

Inter-Sectoral Workshop on Violence Against Women with Disabilities and Deaf Women and Access to the Justice System

**November 27, 1998
North Bay, Ontario**

**Prepared for the DAWN Ontario Board
*Report by Barbara Anello***

based on document developed by EWA and Roeher Institute, distributed at Workshop

Workshop hosted by the [Roeher Institute](#) and [Education Wife Assault](#).

Workshop Facilitators:

Catharine Frazee, Roeher Institute -- Toronto, ON
Joanne Bacon, Education Wife Assault (EWA) -- Toronto, ON

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MY OBSERVATIONS RE: SECTORAL REPRESENTATION

The sectors invited to participate were agencies/organizations from around the District of Nipissing, (with the exception of the invitation to DAWN Ontario) They were as follows:

1. **Those providing services in the field of violence and abuse;**
2. **Those involved in the disability field;**
3. **Police**
4. **Police Victim Assistance programs**
5. **Crown Attorneys**

With respect to those providing services in the field of violence and abuse, a representative attended from the local Sexual Assault association and a local agency providing emergency short term accommodation to men, women, and children.

There was no representation from the Nipissing Transition House, mandated to provide "a safe and secure refuge for women and their children who have experienced violence and to contribute to the community's understanding of the issues of domestic violence."

As well, there was little representation from local disability groups. Participants from this sector included DAWN Ontario, the Brain Injury Association of Nipissing, and the Canadian Hearing Society. Invitations were extended to a comprehensive list of local disability groups such as the Disabled Adult and Youth Centre, the CNIB, the MS Society, Kidney Foundation, Canadian Mental Health Association (CMHA), People for Equal Partnership, and the Arthritis Society, etc. but for whatever reason, these groups did not participate.

There was great representation from the Aboriginal community.

The workshop presented DAWN Ontario with an opportunity to raise the profile of our organization among North Bay service providers as well as provide a presence for cross-disabilities. The issue of the need for TTY's and Interpreters appeared to dominate much of the days' discussion, with effective representation from the CHS' 3 participants. It is worth noting that area stakeholders were not aware of the existence of DAWN Ontario. They were impressed with the quality of DAWN Ontario publications that I brought as available resources.

I took the opportunity to plug our Violence against Women with Disabilities in Northern Ontario Research Project and hand out the survey developed by our researcher, with copies of our DAWN Ontario brochure and publications pamphlet. (I included the addresses of the participants from their business cards and have provided them for the researcher's benefit so she will know where the surveys has been distributed; and as well for the Board to add to their list of contacts/network should that be of any interest.)

WORKSHOP PARTICIPANTS

13 different organizations represented, (19 people attended)

Ministry of the Attorney General

John Holland, Crown Attorney
Court House, 360 Plouffe Street
North Bay, ON P1B 9L5
Tel: 705-495-8313
Fax: 705-495-8363

**DisAbled Women's Network (DAWN) Ontario
Brain Injury Association of Nipissing**

Barbara Anello
162-975 McKeown Ave, #5A
North Bay, ON P1B 9P2
Tel: 705-494-9078
Email: dawn@thot.net or bian@thot.net

Temagami First Nation Family Healing & Wellness Centre

Holly Charyna, Director
Bear Island Ontario P0H 1C0
Tel: 705-237-8600
Fax: 705-237-8776

Ojibway Family Resource Centre

Gladys Goulais, Community Outreach Worker
RR4, Site, Comp.13
North Bay, ON P1B 9P5
Tel: 705-472-3321
Fax: 705-3376
TTY: 705-472-3321

Amelia Rising Sexual Assault Centre of Nipissing

Donna-Lee Iffa, Co-ordinator of Volunteers
P.O. Box 20083
North Bay, ON P1B 9N1
Tel: 705-840-2403
Fax: 705-840-5050
TTY: 705-840-5877

Canadian Hearing Society

Francesca Morabito, GSS Counsellor
Elaine Gillis, Office Assistant
Manon Desjardins, Volunteer
400 Olive Street
North Bay, ON P1B 6J4
Tel: 705-474-8090
Fax: 705-474-6025
TTY: 705-494-8487

North Bay Indian Friendship Centre (NBIFC)

Debra Huston, Criminal Courtworker
Bernice Belanger, Health Outreach Worker
Rick Boivin, Community Violence Resource Worker
Bruce ? (didn't get his last name), Health & Wellness Counsellor
980 Cassells St.
North Bay, ON P1B 4A6

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**Victim/Witness Assistance Program
Ministry of the Attorney General**

Wendy Abdallah, Assistant Co-ordinator
Court House, 360 Plouffe Street
North Bay, ON P1B 9L5
Tel: 705-495-8339
Fax: 705-497-8336

Victims Support Line

Ministry of the Solicitor General & Correctional Services
Diane Bedard, Information Analyst
200 First Avenue West
North Bay, ON P1B 9M3
Tel: 705-494-3368
Fax: 705-494-3950

