

A decorative graphic consisting of two overlapping squares: a smaller dark purple square on the left and a larger light purple square on the right, partially overlapping the dark one.

When Bad Things Happen



**Manitoba Women
with Intellectual Disabilities
... A Study**

Community Living - Manitoba

When Bad Things Happen

**Violence, Abuse, Neglect and
Other Mistreatments Against
Manitoban Women
with Intellectual Disabilities**

Community Living – Manitoba

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Executive Summary

Violence, abuse, neglect and other mistreatments of people with disabilities are significant and longstanding problems. In the absence of research on these issues with a focus on Manitoba, this research set out to determine if there is empirical evidence to support the impression that Manitoban women with intellectual disabilities are particularly susceptible. The present report provides background on the research project that was originally conceived, how that research was brought to a halt by forces beyond the control of people involved in the research, and tells how original research efforts were redirected.

Findings of the redirected research are that Manitoban women with intellectual disabilities indeed are experiencing a range of mistreatments, some of which fall within the Criminal Code of Canada and Manitoba's Vulnerable Persons Living with a Mental Disability Act (VPA). Such mistreatments include those of a sexual, physical, mental, emotional and financial nature.

Not all forms of mistreatment, however, fall neatly within the Criminal Code or VPA. Nor do the reported harms that may seem to 'fit' necessarily meet the threshold of 'seriousness' or 'significance' specified in law, i.e., that acts or omissions, whether intentional or unintentional, cause or be reasonably likely to cause death, serious physical or psychological harm, or significant loss to a vulnerable woman's property.

There are in-between 'grey areas' that were flagged in focus groups and in a two-day intensive 'think tank' for this project that involved highly knowledgeable people. The 'grey areas' require vigilance and effective counteractive and preventative measures.

Mistreatments that do not necessarily fall within the scope of legislation include the social and cultural devaluation of women with intellectual disabilities and, prevention by others of women from exercising control over matters that directly affect their lives. Women with intellectual disabilities experience financial loss and physical mistreatments that may not, as single incidents, seem to cause 'significant' loss of property or 'serious physical or psychological harm'. As with emotional and mental abuses, however, context and the cumulative effects of the harms that women undergo can be experienced as abusive.

The research identified a range of risk factors that render women with intellectual disabilities vulnerable to mistreatments. These factors have to do with the women's personal characteristics and socialization, and their social, economic and service situations.

The research explored some key provisions for deterring and responding to the mistreatment of women. It found that it can be difficult to prosecute under the Criminal Code and that the Evidence Acts of Canada and Manitoba may simply disallow the testimony of some women. The Acts also risk leaving the impression of lesser status to testimonies when women pledge on a promise to tell the truth, such as when they are deemed incapable of giving evidence under an oath or solemn affirmation.

The present research did not set out to conduct a detailed investigation of the VPA or its implementation but did find a number of troubling difficulties that require attention. It also found difficulties with the Public Trustee's approach to decision making, which can be 'all or nothing', leaving women little say and scope to make decisions about their own lives.

The research found a range of issues in the social services system that require attention, not the least of which is the need for ongoing, systematic values-based training and supervision of staff, to raise awareness and strengthen the capacity of managers and workers in the system to prevent, identify and respond effectively to various harms.

A range of other 'solutions' are also proposed for the community services system for women with intellectual disabilities and for women more generally, for families and for police. Proposed actions are also given for Manitoba Justice, Family Services and Housing, Manitoba Education, Citizenship and Youth and for advocacy organizations. Overall there is a need for a multi-dimensional, cross-sectoral approach, with each stakeholder doing its part to help improve the situation of Manitoban women with intellectual disabilities.

The report provides general considerations to guide future actions including the basic principle that women with intellectual disabilities be engaged as full and equal partners in identifying problems and devising solutions.

It concludes with considerations for strengthening research in this area. It also points out, however, that the originally planned research that was prevented from taking place would likely have yielded a wealth of information and insight. It is regrettable that those who, in effect, barred that research from taking place could not have found their way to a middle ground – to walk as partners and listen more fully and attentively to women who want to speak about and take some responsibility and control when bad things happen.

I worked in the laundry department in the summer when I was 18. On my last day, a man I worked with took me to the bar after work and raped me. I wasn't used to drinking. I told my mom and dad. They didn't do anything. I didn't realize that I could go to the police. He took me to a vacant house. He was a married man.

From Veronica's narrative.

I. Introduction and Overview of this Report

Violence, abuse, neglect and other mistreatments against people with disabilities are significant and longstanding problems (Roehner Institute, 1995). Women with disabilities are particularly susceptible (Brownridge, 2006; Martin et al.; Young et al., 1997; Rodgers, 1994).

Through anecdotal reports, many people involved with disability issues have come to the view that women with intellectual disabilities are that much more susceptible to a range of harms.

