does the crisis centre tell the assaulted disabled woman what she must do. Rather, options are laid out as well as the implications of those options. If a disabled woman can not come in for counselling or immediate help, a counsellor will attempt to go to the woman's home to speak with her.

When a counsellor speaks to a disabled woman, it is important to find out where the assault took place, who assaulted her and how this assault is going to be treated because as a disabled woman, she will likely be fighting a double battle.

Often, in an agency or institution, when a disabled woman is assaulted, the report will go forward to the police without direct and constant consultation with the disabled woman. On the other hand, at a crisis centre, the woman is the pivot in the situation and nothing happens without her knowledge and consent. This is important, since as a disabled woman, it is essential to her credibility and esteem that she is in control, and others have not taken over control as though on her behalf.

When a woman has been assaulted or raped, she feels she has lost authority over her body and her own actions. So it is very important that the woman have control over what happens to her after the assault, and other people, no matter how well meaning, do not step in and start making decisions for her. (We should remember that women are extremely resilient in critical times and have survived centuries of violence. Women with disabilities can and should control the decisions affecting their lives.)

Accessibility

In order for women with disabilities to use crisis centres, they need to be accessible. In the past, there has been a lack of funding for crisis centres and shelters. Most centres operate on a tiny budget. Funds for accessibility must be provided *in addition* to core funding.

Working in crisis situations like sexual assault, one comes to an important conclusion: disabled women who have been sexually assaulted must keep control of their lives regardless of their disability.²

The crisis worker's job will be aided if the legal profession, as well as agencies and institutions for women with disabilities, make sure that disabled women's decisions are honored and not trampled upon as they have been previously. One step in the right direction is the proposed Advocacy Act, 1991 (see appendix) which would make an advocate available to a vulnerable disabled woman where before, she may have been without such a support.

If the Advocacy Act, 1991 becomes law in this province, the crisis worker will not always be working out there on her own. Instead, she and the disabled woman will have another avenue to assistance in resolving a sexual assault incident.

¹Esther Ignagni, Toronto Rape Crisis Centre. From panel at DAWN -Toronto Symposium on Violence Against Disabled Women (April, 1991)

²Ignagni, E., (April, 1991)

POLITICIZATION OF WOMEN WITH DISABILITIES

One of the greatest barriers to disabled women's safety is a lack of political analysis.

It is absolutely vital that women with disabilities are political beings if they want to combat sexual assault. Only through knowledge of her rights can a disabled woman effectively take a sexual assault case to court. And, only through an awareness of the political dynamics of society and the legal system, will she be able to secure and protect the rights she has as a member of society.

In other words, women with disabilities must recognise that they are political beings if they want to exercise their rights as equal citizens in society.

A good number of the disabled women who responded to our questionnaire appear to be at least on the path to becoming political beings. 62% responded that they had, at one time, been in contact with a disabled women's group. 68% responded that they had been a member of a disabled person's group. These are very encouraging figures. They are also higher than what we might normally expect. We may be able to partially explain this: the questionnaire was mailed out to individual members of D.A.W.N. - Toronto, as well as organizations and groups in Ontario which work with disability issues.

Whether or not we consider the data, it still remains important for disabled women to be politicized. Without a political analysis, a disabled woman will never be able to come to terms with the discrimination and sexism she runs into almost daily. Certainly, she will be at a disadvantage if she should experience the trauma of being sexually assaulted. And, the likelihood of sexual assault occurring to her so tremendously high.

Women with disabilities need to be aware of what might confront them in society before they can take it on and not only survive, but achieve something better because of their efforts. And, everything out there in society -from doctors offices to the family home- are potential settings for violent acts against disabled women.

As we've stated, so many women with disabilities simply do not know their rights as human beings. They remain far more passive, docile, timid and compliant compared to their able-bodied counterparts. As well, too often, other people will act for disabled women when it is not necessary. Even when a disabled woman requires assistance, this should not have to mean that she has less control.

Every week, D.A.W.N. Toronto receives several calls from women who are unclear about their rights, rather, they have never heard that they have rights, or, they need a way to access services which have been set up to help them. Although they may have been lacking information before the phone call, after the conversation, they will know a little bit more about what they can do themselves. For these women, control can be a matter of information.

Still, there are other disabled women who are very sensitive to their rights and those of other disabled women:

"I'm doing this because I know how to fight and am not afraid to fight. But there are so many others who do not know how to do this."¹

It is impossible for individuals or groups to do all the education necessary to politicize disabled women. Rather, it is the process of continuing education for women with disabilities which give them the political awareness they need to fight the violence which surround their lives.

Anyone who lives constantly in a war zone should at the very least know who is shooting at whom and why. It matters little that you don't like the shooting because you can't do anything about it. What matters is to be able to change the conditions you find yourself fighting in or, even, to close the fighting down.

There are far more reasons why a woman with a disability would *not* want to become politicized. Perhaps it's not surprising that these are some of the very reasons why she *must* become politicized:

•	fear of losing services (this is often the greatest fear).
•	fear generally
•	re-living the trauma
•	guilt
•	blame
•	being labelled "crazy" (fear of further marginalization)
•	"rocking the boat"

A disabled woman must work through all these issues before she can become fully politicized.

Denial

The very fact that a woman with a disability denies her sexual assault because she's afraid of losing essential services is the very reason why she needs politicization. This politicization will allow her to realise that sexual assault is not something she invites, nor is it any reason for her being punished in any way.

Stating Disabled Women's Needs

The disabled woman's community must find out what agencies and institutions' policies exist concerning sexual assault and then it is up to disabled women to make sure that these bodies are aware of just what disabled women's priorities are and to follow them.

It is important that disabled women establish the policies for institutions and agencies, that policies and procedures are the reflection of disabled women, not the other way around.

Taking Action -Moving Beyond our Complaints

While anger and complaints are a natural response to unfair situations -it is not enough. Disabled women have to let the agents of society know that they are calling their services into account. It is important to keep agencies aware of what and who they are meant to be serving.

Reporting

When a disabled women finds the courage to report sexual assault against her -she has made an important political statement. If she is not politicized, what happens from that point on will most likely be a frightening and painful experience in the politics of the legal system and the discrimination and sexism of our society in general. If she is politically aware of her situation as a disabled woman *before* a sexual assault is perpetrated against her, she will be at more of an advantage. No doubt, the process may still be painful and trying, but it may not be so terrifying and lonely.

¹Conversation with Mimi Schulman, member of DAWN Toronto. (June 1991)

CONCLUSION

A decade ago, I would have said that everything was stacked against a disabled woman who was sexually assaulted or raped. However, we are entering (mind you, only inching our way) towards a recognition of not only the horrendous numbers but the devastating effects of sexual assault and rape on disabled women -the most vulnerable woman in our society.

Crisis centres and shelters are becoming more aware of accessibility because of the numbers of disabled women seeking their services. Shelters and crisis workers have begun to consult with disabled women's groups on the issues of sexual assault and accessibility in their efforts to better meet their needs.