North Bay Police Force

Constable Sylvia Cotgreave, Victim Services Liaison
135 Princess Street West, North Bay ON P1B 8J8
Tel: 705-497-5555 Ext. 486
Fax: 705-497-5591

Sturgeon Falls Police Services

Sergeant Normand Gingras, Supervisor
Box 690, 225 Holditch Street
Sturgeon Falls, ON P0H 2G0
Tel: 705-753-1234
Fax: 705-753-3950

Near North Victim Crisis Assistance & Referral Service

Nancy Pilon, Co-ordinator
Janine Lafreniere, Administrator
P.O. Box 20012
North Bay, ON P1B 9N1
Tel: 705-472-2649
Fax: 705-472-2836

Four Elms Emergency Shelter

Doug Davidson, Supervisor,
Crisis Centre North Bay
(didn't get his address)

**OVERVIEW OF INTER-SECTORAL WORKSHOP INITIATIVE ON VIOLENCE
AGAINST WOMEN WITH DISABILITIES AND DEAF WOMEN**

The **Roeher Institute** and **Education Wife Assault**, organized a number of events in Ontario over the year designed to enhance access to services and to the justice system by women with disabilities and Deaf women who experience domestic abuse.

- The events coincide with the establishment of pilot Domestic Violence Courts (DVCs) in seven communities across Ontario (Toronto, London, Hamilton, Brampton, Durham, Ottawa, and North Bay).
- The establishment of DVCs stems from a recognition of the extent and seriousness of domestic abuse, the complexity of the interpersonal dynamics in domestic violence, and the need for innovative approaches on the part of the judicial system.
- The establishment of the DVCs also provides a unique opportunity to bring into relief the particular nature and impacts of violence against women with disabilities and Deaf women, who, for a variety of reasons are more vulnerable to various forms of abuse - including domestic and caregiver violence.
- The Roeher Institute and Education Wife Assault (EWA), with funding from the Ministry of Citizenship, Culture and Recreation, held the first of two series of events (one in early fall of 1998, the second will follow early in 1999) in each of the communities in which the Domestic Violence Courts have been established.
- They will be addressing the issue of access to justice for women with disabilities and Deaf women who experience abuse.
- The first day-long event in each city brought together people from a variety of sectors to highlight the barriers to access to the justice system by women with disabilities and Deaf women who experience abuse and to share information about best practices and community resources. Strategies and action plans were to be developed to address the barriers over the short and long-term in each community.
- The second event will be a follow-up half day session to see what steps have been taken in the intervening months, to develop mechanisms to sustain the initiatives over the long term, and to develop ongoing strategies to increase access by women with disabilities and Deaf women to services and to the justice system. As part of this initiative, other educational sessions are also planned for Crown Attorneys and for Judges in 1998/1999.

DEFINING DISABILITY AND DEFINING ACCESS

DESCRIPTIONS OF KINDS OF DISABILITIES

Mobility and Agility Impairments: Mobility/agility impairments are conditions which limit a person's movement. They can be the result of neurological conditions (such as Cerebral Palsy, Spina Bifida, Multiple Sclerosis), orthopaedic conditions (associated with polio, arthritis, Muscular Dystrophy), or spinal cord injuries. Women with mobility impairments sometimes use wheelchairs, braces, walkers, or crutches.

Vision Impairments: A vision impairment can range in intensity from low vision to blindness. Only a small percentage of all blind women (about 1%) read Braille; individuals who lose their sight later in life do not often learn to read Braille and may rely primarily on large print materials, taped reading materials, or require readers.

Hearing Impairments: Hearing impairments can range from partial hearing loss (hard of hearing) to deafness. Not all Hard of Hearing (HOH) or deaf people use American Sign Language (ASL). Some read lips and speak, especially those who can distinguish sound, or who have lost their hearing later in life. A TTY /Teletypewriter allows women with hearing impairments to communicate with others using the telephone. Certified court interpreters may be needed for

women who are hard of hearing or deaf. Many deaf people (although not all) identify with the Deaf Community and with Deaf Culture.

Learning Disabilities and Attention Deficit Disorder: A learning disability is defined as a neurological dysfunction which interferes with the brain's capacity to process information in a conventional manner. There are many different types of learning disabilities, coming in several combinations and ranging from the very mild to the very severe. For example, Dyslexia is a common term for some learning disabilities involving problems reading. It is important to remember that having a learning disability does not affect a person's overall intelligence. Some people with learning disabilities may also have attention deficit disorders or hyperactivity. They may become easily distracted, disorganized, impulsive, and have a low tolerance for stress.

Intellectual Disabilities: Intellectual disability has gradually replaced the term "mental retardation", as a term that is less negative and stigmatizing. A woman with an intellectual disability may have delayed or limited development in learning that can affect her ability to comprehend, remember or discern. While there is a considerable range of cognitive skills within the population of women who are considered intellectually disabled, often their capacities are underestimated. Because they may have lived in institutions or in highly protective situations with their families, women with an intellectual disability may be shy or easily intimidated. Denied suitable educational opportunities and a chance to learn about their rights, women with an intellectual disability may fail to perceive the denial of many amenities as a violation of their legal rights.

Mental Health (or Psychiatric) Disabilities: There is a range of conditions and diagnoses that fall under this heading. These include Major Depressive Disorder, Schizophrenia, and Bipolar Disorder. These conditions are often treated with medications and/or with therapy. Individuals may experience side effects from medication which inhibit clear thinking, interfere with memory and make it difficult to follow a fast-paced, information-packed conversation.

Speech Impairments or Limited Verbal Communication: Speech or communication disorders generally relate to disturbances in articulation, voice production, rhythm (stuttering), neurology (e.g. cerebral palsy, hearing impairments, intellectual disability and associated conditions) or organic causes (such as cleft palate). It may be important to ascertain the cause of the person's speaking impairment, as they may require a particular accommodation to be understood.

Hidden Disabilities: There are a number of other disabilities that may not be readily apparent. These are known as hidden or invisible disabilities, and include for example, people who are HIV positive or have AIDS, people with head injuries, epilepsy, diabetes, respiratory diseases/asthma, Multiple Sclerosis, or environmental illness. It may be important to become aware of hidden disabilities, to determine what accommodations, if any, are needed to ensure the full participation of the individual.

Multiple Disabilities: It is entirely possible for someone to have more than one of any of the disabilities mentioned above. In accommodating women with disabilities and Deaf women, it is important therefore to understand what particular accommodations requirements make sense for each individual. It is important to be aware that having more than one disability can increase one's vulnerability to risk.

People with disabilities constitute a significant minority of Canada's population. According to the Statistics Canada's Health and Limitation Survey (1995), over 15% of the population has a disability that is expected to last six months or longer.

It is estimated that 60% of us will be disabled at some point in our lives.

DEFINING ACCESS

Physical:

(for example, ramps, accessible washrooms, wide doorways, accessible transportation, etc.)

Procedural:

(for example, taking extra time to communicate with someone with an intellectual disability, arranging interviews at times when an individual may be less affected by medications, etc.)

Communication:

(for example, access to American Sign Language interpreters, material in alternate formats such as large print, audiotape, computer disk; communication aids like word boards, etc.)

Attitudinal:

(Awareness of and sensitivity to the experiences and needs of women with disabilities and Deaf women)

Financial:

(Availability of services at no cost or low fees - most women with disabilities and Deaf women have low incomes)

(this information they credit as adapted from the Dawn Ontario publication, "We are Those Women!")

DOMESTIC VIOLENCE COURTS: BACKGROUND AND LOCAL REALITY

DVC Background:

Problems in the old system included the inability of the criminal justice system to:

- consistently demonstrate its commitment to prosecuting offenders who have abused their partners;
- protect the safety of women as opposed to re-victimizing women who have been abused by their partners;
- provide a co-ordinated response wherein all players within the criminal justice response work together to provide a consistent message that women's safety is the priority, and that abuse of women and children will not be tolerated.

In response, several Crown Attorneys initiated two pilot Domestic Violence Courts in partnership with police, community agencies and survivors in Toronto.

PILOT A: "THE PLEA COURT MODEL"

(known as the North York Model and/or the early intervention / diversionary model)

Goal:

To hear cases where the offender meets ALL of the criteria below:

- the offender has been charged with partner abuse for the (reportedly) first time; and
- the person who has been abused has no significant/visible injury; and
- no weapons were used; and
- where the couple thinks they still want to remain together; and
- the abused person agrees to the process after it has been explained.

Intent:

- Encourage offenders to take responsibility for their abusive behaviour
- Provide programs for offenders directly related to woman abuse and a means of providing them with re-education and a consequence of their behaviour
- Ensure basic support and referral to women victims at the outset as they enter the criminal justice process

The Process:

- Cases are screened by the Crown Attorneys, who identify those eligible
- Victim/Witness Assistance Program staff are available to help support victim / witnesses through the court process (for example, by arranging to accommodate a person's disability; arranging for cultural and language interpreters; taking victim/witnesses on a tour of the court explaining where people sit and what they do; providing emotional support; keeping victim/witnesses informed about what is happening during court proceedings; referring to community agencies; etc.)
- At the court, a group of both men and their partners are introduced to the project
- Women then go to a separate room to meet with a Crown Attorney and discuss what they each want out of the court process
- If the individual before the court agrees to plead guilty, and if his partner is agreeable, the court accepts the guilty plea
- His plea is entered and the judge issues a series of court orders which serve as Bail Conditions. These conditions include mandated attendance at an intervention program for batterers and whether or not he can live with his partner
- The offender is assigned to an agency with an approved 16 week program for male batterers. During this time, the partner is contacted at least four times by the community agency to monitor her safety and to offer her support services (In North Bay, the program is for 20 weeks, which is 4 weeks more than the North York Model, and 6 weeks less than what was recommended by the MAY/ILSE Jury as per Fiona.)
- While the offender is on extended bail and mandated into the intervention program, any threats to the partner's safety, and/or breaches of the bail conditions, are reported by intervention program staff and handled by local police
- At the conclusion of the intervention program, assuming there has been no risk or threat to the woman, the offender reappears before the court and receives a sentence
- If the reports from the batterers program, and the abused partner are favourable the final disposition is usually a conditional discharge with one year probation.

PILOT B: SPECIALIZED DOMESTIC VIOLENCE COURTS

(known as the "K" Court Model)

Goal:

To hear all domestic violence cases where:

- this may or may not be the first time the accused has been charged; or
- there are significant or visible injuries to the abused partner; or
- weapons were used; or
- the abused partner still feels threatened and in danger

Intent:

- to increase the number of successful prosecutions in domestic violence cases by:
 - using a dedicated team of Crown Attorneys who prosecute all domestic violence cases
 - using a specialized police reporting form developed for domestic violence cases which provides more detail than ordinary police occurrence forms
 - directing police to provide 911-call tapes whenever possible, and video tape or audiotape interviews with the victim soon after the incident to provide a statement to the court
- to ensure basic support and referral to women victims at the outset as they enter the criminal justice process
- to be part of a co-ordinated and integrated community response to woman abuse that increases the safety of women and children

The Process:

- Once a charge is laid by the police, police use a special domestic violence reporting form to record all details of the investigation. This form attempts to guide the officer through the collection of all available evidence and promotes a full and thorough investigation
- The victim is asked to come to the police station, where, with her consent, her interview is video taped by the police
- The Crown Attorneys routinely ask for all available pieces of evidence: 911 call tapes, medical records, photographs of the injuries, any witness statements, etc.
- The investigation of the case includes close co-operation between the Crown Attorneys and the police to attempt to gather and introduce as much evidence as possible. In cities where the mandate of the Sexual Assault Care Centres has been expanded to include domestic violence, the forensic nurses are also an important part of this process
- The woman victim is contacted by the Victim Witness Assistance Program and encouraged to come in for an interview, and be oriented to the court process
- Referrals to community agencies and services are provided to the victim
- The trial takes place
- If the man is convicted he may be given a jail term
- If the judge mandates the offender into an intervention program he will be referred by his probation officer to an approved batterer's program that has agreed to follow safety/accountability standards and guidelines.

CONCLUSION

What has been learned from the Toronto Pilot Courts?

(This is word for word from the Workshop literature)

- The "Plea Court" provides an effective and accountable way to deal with a large group of charges: first-time offenders where there has been no significant injury. It provides early intervention and a fast response to a large group of charges that otherwise are impossible to successfully deal with because there is no evidence above and beyond the word of the victim. The "Plea Court" has demonstrated a very successful way to respond to cases that were routinely thrown out of court if and when the victim recanted.
- The "General Domestic Violence Court" has provided for successful prosecutions in cases where there is evidence to be utilized even when the victim has recanted or has refused to testify.
- The two approaches should be integrated so that we have a system that provides a timely, cost effective response within the context of vigorous prosecution and a firm commitment to holding abusers accountable for their behaviour. Cases that go to full trial would be prosecuted fully because time would be freed up from the "low risk" cases where the offender is willing to take responsibility for his behaviour and plead guilty.

My Personal CONCERNS

Fiona Sampson pointed out to me several concerns regarding the North York Model (the early intervention/diversion model) which I expressed during the workshop:

- As statistics indicate that a woman experiences an average of 35 episodes of violence before she reports to the police, it is unlikely that many of these "alleged" first time offenders are actually "first time" offenders.
- Because this model requires the consent of the abused woman, it starts off the process with negotiations with the spouse getting involved which leads to problems with power imbalances in abusive relationships.
- The period of time the offender is required to spend in the intervention program for batterers in the North York Model is 16 weeks. The North Bay D.V.C. which is a hybrid of both the North York Model and the K Court, requires offender to do 20 weeks in an intervention program. The recommendations from the May/Isles Coroner's Inquest were for an intervention period of 26 weeks.
- Because the final assessments have not been completed on these Pilot Projects..... it's ridiculous that the DVC's have been expanded, without proper evaluation. This was politically expedient for the government.

DOMESTIC VIOLENCE AND WOMEN WITH DISABILITIES AND DEAF WOMEN

This segment began with the presentation of a video called "**Charting New Waters**" produced by a group in British Columbia. It profiled the experiences of two women with disabilities, named Alicia and Leslie, that were very pertinent to the subject matter. My only negative comment was

that I felt one of the subjects propagated the myth that disabled women depend too much on their children when we know for a fact that women with disabilities go out of their way to protect their children.