There has also been several legislated initiatives, such as the proposed Advocacy Act, 1991, which would help to make life for disabled women in institutions, hospitals and group homes more secure.

In addition, there have been a number of other notable steps forward including: The Preliminary Report of the Task Force on Sexual Abuse of Patients, commissioned by the College of Physicians and Surgeons of Ontario; the efforts of Carla McKague and others leading to the landmark decision on the rights of psychiatric survivors (most people in psychiatric institutions are women). All of these give women with disabilities a modicum of hope and optimism for disabled women's future in fighting violence.

Disabled women are gradually learning that it is not only their right, but their responsibility to speak out and break the silence so they never have to go back to a life of violence.

84 Conclusion

When women with disabilities are no longer treated as less than women, less than other individuals, and are effectively recognized as having all the rights and protections of every other person in society; when an educated public no longer tolerates the scandalous and violent abuse of disabled women - then, disabled women will be able to live their lives with independence, joy and security.

RECOMMENDATIONS

POLICE:

- * The cadets attending police college should have two to three lectures from a disabled woman on sexual assault and disabled women in order to familiarize them with the issues concerning disabled women and sexual assault.
- * The police must follow through on the work already in progress with respect to establishing a protocol for sexual assault against women with disabilities. They should continue to seek input from the disabled women's community on this issue.

LAWYERS:

- * Sexual Assault *must* be part of law school curriculum.
- * A feminist perspective course should be compulsory at law school and made available as a "refresher-course" for members of the legal profession.
- * Lawyers should have at least one course that looks at sexual assault with components dealing specifically with disabled women and people.

THE JUDICIARY:

- * Must be appraised of the issues confronting women with disabilities, particularly those women who have been sexually assaulted.
- * Sentencing should reflect the seriousness of the act. Judges must acknowledge that sexual assault against disabled women is a very serious act.

THE MEDICAL PROFESSION:

- * Doctors should know about disability issues and should always be willing to talk to a disabled woman who has been sexually assaulted. Doctors must acknowledge that disabled women are also sexual beings and vulnerable to sexual assault.
- * Doctors must stop blaming women, and disabled women, who have been sexually assaulted.
- * Chemical solutions to sexual assault are not the answer.
- * A medical education must include courses which deal with not only sexual assault but disability issues as well.

AGENCIES:

- * All agencies in Ontario which have women with disabilities as their clients must be aware that sexual assault against women with disabilities is an enormous problem. Agencies must not pretend this problem does not exist.
- * Agencies must be prepared to provide counsellors to their clients who have been sexually assaulted.

INSTITUTIONS:

- * Institutions must take more care about "dumping" residents out on the streets without proper support facilities (social and psychological counselling) and assistance with housing.
- * Institutions must start admitting that sexual assault occurs within their own walls and that often, the perpetrators of sexual assault are their own staff.
- * Institutions must have mandatory workshops for their staff mounted by specialists in the areas of counselling, therapy and education and people with disabilities. In addition, workshops in disabled people's rights should be made available.

PUBLIC EDUCATION:

- * Public education on disability issues and sexual assault and disabled women must be made a priority by the provincial government and municipalities.
- * It must also be the responsibility of the media to report accurately news and issues as they concern people with disabilities. The purpose must not be sensationalism, but accuracy and context. It is up to the media to find out the background on sexual assault and disabled women. These are not "freak" incidents, but ongoing incidents which can be reported in a proper context.

PROVINCIAL GOVERNMENT:

- * Obviously, it is a responsibility of the Office for Disability Issues to ensure that education on women with disabilities and the issue of sexual assault are brought to the public's attention. Adequate funding must be maintained for disabled community and consumer groups and organizations.

SEX EDUCATION:

- * Sex education should be mandatory wherever a disabled woman or girl finds herself. Issues of women's disability should be incorporated into such courses.

FAMILIES:

- * Families must learn to be more sensitive to their disabled mothers, wives, daughters and sisters, understanding that disabled women are not likely to make up painful "stories" of incest or assault.
- * It behooves the family of any disabled girl or woman to find out how they can discern any behavioral changes which may indicate or point to sexual assault.
- * The family must be aware that their disabled women in their homes are human beings with the same rights as other members of the family and also recognise them as sexual beings.

WOMEN WITH DISABILITIES:

* All disabled women, whether housed in institutions, group homes or attending integrated classes, should be encouraged to take a women's self defense course, such as Wen-Do.

**RECOMMENDATION CONCERNING
THE CANADA EVIDENCE ACT/CRIMINAL CODE:**

* The Canadian Disability Rights Council (CDRC) has set a goal which is to "allow persons labelled as having a mental disability or who have difficulty communicating without assistance the chance to give their evidence" in court. As it stands, people who's speech patterns may be difficult for non-disabled people to follow (i.e., developmentally disabled, women with cerebral palsy, non-verbal women, deaf-mute women not fluent in American Sign Language) have great difficulty giving evidence in court.

We would hope that the Ontario government through the Attorney General's Office, would support this CDRC initiative vigorously, since it might appear almost barbaric that some disabled women be discriminated against in a courtroom in this decade.

CONTACTS & RESOURCES

DisAbled Women's Network, (D.A.W.N.) Toronto
160 The Esplanade, Suite 601
Toronto, Ontario, M5A 3T2
Tel: (416) 368-1331

Advocacy Resource Centre for the Handicapped (A.R.C.H.)
40 Orchard View Blvd.,
Suite 255
Toronto, Ontario, M4R 1B9
Tel: (416) 482-8255
Fax: (416) 482-2981
TDD: (416) 482-1254

Assaulted Women's Helpline
Toronto
Tel: (416) 863-0511

Barrie & District Rape Crisis Line
Barrie
Tel: (705) 737-0464

Behavior Management Services
York Central Hospital
10 Trench Street
Richmond Hill, Ontario, L4C 4Z3
Tel: (416) 883-2270

Blind Organization of Ontario with Self-Help Tactics
(BOOST)
597 Parliament St., Suite B3
Toronto, Ontario, M4X 1W3
Tel: (416) 964-6838

Canadian Association for Community Living
Kinsmen Building
4700 Keele Street
Downsview, Ontario, M3J 1P3
Tel: (416) 661-9611

Canadian Association of Independent Living Centres
905-150 Kent Street
Ottawa, Ontario, K1P 5P4
Tel: (613) 563-2581

Canadian Disability Rights Council (CDRC)
926-294 Portage Ave.,
Winnipeg, Manitoba, R3C 0B9
Tel: (204) 943-4787

Canadian Hearing Society
Connect Program
271 Spadina Road
Toronto, Ontario, M5R 2V3
Tel: (416) 964- 9595
TDD: (416) 964-0340
Fax: (416) 964-2066

Canadian Human Rights Commission
320 Queen Street
Place de Ville
Tower A, 13th Floor
Ottawa, Ontario, K1A 1E1
Tel: (613) 943-9000

Centre for Independent Living in Toronto (C.I.L.T.)
205 Richmond Street West
Suite 605
Toronto, Ontario
M5V 1V3
TDD: (416) 599-5077
Tel: (416) 599-CILT

DisAbled Women's Network (D.A.W.N.) CANADA
4 Warner Avenue
Toronto, Ontario, M4A 1Z3
Tel: (416) 755-6060

Guelph/ Wellington Women in Crisis
Guelph
Tel: (519) 836-5710

Hamilton (and area) Sexual Assault Centre
Hamilton
Tel: (416) 525-4162

Interval House
Hamilton
Tel: (416) 547-8485

Kapuskasing Action Centre
468 Government Road
Kapuskasing, Ontario
P5N 2X7
Tel: (705) 335-8778

Kingston Sexual Assault Centre
Kingston
Tel: (613) 544-6424

Lanark County Interval House and Sexual Assault Centre
Carleton Place
Tel: (613) 257-5960
(800) 267-7946

Metro Action Committee on Public Violence Against Women & Children
(METRAC)
158 Spadina Rd.,
Toronto, Ontario, M5R 2T8
Tel: (416) 392-3135

Metro Men Against Violence
Toronto
Tel: (416) 392-0985, Bob Alexander.

Ministry of the Solicitor General
George Drew Building
25 Grosvenor Street, 10th Floor
Toronto, Ontario
M7A 1Y6
Tel: (416) 965-2048

Ministry of the Attorney General
720 Bay Street
2nd floor
Toronto, Ontario, M5G 2K1
Tel: (416) 326-4002

Mississauga Hospital Sexual Assault Team
Mississauga
Tel: (416) 848-7493

Niagara Region Rape Crisis Centre
Niagara Falls
Tel: (416) 356-9662

North Bay Sexual Assault Centre
North Bay
Tel: (705) 476-3355

North York Women's Shelter
North York
Tel: (416) 635-9630

Office for Disability Issues
77 Bloor Street West, 5th Floor
Toronto, Ontario
Tel: (416) 326-0111
TDD: (416) 326-0111

Ontario Association for Community Living
180 Duncan Mill Road
Suite 600
Don Mills, Ontario, M3B 1Z6
Tel: (416) 447-4348
Fax: (416) 447-8974

Ontario Human Rights Commission
400 University Avenue
12th Floor
Toronto, Ontario, M7A 1T7
Tel: (416) 965-6841

Ontario Native Women's Association
117 North May St., Suite 101
Thunder Bay, Ontario, P7B 1R8
Tel: (807) 623-1310

Oshawa-Durham Rape Crisis Centre
Oshawa
Tel: (416) 725-2241

Ottawa Rape Crisis Centre
Ottawa
Tel: (613) 238-6666

Ottawa-Carleton Independent Living Centre
150 Kent Street, Suite 905
Ottawa, Ontario
K1P 5P4
Tel: (613) 563-2033

People United for Self-Help in Ontario (PUSH)
597 Parliament Street, 4B
Toronto, Ontario, M4X 1W3
Tel: (416) 923-6725

People First of Ontario
180 Duncan Mill Rd., Suite 600
Don Mills, Ontario, M3B 1Z6
Tel: (416) 447-8696

Peterborough Communications Support
181 Charlotte Street, Suite 7
Box 2078
Peterborough, Ont., K9J 7Y4
Tel: (705) 748-6680

Peterborough Rape Crisis Centre
Peterborough
Tel: (705) 876-9111

Resource, Educational Advocacy Centre for the Handicapped
(R.E.A.C.H.)
309 Cooper Street
Suite 220
Ottawa, Ontario
K1N 7X2
Tel: (613) 236-6636

Sexual Assault Support Centre
Ottawa
Tel: (613) 234-2266
TDD: (613) 725-1657

Sexual Assault Care Centre London
London
Tel: (519) 438-2272

Shirley Samaroo House
Toronto
Tel: (416) 249-7095

St. Catherine's Centre for Community Living
St. Catherine's
Tel: (416) 688-5222

Sudbury Sexual Assault Crisis Centre
Sudbury
Tel: (705) 675-1323

Sexual Assault Care Centre
Women's College Hospital
Toronto
Tel: (416) 323-6040

Thunder Bay Physical & Sexual Assault Crisis Centre
Thunder Bay
Tel: (807) 344-4502

Timmins Sexual Assault Centre
Timmins
Tel: (705) 264-9080

Toronto Rape Crisis Centre
Toronto
Tel: (416) 964-8080

Wen-Do
Women's Self Defence
P.O. Box 107
260 Adelaide Street East
Toronto, Ontario
Tel: (416) 368-2178

Windsor Sexual Assault Crisis Centre
Windsor
Tel: (519) 253-9667

LITERATURE SEARCH

Amary, Issam B., *The Rights of the Mentally Retarded-Developmentally Disabled to Treatment and Education*. Springfield, Illinois: Charles S. Thomas Books. (1980)

This book deals with the topic of sex instruction for people who are mentally handicapped. The author emphasizes the need for comprehensive and appropriate education programs for persons with developmental disabilities. The sex education curriculum should include the gradual teaching of basic anatomy and body functions of both genders. Also discussed are the principles of good grooming, health, and hygiene, social awareness and sexual behavior.

Ayrault, E.W. *Sex, love, and the physically handicapped*. New York: Continuum Publishing. (1981).

This book is an attempt to sexually liberate persons with physical handicaps by broadening the attitude and acceptance of them by people without disabilities. Sexuality shapes the personality of all individuals, develops their emotions, and determines how well they socialize with others.

Bunting, Annie. "Disorder of Justice: Perceptions of the Matrimonial Law Process", lecture given at University of Toronto Law School, April 29, 1988.

Committee on Sexual Offenses Against Children and Youths. *Sexual Offenses Against Children -Summary*, Ottawa: Supply and Services, 1984.

The committee's mandate was to determine the adequacy of the laws and other means used by the community in providing protection for children against sexual offenses and to make recommendations for improving their protection. Recommendations are put forward. Issue of vulnerability would appear to be relevant in terms of applying some implications and findings to disabled people and women in particular.

Department of Justice -Canada. *...after sexual assault...Your guide to the criminal justice system*. Ottawa: Minister of Supply and Services Canada (1988)

This guide provides some definitions of legal terms which may be used in sexual assault cases which enter the legal system. Essentially this is a guide to what may or should happen to someone who is sexually assaulted and decides to pursue legal action. It also makes known various possible courses of action. Included is a list of some sexual assault crisis centres.

Doucette, J., *Violent Acts Against Disabled Women*. Toronto: DisAbled Women's Network (DAWN), 1986.