FORMS OF ABUSE

- Physical and sexual abuse
- Emotional abuse
- Neglect
- Financial abuse

Forms of abuse to which women with disabilities and Deaf women may be particularly vulnerable:

- **physical force or neglect within the context of care-giving:**
For example, a caregiver forcing a woman to eat at a pace exceeding her ability and comfort; leaving her in soiled or wet clothes or bed sheets; leaving her on the toilet or in the bath for an extended period of time; pinching, slapping or pulling her hair while dressing or undressing her.
- **unwanted acts of a sexual nature by a caregiver:**
For example, a caregiver engaging in sexual touching during bathing and toileting routines; leaving the bathroom door open or coming in while a woman is dressing, bathing or toileting; using explicit sexual language or making sexual jokes.
- **denial of rights, necessities, privileges or opportunities by persons in a position to promote or safeguard the well-being of the person affected:**
For example, a partner having absolute control over family finances; petty theft by acquaintances or caregivers (a visually impaired or blind person being short-changed); the denial of food and fluids by caregivers; denial of a woman with a mobility impairment of assistance to get out of bed, wash or dress.
- **acts by which social interaction and inclusion are denied, including the obstruction of communication and denial of participation in normal social activities:**
For example, a paid caregiver or family member refusing to help a woman leave her home for social activities; taking away a piece of technology required for communication or social interaction; not allowing a woman with limited verbal skills to express herself; speaking to a woman with an intellectual disability in an intentionally complex or confusing way.
- **threats, insults, harassment by partners, caregivers:**
For example, demanding money for services not rendered; threatening to leave without feeding or toileting her; threatening to leave and take the children; threatening to stop caring for her, leaving her vulnerable to being institutionalized.

DEFINITIONS OF ABUSE

- **Violence Against People with Disabilities:**

Conscious or deliberate acts that cause or threaten to cause harm. They are public or

private acts that seriously violate the principle that persons with disabilities, like all other persons, are to be equally valued and protected as human beings. They are acts that ignore or hold in contempt the voice of the affected person and that exploit a power imbalance, or that on other grounds, are contrary to the free and informed consent of the affected person.

From The Roeher Institute, **Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities**

- **Violence Against Women:**

Any act of verbal or physical force, coercion, or life-threatening deprivation, directed at an individual woman or girl, that causes physical or psychological harm, humiliation or arbitrary deprivation of liberty and that perpetuates female subordination.

From **Violence Against Women: The Hidden Health Burden**, Lori Heise

- **Violence Against Women with Disabilities and Deaf Women:**

Violence against women or "woman abuse" usually refers to the threat or use of physical force on a woman's person or property by an intimate partner. In cases of women with disabilities and Deaf women however, abuse may be perpetrated not by just an intimate partner or spouse but by one or both parents, grown children, or caregiver(s) .. doctors, nurses, institutional and residential school staff ...

From **We are Those Women**, DAWN Ontario

EXTENT OF ABUSE

- difficult to estimate the extent of the problem of violence against women with disabilities and Deaf women because:
 - Acts that women with disabilities and Deaf women experience as violent have not received much attention in past research. .
 - Most instances of abuse and violence are unreported.
- national crime statistics provided by police reports to Statistics Canada concerning complaints, arrests and convictions have not been classified according to whether the survivor/victim has a disability.
- the 1994 Statistics Canada survey on assault and sexual assault against women indicated that adult women with a disability or disabling health problem are considerably more likely than other women without such limitations to be physically or sexually assaulted by their partners over the course of their married lives (39 as compared with 29 percent).
- offenders include: a woman's mother or father; caregivers who may threaten to stop providing services as a way to force women to comply with abuse; health care service providers; husbands, boyfriends, ex-boyfriends, partners or ex-partners in same-sex relationships; other family relatives; others who may seek employment where they will have opportunities to assault women with disabilities and Deaf women (for example transit drivers, attendant care workers, interpreters, etc.)

- there are number of small independent studies suggesting that women with disabilities and Deaf women are at least one and a half to two times more likely than non-disabled women to experience abuse (see Handout 4a for more information)

EXTENT OF VIOLENCE AGAINST WOMEN WITH DISABILITIES AND DEAF WOMEN

It is difficult to estimate the extent of the problem since acts that women with disabilities and Deaf women experience as violent have not received much attention in past research and most instances of abuse and violence are unreported.

National crime statistics provided by police reports to Statistics Canada concerning complaints, arrests and convictions have not been classified according to whether the survivor/victim has a disability. However, the 1994 Statistics Canada survey on assault and sexual assault against women indicated that adult women with a disability or disabling health problem are considerably more likely than other women without such limitations to be physically or sexually assaulted by their partners over the course of their married lives (39 as compared with 29 percent).