This report documents the final results of a survey done in the fall of 1986 to determine the incident of violent assault against women with disabilities. Survey consisted of 30 disabled and 32 non-disabled participants Some findings: over two-thirds of the disabled women reported that they had been battered as children, one-third had been sexually assaulted during adulthood, and over two-thirds had been medically assaulted. Some women had suffered multiple-abuse. Overall these figures indicate that disabled women are more likely to be assaulted or abused than women without disabilities.

DuBow, S., Goldberg, L., et al. *Legal Rights of Hearing Impaired People*. National Center for Law and the Deaf, Washington: Gallaudet College Press. Third edition (1986)

This book examines a number of legal issues as they pertain to hearing-impaired people and public school education, health care and social services, mental health, employment, architectural barriers within the context of United States Law.

Edwards, J., *Sexuality Curriculum, Materials, and Programming Resources Designed for Special Education Populations*. Special Education, Portland State University. (Revised, 1990)

A list providing information and summaries of materials and curriculum programs for special education.

Environics Research Group Limited. *The Needs and Attitudes of Disabled Ontarians*. For Office for Disabled Persons, Ontario. (April 1989).

The goal of this research was to provide further direction for improved services by identifying areas in which disabled Ontarians in general, and those with specific types of functional limitations in particular, were most disadvantaged or dissatisfied.

Fassel, Mary Lou. Panel discussion, Osgoode Hall Law School, January 13, 1988.

Griffiths, D.M., Quinsey, V.L., & Hingsburger, D. *Changing inappropriate sexual behaviour: A community-based approach for persons with developmental disabilities*. Baltimore: Paul H. Brookes Publishing Co. (1989)

This book describes principles and a specific program for treating sexually inappropriate behavior in clients with developmental disabilities. It also acquaints the reader with some of the literature and underlying issues concerning inappropriate sexual behavior by people with developmental disabilities.

Hingsburger, D., *I Contact: Sexuality and People with Developmental Disabilities*. Mountville, PA: VIDA Publishing. (1990).

In this book, the author examines the myths and errors of our ideas about the sexuality of people with developmental disabilities. The author uses anecdotal method to help illustrate common and not so common situations and errors. Included are possible ways to teach sexuality to people with disabilities. Again, the author helps us to understand the issues by getting us to examine and question our own attitudes and feelings.

Hingsburger, D., *i to I: Self Concept and People with Developmental Disabilities*. Mountville, PA: VIDA Publishing. (1990).

A book mainly aimed at care-givers and service providers working with people with disabilities, particularly the developmentally disabled. Through helping us to question and examine how able-bodied people view developmentally disabled people, Hingsburger hits upon a fresh and compassionate approach to recognizing the freedoms and potentials of each disabled individual.

McPhedran, M., et al. *The Preliminary Report of the Task Force on Sexual Abuse of Patients: An Independent Task Force Commissioned by The College of Physicians and Surgeons of Ontario*. (May 27, 1991)

A very important report which has helped to disclose the breach of trust between patients and physicians and other members of the medical profession. Recommendations are put forward for within and without the College of Physicians and Surgeons of Ontario.

McPherson, C., *Responding to the Abuse of People with Disabilities*. Toronto: Advocacy Research Centre for the Handicapped (ARCH). (1990)

This manual is a must for those concerned with abuse and disability. This important manual provides information, advice and suggestions in dealing with abuse of people with disabilities. The manual deals with everything from "Who are 'the disabled'?" to "The Case Goes to Court" to "Working to End Abuse". In addition, the manual reprints relevant sections from the Criminal Code and Canada Evidence Act having to do with abuse and people with disabilities.

Newman, P., "Examinations of scriptural authority should look at discrimination of women." *The United Church Observer*, Vol. 55 No.1 (July 1991) p.2.

In this article, Newman stresses the need for the Church to interpret the scriptures and examine tradition in a way which validates women's experiences. This would be an important step, he argues, towards true inclusiveness and "The combination of women's and men's experience will be like having two eyes open instead of only one."

Nova Scotia Advisory Council on the Status of Women. "Issues in Sexual Assault Sentencing in Nova Scotia, June 1991". Researched and written by Charlynn Toews.

The report examined approximately 200 sexual assault cases. The report concludes that there are basically two sentencing patterns. First, sentences for sexual assault are low compared to the maximum outlined in the Criminal Code, with average sentences which were studied remaining not only well below the maximum of 10 years for simple sexual assault, but under two years. Second, the sentences handed out for sexual assault are not consistent, and many vary greatly from judge to judge, and from trial to trial. Sentences are frequently mitigated by the offender's age, employment status or other factors, resulting in a light sentence. The Council makes a number of recommendations.

Office for Disabled Persons, Ministry of Citizenship -Ontario. *Statistical Profile of Disabled Persons in Ontario, Vol II*. (1990). The second volume of statistical information on the disabled population of Ontario published by the Office for Disabled Persons. The publication provides people with disabilities, organizations, and policy and program developers with a means to identify important issues and assess improvements in the status of disabled persons in Ontario. This profile is based on an analysis of data from the Health and Activity Limitations Survey of 1986-87.

Resource, Educational Advocacy Centre for the Handicapped (REACH) and the Ottawa Carleton Independent Living Centre (OCILC). *Report on The Abuse and Exploitation of Persons with Disabilities Conference*. Ottawa. (June 2, 1990). Report on a conference held on June 2, 1990 on the abuse and exploitation of persons with disabilities. Meant as an early step in the process of understanding and dealing with abuse and exploitation of persons with disabilities. Covers presentations and participatory activities of conference.

Ridington, J., *Beating the "Odds": Violence and Women with Disabilities*. DisAbled Women's Network (DAWN) Canada, Vancouver, B.C., (March 1989).

This report is based on a 1988 project in which 1,200 questionnaires were sent out and numerous interviews were undertaken in order to determine the extent of rape, assault, and abuse among women with disabilities. Statistical information.

Robb, James, C., (Associate Professor of Law, University of Alberta) "The Dilemma of the Mentally Disabled Sexual Abuse Victim". (1990) Paper prepared for "Sexual Assault & Abuse of People with Disabilities: An International Conference".

Russell, D., *The Secret Trauma: Incest in the lives of Girls and Women*. New York: Basic Books, 1986.

The Secret Trauma documents the findings of a study conducted by the authour on incest. This study comes out of a larger, more extensive study conducted by the authour from 1971 to 1981.

Senn, C.Y., *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. York University, Downsview, Ontario: The G. Allan Roeher Institute. (1988).

The author summarizes a number of studies that appear to show increased risk of sexual abuse among people with intellectual impairments. The author points out difficulty in obtaining data from institutional settings, while presenting indirect evidence of sexual abuse problems in institutions. Recommendations for prevention and treatment are made.

Sobsey, D., "Sexual Offenses and Disabled Victims: Research and Practical Implications," *Vis-a-Vis: A National Newsletter on Family Violence*, 6(4) (Winter 1988) Ottawa: Canadian Council on Social Development.