Offenders include: a woman's mother or father; caregivers who may threaten to stop providing services as a way to force women to comply with abuse; health care service providers; husbands, boyfriends, ex-boyfriends, partners or ex-partners in same-sex relationships; other family relatives; others who may seek employment where they will have opportunities to assault women with disabilities and Deaf women (for example transit drivers, attendant care workers, interpreters, etc.)

There are number of small independent studies suggesting that women with disabilities and Deaf women are at least one and a half to two times more likely than non-disabled women to experience abuse.

BARRIERS TO JUSTICE FOR WOMEN WITH DISABILITIES AND DEAF WOMEN WHO EXPERIENCE DOMESTIC VIOLENCE

Questions for Discussion

1. What were the specific factors hindering Alicia and Leslie from seeking or obtaining effective intervention?
2. What are some of the barriers to services/supports/justice faced by women with disabilities and Deaf women? .
3. Are the barriers at the systemic level, inter/intra organizational level or individual level?

The next segment involved us breaking up into groups and identifying Barriers to Justice under 3 headings:

- Systemic Barriers .

- Inter/Intra Organizational Barriers .
- Individual or Personal Barriers

This was a frustrating experience for many of the participants who were clearly uncomfortable with the process perhaps due to poor communication on the part of the facilitators regarding the objective of the exercise. Additionally, there wasn't adequate time given to give serious thought/consideration to the exercise.

FACTORS CONTRIBUTING TO THE ABUSE OF WOMEN WITH DISABILITIES AND DEAF WOMEN

- The factors that contribute to the abuse of women with disability - largely related to the conditions in which they find themselves as a consequence of being disabled - include: .
- negative public attitudes and fear about disability .
- social isolation of people with disabilities and their families.
- reliance of people with disabilities on others for care .
- lack of support for caregivers .
- gender - particularly with reference to sexual abuse and domestic violence (where women face very high risks of victimization) .
- poverty and other economic factors affecting people with disabilities .
- lack of control or choice of people with disabilities over their personal affairs .
- lack of availability of safe, alternative settings (lack of accessible shelters, lack of accessible social housing), or services (for example, a woman who is being abused by her attendant may have no alternative service provider) .
- perceived lack of credibility of women with disabilities and Deaf women when they report or disclose abuse .
- socialization of women with disabilities and Deaf women to be compliant .
- alcohol and drug abuse by perpetrators .
- ineffective safeguards (lack of protocols and procedures to respond to abuse, to screen potential offenders, etc.) .
- lack of access to legal services/advocates for victims with disabilities .
- compounding effect, depending, for example, on the nature of a woman's disability her socio-economic status, race, linguistic/cultural background, geographic location, sexual orientation, and age.

ISSUES THAT ABUSED IMMIGRANT, REFUGEE, NEWCOMER, AND WOMEN OF COLOUR DEAL WITH:

- fear of jeopardizing Canadian immigration status, due to the sponsoring relationship with their husband
- lack of accessible information about Canadian laws and human rights (especially immigration, family, and criminal law) for both men and women
- fear of not being capable of providing for and losing their children for good
- fear of being ostracized from their community and family, and causing the family shame .
- distrust of and lack of confidence in police

- increased dependency on their male partner because of isolation or lack of familiarity with Canadian society
- lack of accessible and widely available information about social service agencies, programs, and legal aid clinics specifically developed to address woman abuse (for example, information available through multi-lingual hotlines and through ethno-specific organizations in the community)
- experiences of prejudice, discrimination, and/or racism or homophobia when interacting with various institutions
- lack of English language skills
- problems with transportation and commuting; lack of access to fare money and fear of using public transit; lack of knowledge about the city's geography
- difficulties living within a shelter environment (e.g. differences in food, cultural differences amongst other residents, shelter rules not culturally inclusive, cultural differences in parenting approaches, cultural differences in socially accepted behaviour, feels like another refugee camp)
- lack of appropriate training for health and social service providers in the area of woman abuse and the experience of immigrant women (Need for training of women from specific ethnic communities to work in this area and for training of interpreters on issues of woman abuse)

ISSUES THAT LESBIANS/BISEXUAL WOMEN WITH DISABILITIES AND DEAF WOMEN DEAL WITH

Abuse in relationships is any behaviour or pattern of behaviour used to coerce, dominate or isolate the other partner. It is the use of any form of power that is imposed by one partner over the other, to maintain control within the relationship.