The author reports on recent research completed at the University of Alberta Severe Disabilities Program. Findings of the 94 cases studied indicate that people with disabilities are more likely to be subjected to sexual abuse and assault than their non-disabled peers. Further, people with disabilities are less likely to take advantage of sexual abuse treatment services. It is estimated that people with disabilities are 150 per cent more likely to be sexually abused, assaulted or exploited. The research reports that while 88 per cent of the offenders are known to the victims (family members, friends, acquaintances, specialized service providers), less than 10 per cent of the offenders are convicted, and 80 per cent are never charged.

Sobsey, D., & C. Varnhagen, "Sexual Abuse and Exploitation of People with Disabilities, Final Report." University of Alberta: Developmental Disabilities Centre, 1988.

The primary purpose of this paper is to review the literature on the sexual abuse, assault, and exploitation of people with disabilities. It also introduces new data from two pilot studies to expand currently published information and to suggest future avenues for research. The author argues that while many of these studies suffer from design flaws, there is enough information currently available to support the conclusion that people (children and adults) with disabilities are at increased risk for sexual abuse.

Stimpson, L., "Disabled Women & the Law". DisAbled Women's Network (DAWN) Toronto. (Paper presented in Edmonton: May 1989)

Paper presented at conference on sexual assault held at University of Alberta.

Stimpson, L., "Sexual Assault and Disabled Women". DisAbled Women's Network (DAWN) Toronto. (1989).
Paper presented at Aylmer Police College.

University of British Columbia, Faculty of Law (1982). *The Legal Rights of Mentally Handicapped Persons*.
This booklet contains three papers researched by law students under the direction of members of the Faculty of Law at the University of British Columbia including: "Basic Rights and the Mentally Handicapped"; "Medical Treatment and the Rights of the Mentally Handicapped"; and "Contracts and the Mentally Handicapped".

APPENDIX A

QUESTIONNAIRE & CONTRACT SAMPLES

QUESTIONNAIRE

1. Have you ever been in contact with a disabled women's group?

Yes
No
N/A

2. Have you ever been a member of a disabled person's group?

Yes
No
N/A

3a. Have you ever been a victim of violence?

Yes
No
N/A

3b. If yes, check off the word(s) which best describes what happened to you.

Physical
Verbal
Sexual
Neglect

4a. If you have been a victim, did you blame yourself for what happened?

Yes
No
N/A

4b. Did someone tell you that you were to blame?

- Yes
- No
- N/A

5. Do you feel your disability put you at risk?

- Yes
- No
- N/A

6a. Did you seek help or counselling?

- Yes
- No
- N/A

6b. If you answered yes to the above question, check off the kind of help or counselling you sought:

- Crisis Centre
- Family Member
- Friend
- Police
- Women's Group or
Counselling Service
- Medical
- Hospital
- School
- Other

6c. Did you have difficulty in finding counselling services?

- Yes
- No
- N/A

6d. Was the counselling you received helpful?

- Very helpful
- Helpful
- Somewhat helpful
- Not helpful
- A disaster

7. Were you sexually assaulted more than once?

8a. If you have been sexually assaulted, were charges ever laid?

8b. If yes, was the case taken to court?

8c. Was the abuser found guilty?

9. Was your disability a problem in seeking help?

10. Looking back on this painful experience, what suggestions would you have for helping other victims. Check below:

- Accessible services
- Better emotional support services
- Immediate help
- Awareness of legal rights
- Awareness of services available
- Better sex education
- Knowledge of rights to privacy
- Knowledge of how to prevent sexual assault
- Protection from abuser
- Other:

11. City/Town:

IV Appendix A

CONTRACT

This will confirm the agreement between yourself and Liz Stimpson from the DisAbled Women's Network, Toronto for you to share your experiences through a taped interview.

I understand that my name will never appear in any document concerning this interview, and my disablement will not be described unless the interviewer deems it necessary for the context.

We are grateful for your valuable contribution to this project.

Date: _____ Signature: _____

(416) 368-1331 Signature: _____

APPENDIX B

COMPLETED QUESTIONNAIRE DATA & FURTHER STATISTICAL FINDINGS

QUESTIONNAIRE

There were 85 respondents to our questionnaire. Approximately 300 questionnaires were sent out.

1. Have you ever been in contact with a disabled women's group?

Yes 62.4%
No 37.6%

2. Have you ever been a member of a disabled person's group?

Yes 68.24%
No 29.41%
N/A 2.35%

3a. Have you ever been a victim of violence?

Yes 72.94%
No 23.53%
N/A 3.53%

3b. If yes, check off the word(s) which best describes what happened to you.

Physical 45.9%
Verbal 48.2%
Sexual 96.47%
Neglect 24.7%

4a. If you have been a victim, did you blame yourself for what happened?

Yes 48.2%
 No 32.9%
 N/A 18.8%

4b. Did someone tell you that you were to blame?

Yes 43.5%
 No 35.3%
 N/A 21.2%

5. Do you feel your disability put you at risk?

Yes 77.65%
 No 16.47%
 N/A 5.88%

6a. Did you seek help or counselling?

Yes 61.2%
 No 28.2%
 N/A 10.6%

6b. If you answered yes to the above question, check off the kind of help or counselling you sought:

Crisis Centre	31.8%
Family Member	14.1%
Friend	35.3%
Police	15.3%
Women's Group or Counselling Service	29.4%
Medical Hospital	16.5%
School	11.8%
Other	5.88%
	16.5%

6c. Did you have difficulty in finding counselling services?

Yes 28.2%
 No 42.4%
 N/A 29.4%

6d. Was the counselling you received helpful?

Very helpful	23.5%
Helpful	14.1%
Somewhat helpful	14.1%
Not helpful	7.06%
A disaster	4.71%

7. Were you sexually assaulted more than once?

Yes 42.4%
 No 40.0%
 N/A 17.6%

8a. If you have been sexually assaulted, were charges ever laid?

Yes 14.1%
 No 47.1%
 N/A 38.8%

8b. If yes, was the case taken to court?

Yes 8.24%
 No 21.18%
 N/A 70.59%

8c. Was the abuser found guilty?

Yes 5.88%
 No 15.29%
 N/A 78.82%

IV Appendix B

9. Was your disability a problem in seeking help?

Yes 31.8%
 No 18.8%
 N/A 49.4%

10. Looking back on this painful experience, what suggestions would you have for helping other victims. Check below:

Accessible services 48.2%
 Better emotional support services 43.5%
 Immediate help 44.7%
 Awareness of legal rights 43.5%
 Awareness of services available 50.6%
 Better sex education 35.3%
 Knowledge of rights to privacy 38.8%
 Knowledge of how to prevent sexual assault 43.5%
 Protection from abuser 40.0%
 Other 4.71 %

11. City/Town:
 Metropolitan Toronto 50.59%
 Southern Ontario 21.18%
 Northern Ontario 14.12%
 Ottawa/Kingston 10.59%
 (not given) (3.53%)

Further Data Information from Questionnaire

0=not answered 1=Yes 2= No (except where otherwise indicated).

Table 1

City/Town: 0= No Answer 1=Metro Toronto 2=S.Ontario
 3=N.Ontario 4=Ottawa/Kingston region

Mon Sep 2 1991 07:32:30 AM Page 1

Did you seek counselling?

		Crosstabulation of DAWN.DW6A by DAWN.DW11					
DAWN.DW11 DAWN.DW6A		0	1	2	3	4	Row Total
0		33.3	4.7	11.1	8.3	33.3	10.6
1		33.3	58.1	66.7	75.0	55.6	61.2
2		33.3	37.2	22.2	16.7	11.1	28.2
Column Total		3.5	50.6	21.2	14.1	10.6	100.0

Table 2

Was the counselling you received helpful?
 0=n/a 1=Very 2=helpful 3=Somewhat 4= Not 5=disaster

Mon Sep 2 1991 07:42:45 AM Page 1

Did you seek help or counselling?

		Crosstabulation of DAWN.DW6A by DAWN.DW6D					
DAWN.DW6D DAWN.DW6A		0	1	2	3	4	Row Total
0		24.2	.0	.0	9.1	.0	10.6
1		12.1	100.0	100.0	72.7	80.0	61.2
2		63.6	.0	.0	18.2	20.0	28.2
Column Total		38.8	23.5	14.1	12.9	5.9	100.0

		5	Row Total
0		.0	9
1		100.0	52
2		.0	24
Column Total		4	85

Table 3

Did you have difficulty in finding counselling?

Mon Sep 2 1991 07:43:48 AM

Did you seek help or counselling?

Crosstabulation of DAWN.DW6A by DAWN

DAWN.DW6C DAWN.DW6A	0	1	2	Row Total
0	9 36.0	0 .0	0 .0	9 10.6
1	2 8.0	21 87.5	29 80.6	52 61.2
2	14 56.0	3 12.5	7 19.4	24 28.2
Column Total	25 29.4	24 28.2	36 42.4	85 100.0

Table 4

If you have been sexually assaulted, were charges ever laid?

Mon Sep 2 1991 07:46:38 AM

Did you seek help or counselling?

Crosstabulation of DAWN.DW8A by DAWN

DAWN.DW8A DAWN.DW6A	0	1	2	Row Total
0	8 24.2	0 .0	1 2.5	9 10.6
1	13 39.4	10 83.3	29 72.5	52 61.2
2	12 36.4	2 16.7	10 25.0	24 28.2
Column Total	33 38.8	12 14.1	40 47.1	85 100.0

Table 5

Have you ever been a victim of violence?

Mon Sep 2 1991 05:28:28 AM

Do you feel your disability puts you at risk?

Crosstabulation of DAWN.DW5 by DAWN.

DAWN.DW3A DAWN.DW5	0	1	2	Row Total
0	0 .0	4 6.5	1 5.0	5 5.9
1	3 100.0	48 77.4	15 75.0	66 77.6
2	0 .0	10 16.1	4 20.0	14 16.5
Column Total	3 3.5	62 72.9	20 23.5	85 100.0

Table 6

Have you ever been a victim of violence?

Mon Sep 2 1991 05:32:02 AM

Have you ever been in contact with a disabled women's group?

Crosstabulation of DAWN.DW1 by DAWN.

DAWN.DW3A DAWN.DW1	0	1	2	Row Total
1	2 66.7	36 58.1	15 75.0	53 62.4
2	1 33.3	26 41.9	5 25.0	32 37.6
Column Total	3 3.5	62 72.9	20 23.5	85 100.0

Research data to our questionnaire was calculated by the Research Team at the Family Practice Clinic at St. Michael's Hospital in Toronto. Our thanks is extended to that team. Detailed data findings do exist but are not reprinted here in entirety because of space.

APPENDIX C

**Research Findings/Chart from Developmental Disabilities Centre -
University of Alberta (reprinted by permission from D. Sobsey)**

Summary sheets on the victims reports of 77 women, 18 years of age and older. The 77 women have various disabilities and were sexually assaulted. The figures in Row 3 (Number) are the number of women in those categories.

VictimDataMasterLOCK

	# OF ASSAULTS ENCOUNTERED								WHERE ASSAULT TOOK PLACE							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1									Private	Group	Institu	Hosp	Vehicle	Public	Oth	Other
2	77 Cases			number	Once	2 to 10	repeated	Many	Home	Home	tion	ital		Place	Disabl	
3		Number (EACH CATEGORY)			15	13	2	22	47	2	8	2	11	7	3	2
4		AVG	86.611	2.1607	28.8%	25.0%	3.8%	42.3%	57.3%	2.4%	9.8%	2.4%	13.4%	8.5%	3.7%	2.4%
5		BIG	90	9	19.5%	16.9%	2.6%	28.6%	61.0%	2.6%	10.4%	2.6%	14.3%	9.1%	3.9%	2.6%
6		SML	78	1												
7		SD	2.5151	2.0049												
8		ITM	1	3					4	4	4	4	4	4	4	4
9	Series								WHERE							
10		0 case	year	repeat					A1	A2	A3	A4	A5	A6	A7	A8

VictimDataMasterLOCK

NATURE OF		-ASSAULT							CHARGES LAID? WHY NO CHARGES						CONVICTION?		VICTIM'S AGE		V'S GENDER		OFFENDER	
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
Inter	Fond	1	oral to	oral to		Frcd	Not	yes=1	Police	No	Prsctr	Court	Ofndr	yes=1								
course	ling	2	victim	ofndr	other	Prtcpn	Spec	no=0	refuse	Report	refuse	nt fnd	other	no=0	years	F=1	M=1	years	F=1			
50	31	3	5	16	21	6	4	21	5	30	4	1	2	1	9	81	1		7			
37.6%	23.3%	4	3.8%	12.0%	15.8%	4.5%	3.0%	27.3%	11.6%	69.8%	9.3%	2.3%	4.7%	2.3%	11.7%	27.64	98.8%	1.2%	35.19	8.2%		
64.9%	40.3%	5	6.5%	20.8%	27.3%	7.8%	5.2%	27.3%	6.5%	39.0%	5.2%	1.3%	2.6%	1.3%	42.9%	57	72.3%	0.9%	35.14	6.3%		
		6													18				34.52			
		7													8.187				34.89			
5	5	8	5	5	5	5	5	7	7	7	7	7	7	7	9	10	10	10	10	10		
OFFENSE		9						CHARGES/REASON NOT						CON	VICTIM					OFFENDER		
B1	B2	10	B3	B4	B5	B6	B7	Y/N	C1	C2	C3	C4	C5	C6	VICT	AGE	F	M	AGE	F		