Some of the fears and issues which women face are:

- fear that no one will believe her because of myths in the lesbian and gay communities and mainstream communities that "women are not violent" or that same-sex abuse doesn't happen or is not as serious .
- fear that her partner's violence won't be seen as a criminal act, but rather, as "fighting", especially if she fought back in self-defence (fear of counter charges) .
- fear that if her abusive partner also has a disability that she won't be believed .
- denial of the sexual desires and needs women with disabilities and Deaf women (resulting in increased "invisibility" of women who are lesbians) .
- fear that by reporting she will be subjected to homophobia within the criminal justice system. For example, that her abusive partner will meet with harsher treatment by the courts and in the prison system than a man would. .
- fear of having children taken away/losing custody due to lesbianism being discovered as a result of a court case .
- threats to reveal sexual orientation to family, friends, caregivers, neighbours/community and/ or employers. This may be more of an issue for lesbians who are members of small or isolated communities such as rural women, new immigrant or refugee women. .
- lesbians and bisexual women with disabilities and Deaf women may fear homophobic responses in the disability community (lack of support, ostracization) and women's services .
- fear of being "outed" to friends and family-particularly for women who are dependent on them for personal care or financial support .
- lack of services specifically for abusive lesbians (for example, no Female Batterers Program) or support for lesbians who are victims of violence (for example, shelters or support groups/programs.)

BARRIERS TO COMMUNICATING WITH WOMEN WITH DISABILITIES AND DEAF WOMEN

- Showing embarrassment, pity, or uncertainty about how to offer assistance .
- Assuming some form of intellectual disability because the person is non-verbal .
- Having difficulty making eye contact, having difficulty adjusting to a person who is unable to make eye contact, or speaking more loudly or more slowly to a person who is deaf .
- Speaking to a personal aide, family member, or other person accompanying the women instead of speaking directly to the woman .
- Using complex words, speaking fast, or combining too many concepts when interviewing a woman with an intellectual disability .
- Showing irritation, frustration, or anger when the woman being interviewed does not understand or will not answer the questions being put to her .
- Not knowing that you can ask a woman directly about the best method of communicating with her .
- Assuming that woman is withholding information or refusing to co-operate when she does not provide specific information requested of her

(Adapted from "*Charting New Waters - Responding to Violence Against Women with Disabilities and Deaf Women*")

BARRIERS IDENTIFIED BY WOMEN WITH DISABILITIES

Some of the Barriers to Justice System as Identified by Women with Disabilities

Barriers to calling the police:

- for some women, particularly those labelled intellectually disabled, it may be difficult to name or recognize what they are experiencing as abuse .
- the offender may place the phone up high, so it is physically impossible to reach; there may be no TTY and Bell Relay may take too long to process in a crisis situation .
- a woman labelled with a psychiatric disability may hesitate to call the police if she had a previous negative experience or may fear that if she calls the police, she will be sent to a hospital or institution where she may be drugged and confined

Other barriers:

- Deaf women may fear isolation from their community if the abuser is also from their culture (similar to many close ethnic communities) .
- women with a communications difficulty may not be viewed as credible and therefore not taken seriously .
- there is a lack of accessible and appropriately promoted information on services for assaulted women .
- physically and attitudinally inaccessible shelters, sexual assault centres, legal clinics, courts (jury box, witness stand), Crown Attorney's offices; lack of TTY's in these facilities .

- lack of accessible 24-hour emergency services, such as; accessible transportation, ASL interpretation, multi-lingual Advisor network, multi-lingual Attendant care services, Deaf/Blind Intervenor services .
- fear of losing service providers .
- sense of obligation to the care giver/abuser .
- lack of accessible education materials related to the courts, police and legal clinics available in alternative formats

IMPACT OF DOMESTIC VIOLENCE COURTS ON ACCESS TO JUSTICE BY WOMEN WITH DISABILITIES AND DEAF WOMEN

(don't recall this being covered)

Personal Inventory (not done)

IDENTIFYING BEST PRACTICES AND BARRIERS IN ORGANIZATIONS AND IN THE COMMUNITY

Best Practices in Services and the Justice System

Services:

- Provision of capital funding to renovate buildings
- Integrating issues pertaining to the accommodation of women with various disabilities in strategic planning for agencies/organizations
- Facilitation of exchanges between services and cultural groups
- Training initiatives
- Interagency partnerships
- Community education/outreach
- Abuse protocols

Courts:

- Creativity/flexibility in obtaining testimony
- Crown preparedness
- Creativity/flexibility in terms of making court rooms accessible

EXAMPLES OF BEST PRACTICES

There have been a number of innovative practices that point the way to ensure that the judicial process is available and accessible to women with disabilities and Deaf women. The following are some examples of "best practices" in services and in the justice system that increase access by women with disabilities and Deaf women. (examples identified in research conducted by the Roeher Institute in 1997 for MCZCR.)