VictimDataMasterLOCK

RELATIONSHIP OF OFFENDER TO VICTIM										NATURE OF VICTIM'S DISABILITY									
37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54		
1	natural	foster	Aquaint	Disabl	Strngr	Date	nonds	step	trnsp	Disabl	Intel		level of intellectual impair				Hearg		
2	M=1	family	family	Nghbr	SrvPrvr		prvdr	rtiv	prvdr	Peer	lect	Autism	Mild	Moder	Severe	Prnd	Imp		
3	78	8	0	14	26	11	6	14	0	3	11	60	1	13	17	6	0	5	
4	91.8%	0.086	0.0%	15.1%	28.0%	11.8%	6.5%	15.1%	0.0%	3.2%	11.8%	42.6%	0.7%	9.2%	12.1%	4.3%	0.0%	3.5%	
5	101.3%	7.1%	0.0%	12.5%	23.2%	9.8%	5.4%	12.5%	0.0%	2.7%	9.8%	53.6%	0.9%	11.6%	15.2%	5.4%	0.0%	4.5%	
6																			
7																			
8	10	11	11	11	11	11	11	11	11	11	11	12	12	12	12	12	12		
9		RELATION										VIC-DISABILITY							
10	M	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	E1	E2	E3	E4	E5	E6		

VictimDataMasterLOCK

VICTIM DISABILITY						OFFENDER DIS:						PERCEIVED EFFECT OF DISABILITY								
55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	
1	Visl	Mobil	Psych	neuro	Lrng	not	Intel	Hearg	Vis	Mobil	Psy	Not	Nuro	Lrng	Comp	knwlg	phys	commn	seek	
2	Imp	Phys		Imp	Dis	spec	Imp	Imp	Phys		Dis	Imp	Dis	liance	jdgmnt	dfensls	dfct	trust	aprvl	
3	3	20	10	6	1	0	15	4	1	1	4	40	1	2	19	29	15	8	9	4
4	2.1%	14.2%	7.1%	4.3%	0.7%	0.0%	22.1%	5.9%	1.5%	1.5%	5.9%	58.8%	1.5%	2.9%	18.6%	28.4%	14.7%	7.8%	8.8%	3.9%
5	2.7%	17.9%	8.9%	5.4%	0.9%	0.0%	13.4%	3.6%	0.9%	0.9%	3.6%	35.7%	0.9%	1.8%	17.0%	25.9%	13.4%	7.1%	8.0%	3.6%
6																				
7																				
8	12	12	12	12	12	12	12A	12A	12A	12A	12A	12A	12A	12A	13	13	13	13	13	13
9							OFF-DISABILITY						DISABIL-EFFECTS							
10	E7	E8	E9	E10	E11	E12	F1	F2	F3	F4	F5	F6	F7	F8	G1	G2	G3	G4	G5	G6

VictimDataMasterLOCK

PHYSICAL HARM						SOCIAL/EMOTIONAL HARM						SERVICES SOUGHT							
75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	
1	dis to	other		No	Treat	prgnt		Emtnl	wthdrl	Aggrsn	none	outof	lost	counsl	medcl	legal	Edctnl	crrnt	none
2	envrt		none	trtmnt	ment		STD	Dstrss		Bhvpm	knwn	home	plcmt	ing				crgvers	
3	11	7	37	17	15	2	1	60	20	9	2	1	6	41	8	7	3	14	6
4	10.8%	6.9%	51.4%	23.6%	20.8%	2.8%	1.4%	61.2%	20.4%	9.2%	2.0%	1.0%	6.1%	50.0%	9.8%	8.5%	3.7%	17.1%	7.3%
5	9.8%	6.3%	33.0%	15.2%	13.4%	1.8%	0.9%	53.6%	17.9%	8.0%	1.8%	0.9%	5.4%	36.6%	7.1%	6.3%	2.7%	12.5%	5.4%
6																			
7																			
8	13	13	14	14	14	14	14	15	15	15	15	15	15	16	16	16	16	16	16
9			INJURY					SOC/EMOTIONAL					SERVICES/DIFFICULTY						
10	G7	G8	H1	H2	H3	H4	H5	J1	J2	J3	J4	J5	J6	K1	K2	K3	K4	K5	K6

VictimDataMasterLOCK

	DIFFICULTY GETTING SERVICES / SATISFACTION-SERVICES							COUNTRY OF ORIGIN OF REPORT		
	94	95	96	97	98	99	100	101	102	103
1	prtctv		Gnrc	Mt spc	Inadqte	no spc	Unncsy	Can	US	Other
2		Diffcilty	OK	needs	altrtns	wd hlp	Mod			
3	3	19	3	18	12	28	0	64	17	
4	3.7%	17.0%	4.9%	29.5%	19.7%	45.9%	0.0%			
5	2.7%	17.0%	2.7%	16.1%	10.7%	25.0%	0.0%			
6										
7										
8	16	17	18	18	18	18	18	19		
9		Tx	SERVE-QUAL					NTN		
10	K7	Y/N	A	B	C	D	E	CUO		

APPENDIX D

Assault and Sexual Assault in the Criminal Code of Canada

Assault

265. (1) A person commits an assault when (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly;

(b) he attempt or threatens, by an act or gesture, to apply force to another person, if he has, or causes that other person to believe upon reasonable grounds that he has, present ability to effect his purpose; or

(c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

2) Application:

This section applies to all forms of assault, including sexual assault, sexual assault with a deadly weapon, threats to a third party or causing bodily harm and aggravated sexual assault.

3) Consent:

For the purposes of this section, no consent is obtained where the complainant submits or does not resist by reason of

(a) the application of force to the complainant or to a person other than the complainant;

(b) threats or fear of application of force to the complainant or to a person other than the complainant;

(c) fraud; or

(d) the exercise of authority.

4) Accused's belief as to consent:

Where an accused alleges that he believed that the complainant consented to the conduct that is the subject-matter of the charge, a judge, if satisfied that there is sufficient evidence and that, if believed by the jury, the evidence would constitute a defence, shall instruct the jury, when reviewing all the evidence relating to the determination of the honesty of the accused's belief, to consider presence or absence of reasonable grounds for that belief.

Sexual Assault

271. (1) Every one who commits a sexual assault is guilty of
(a) an indictable offence and is liable to imprisonment for a term not exceeding ten years; or
(b) an offence punishable on summary conviction.

Sexual Assault with a Deadly Weapon, Threats to a Third Party causing Bodily Harm.

272. Every one who, in committing a sexual assault,
(a) carries, uses or threatens to use a weapon or an imitation thereof,
(b) threatens to cause bodily harm to a person other than the complainant,
(c) causes bodily harm to the complainant, or
(d) is a party to the offence with any other person, and is guilty also of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

Aggravated Sexual Assault

273. (1) Every one commits an aggravated sexual assault who, in committing a sexual assault, wounds, maims, disfigures or endangers the life of the complainant.

(2) Every one who commits an aggravated sexual assault is guilty of an indictable offence and is liable to imprisonment for life.