Service Examples:

- PROVISION OF CAPITAL FUNDING to enable a number of shelters to become physically more accessible has made several shelters accessible to women with mobility impairments.
- ACCOMMODATION OF WOMEN WITH VARIOUS DISABILITIES AS PART OF STRATEGIC PLANNING: A shelter in London, Ont. developed a 5 year strategic plan to improve access for women with disabilities and Deaf women. The numbers of women with disabilities and Deaf women using their services has increased significantly.
- FACILITATION OF EXCHANGES BETWEEN SERVICES AND ETHNO-SPECIFIC GROUPS (i.e. immigrants, refugees, newcomers): There is an innovative example of services dealing with women with intellectual disabilities who have experienced abuse, collaborating with the Sri Lankan community in Toronto. Also, there have been collaborative efforts between the Belleville sexual assault centre and the Deaf community.
- TRAINING INITIATIVES: a disability organization in Hamilton - with a community-based steering committee - has sought funding for a project to provide information and workshops to shelters and front line emergency services and non-profit agencies that work with women with disabilities and Deaf women; a resource centre for the public library and a manual.
- The Metro Woman Abuse Council's training event on Domestic Violence in January, 1998, in collaboration with the Metro Toronto Police. This represents a possible model/opportunity for inter-sectoral training.
- Several years ago, a number of training initiatives were mounted in shelters and sexual assault centres involving DAWN Ontario and/or using resource material developed by DAWN.
- INTERAGENCY PARTNERSHIPS: Working relationships have developed between, for example, Women's College Hospital & Surrey Place Centre, a number of local Associations for Community Living and sexual assault centres.
- Headwaters Health Care Centre in Orangeville has a community advisory committee that meets regularly and includes representatives from the police force, counselling agencies, the Dufferin Association for Community Living, a lawyer, a consumer.
- COMMUNITY EDUCATION/OUTREACH: As a result of community outreach, the Barrie Sexual Assault Centre has a significant clientele of women with an intellectual disability.
- ABUSE PROTOCOLS: There are several examples of protocols around abuse, such as protocols developed by Associations for Community Living; the a protocol developed by the Belleville Rape Crisis Centre for deaf women who are brought into hospital after having been sexually assaulted.

Examples in the Justice System:

CREATIVITY/FLEXIBILITY IN OBTAINING TESTIMONY:

- Allowing a sexual assault victim with a disability testify via closed circuit TV outside the courtroom .
- The use of Bliss boards in the courtroom. .

- Limiting testifying to a period of time (for example, 2 hours) to accommodate a particular disability that causes fatigue. .
- Using deaf interpreters to interpret for deaf individuals whose first language is not ASL or English. (The deaf interpreter would be fluent enough in sign that she/he would be able to understand the different signs used by the deaf individual . The deaf interpreter in turn, interprets to the hearing interpreter in ASL, who interprets for the Crown Attorney or Victim Witness Assistance Co-ordinator) .
- Giving permission to a hard of hearing individual who is unable to lip read fluently to have a person sit beside her in the witness box in order to provide real time captioning of the trial proceedings (using a laptop computer) . .
- Modification of the times of the court hearings, for an individual who, due to medications, is unable to testify in the mornings. .
- Allowing a support person to be nearby a person with a disability, if that person's presence is going to be reassuring to the individual. .
- In determining whether a person with an intellectual disability is capable of swearing an oath or can promise to tell the truth, being flexible in terms of establishing a person's ability to tell the difference between lying and telling the truth.

Crown preparedness:

- In a cases involving a women with a multiple personality disorder, having the Victim Witness Assistance Co-ordinator make the Crown attorney aware of the different personalities- and how they might express themselves during the testimony.
- Having appropriate medical support available on site in case the need arose for a woman with a seizure disorder. .
- A Crown attorney, with knowledge some sign language, who is able to determine that a deaf victim is fearful of the court interpreter because he is an acquaintance of her abuser.
- Having specialized teams of Crowns/Police who have an awareness of disability issues and who can be brought in or consulted with on particular cases.

Creativity/flexibility in terms of making court rooms accessible:

- Crown attorneys taking more time, speaking more slowly and providing victim/witnesses with the extra time they may require to express themselves.
- Using a smaller and less intimidating court with a microphone for court proceedings involving a woman with a disability.
- Having court proceedings moved to an accessible location outside the courthouse. There are instances in which court proceedings have been moved to a hospital or institution in which the victim/witness is being treated or where she is living. (moving court proceedings to an accessible location should be seen as an alternative of last resort. Court rooms and buildings in which they're housed should be accessible to people with disabilities.)

IDENTIFYING PRIORITIES AND DEVELOPING AN ACTION PLAN

I didn't find this to be a very productive exercise and felt it could have been facilitated better; it did not follow the handbook (as was the case for much of the day) and I got the impression that the facilitators were very tired and eager to return to Toronto asap, as was stated several times. Personally, I felt rushed most of the day.

Post Script: The final report of the Roeher Institute entitled, "**Access to the Justice System by Women with Disabilities Who Are Victims of Violence: Accessibility Guidelines**" has been available for purchase through the Roeher Institute as of August 1998 for a fee of 10.00 dollars.

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