Corroboration Required

274. Where an accused is charged with an offence under section 151 (Sexual Interference), 152 (Invitation to Sexual Touching), 153 (Sexual Exploitation), 155 (Incest), 159 (Anal Intercourse), 160 (Bestiality), 170 (Parent or Guardian Procuring Sexual Activity), 171 (Householder Permitting Sexual Activity), 172 (Corrupting Children), 173 (Indecent Acts), 212 (Procuring), 272 (Sexual Assault with a Deadly Weapon...), or 273 (Aggravated Sexual Assault), no corroboration is required for a conviction and the judge shall not instruct the jury that it is unsafe to find the accused guilty in the absence of corroboration.

No Evidence Concerning Sexual Activity

276. (1) In proceedings in respect of an offence under section 151, 152, 153, 155 or 159, subsection 160(2) or (3), or section 170, 171, 172, 173, 271, 272 or 273, no evidence shall be adduced by or on behalf of the accused concerning the sexual activity of the complainant with any other person other than the accused unless

- (a) it is evidence that rebuts evidence of the complainant's sexual activity or absence thereof that was previously adduced by the prosecution;
- (b) it is evidence of specific instances of the complainant's sexual activity tending to establish the identity of the person who had sexual contact with the complainant on the occasion set out in the charge; or
- (c) it is evidence of sexual activity that took place on the same occasion as the sexual activity that forms the subject-matter of the charge, where that evidence relates to the consent that the accused alleges he believed was given by the complainant.

(2) No evidence is admissible under paragraph (1)(c) unless

- (a) reasonable notice in writing has been given to the prosecutor by or on behalf of the accused of his intention to adduce the evidence together with particulars of the evidence sought to be adduced; and
- (b) a copy of the notice has been filed with the clerk of the court.

(3) No Evidence is admissible under subsection (1) unless the judge, provincial court judge or justice, after holding a hearing in which the jury and the members of the public are excluded and in which the complainant is not a compellable witness, is satisfied that the requirements of this section are met.

(4) The notice given under subsection (2) and the evidence taken, the information given or the representations made at a hearing referred to in subsection (3) shall not be published in any newscast or broadcast.

(5) Every one who, without lawful excuse the proof of which lies on him, contravenes subsection (4) is guilty of an offence punishable on summary conviction.

(6) In this section, "newspaper" has the same meaning as in section 297.

Reputation Evidence

277. In proceedings in respect of an offence under section 271, 272 or 273, evidence of sexual reputation, whether general or specific, is not admissible for the purpose of challenging or supporting the credibility of the complainant.

Spouse May be Charged

278. A husband or wife may be charged with an offence under section 271, 172 or 273 in respect of his or her spouse whether or not the spouses were living together at the time the activity that forms the subject-matter of the charge occurred.

(Note: The "Rape Shield Clause" was recently struck down. This could mean that a woman's sexual history may be brought to bear in a sexual assault case.)

Child Abuse Legislation

(See section 150 of Criminal Code of Canada)

Canada Evidence Act

Section 16, "Witness whose capacity is in question" ...

16. (1) Where a proposed witness is a person under fourteen years of age or a person whose mental capacity is challenged, the court shall, before permitting the person to give evidence, conduct an inquiry to determine

- a) whether the person understands the nature of an oath or a solemn affirmation; and
- b) whether the person is able to communicate the evidence.

(2) A person referred to in subsection (1) who understands the nature of an oath or a solemn affirmation and is able to communicate the evidence shall testify under oath or solemn affirmation.

(3) A person referred to in subsection (1) who does not understand the nature of an oath or a solemn affirmation but is able to communicate the evidence may testify on promising to tell the truth.

(4) A person referred to in subsection (1) who neither understands the nature of an oath or a solemn affirmation nor is able to communicate the evidence shall not testify.

(5) A party who challenges the mental capacity of a proposed witness of fourteen years of age or more has the burden of satisfying the court that there is an issue as to the capacity of the proposed witness to testify under an oath or a solemn affirmation.

APPENDIX E

Below is only the opening excerpt from the proposed Advocacy Act, 1991. It is meant to give an idea of the essence of the Act. There is much more to the Act, including details of an Advocacy Commission, appointments to this Commission, Rights of Entry, Access to Records. In addition, there are other Bills which would effect Bill 74, such as Bill 108 (An Act to provide for the making of Decisions on behalf of Adults concerning the Management of their Property and concerning their Personal Care), Bill 109 (An Act respecting Consent to Treatment) and Bill 110 (An Act to amend certain Statutes of Ontario consequent upon the enactment of the Consent to Treatment Act, 1991 and the Substitute Decisions Act, 1991).

Bill 74

An Act respecting the Provision of Advocacy Services to Vulnerable Persons

The Hon. E. Ziemba

Purposes of Act

1. The purposes of this Act are,
 - (a) to contribute to the empowerment of vulnerable persons and to promote respect for their rights, freedoms, autonomy and dignity;
 - (b) to provide advocacy services to help vulnerable persons,
 - (i) make their own decisions, exercise their rights, speak on their own behalf, engage in mutual aid and form organizations to advance their interests, and
 - (ii) bring about structural changes at the political, legal, social, economic and institutional levels;
 - (c) to ensure that community development strategies are applied in the provision of advocacy services;
 - (d) to take into account the religion, culture and traditions of vulnerable persons;
 - (e) to ensure that aboriginal communities are enabled to provide their own advocacy services whenever possible;

II Appendix E

(f) to acknowledge, encourage and enhance individual, family and community support for the security and well-being of vulnerable persons.

Definitions of "vulnerable person"

2. In this Act, "vulnerable person" means a person who because of a mental or physical disability, illness or infirmity, whether temporary or permanent, has difficulty in expressing or acting on his or her wishes or in ascertaining or exercising his or her rights.

Application, vulnerable persons

3. -(1) This Act applies in respect of vulnerable persons who are sixteen years of age or older.

Idem, advocates

(2) This Act applies in respect of advocates who work, whether on a paid or voluntary basis, for the Commission or in community programs operated under this Act.

Minister

4. This Act shall be administered by the Minister of Citizenship.

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Your Response Form

We would appreciate a response to this report. If you have any feelings about this report, please fill out the form below and return it to:
DAWN Toronto, 160 The Esplanade, Suite 601, Toronto, Ontario M5A 3T2.

Do you believe this report was needed?

Yes ___ No ___

Were you aware that the problem of sexual assault against disabled women existed?

Yes ___ No ___

Are you familiar with disability issues?

Yes ___ No ___

Are you cognizant of sexual assault issues?

Yes ___ No ___

Do you think that this report can help in educating the public on sexual assault against disabled women?

Yes ___ No ___

If you answered "yes" to the question above, do you have any ideas how?

What part of the report did you think was most effective?

What part, if any, of the report related to you personally?

Did this report help you understand the problem of sexual assault against disabled women?

Yes ___ No ___

Which recommendations do you agree with?

Which recommendations do you feel are least helpful?

Did you find the recommendations realistic?

Do you think the able-bodied public will better understand the issues surrounding sexual assault against disabled women after reading this report?

Yes ___ No ___