The terms ‘intellectual’ disability or disabilities and ‘developmental’ disability or disabilities are used widely in Canada as equivalent notions. The Vulnerable Persons’ Act uses the term ‘mental disability’ to describe the same population. As used in the present report the terms ‘intellectual disability’ and ‘intellectual disabilities’ are used interchangeably and involve any condition occurring before 18 years of age that results in significantly lower than average ability concerning:

- thinking and problem solving as measured on IQ and similar tests; and
- carrying out a range of selected everyday activities that most people can perform without major difficulty, such as communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work.

Previously in the United States and Canada, equivalent terms widely used were ‘mental retardation’ and ‘mental handicap’.

Research on violence and abuse against women with intellectual disabilities is scant but tends to back up the general impression that they are particularly vulnerable. For instance, Sobsey (2000) reported the results of an analysis of a sample of sexual assault cases of women and adolescent girls 15 years and older with intellectual disabilities. The analysis found that most of these women experienced repeated assaults. The offenders were generally known to the victims, were virtually always males and included: special service providers; generic service providers; transportation providers; neighbours, family, friends, and other

Women with disabilities are ... particularly vulnerable.

acquaintances; other people with disabilities; and dates. While more than half of the women sustained physical injuries, social, emotional and behavioural harm were virtually universal. Only a minority received counselling or treatment services that met their needs. Fewer than a quarter were able to access any services, and more than half of those who did access services were not provided with necessary service accommodations or were provided with inadequate accommodations to meet their needs. Many of these cases went unreported to authorities. Of those that were reported, only about a third resulted in formal charges, and only half of those charged were convicted. Overall, this meant that convictions occurred in just 11% of the 100 cases analyzed (Sobsey, 2000).

For those concerned about legislation, public policy and social programs, and the safeguards these afford or fail to afford to women with intellectual disabilities in a given province or territory, there is little in the way of empirical research and 'hard' data to inform policy and program development. For that matter, there is little research at the provincial/territorial level on violence against *any* women, regardless of disability (Thurston et al., 2006).

The present research was intended to help close the knowledge gap with a view to the situation in Manitoba in particular.

As originally conceived, the research was to collect and analyze credible evidence focusing on women with intellectual disabilities living in harm's way in Manitoba as a basis for creating a strategy for addressing these issues. Adopting a personal safety and security focus, specific objectives were to:

1. Describe and explain the harms that Manitoban women with intellectual disabilities experience;
2. Identify and explain factors that render women with intellectual disabilities susceptible to various harms; and
3. Identify and explain measures needed for an effective system of preventing and responding to the harms.

The research was to achieve those objectives by listening to the experiences of women with intellectual disabilities who have had ‘bad things happen’ to them, teasing out the circumstances that placed them at risk and their experiences with the justice and social services system after the fact. The research was also to listen to the views of these women’s family members and other stakeholders who are concerned about the harms experienced.

As things turned out, however, several ‘roadblocks’ prevented the research team from travelling along the intended route.

This report opens with general context on legislative and programmatic measures that have been instituted to deal with the problem of violence and abuse against people who are vulnerable to various harms, with attention to those measures in Manitoba. It explains the research process that was originally intended to explore issues of violence and abuse against women with intellectual disabilities and that was to provide directions for community development, training, awareness-raising and similar initiatives. The report explains the roadblocks encountered, their serious implications for the research process, and the alternative research strategy that was devised to help close the knowledge gap. It provides key results of the redirected research and, based on those findings, directions for the future with attention to how various stakeholders can help prevent and respond to the problem. It concludes with reflections on the research process and on how future efforts to garner much-needed knowledge might be strengthened. The Appendices provide overviews of the interview and focus group instruments that were developed for the research and narratives of women who have experienced ‘bad things’ and who have disclosed those matters to people in authority.

This study was sponsored and managed by Community Living – Manitoba (CL-M). CL-M is a provincial organization dedicated to the full inclusion in the community of persons of all ages who live with an intellectual disability.

Marsha Dozar was the Project Coordinator. Ms. Dozar has provided leadership around victim- and justice-related issues with CL-M since 1994 and is the owner/operator of M.D. Consulting, located in Winnipeg. She has worked in the field of community living for over 20 years as a service provider, advocate, trainer/teacher and consultant. Ms. Dozar has managed/ coordinated dozens of projects and produced a range of resource materials related to the support of people with intellectual disabilities.

Cameron Crawford was Principal Researcher for this project and wrote the present report. He was Principal Researcher and author of The Roeher Institute's *Harm's Way: The Many Faces of Violence and Abuse against Persons with Disabilities* (1995), a major research study on these issues. He has extensive research and policy experience on issues of disability, having served in a senior leadership capacity for many years at The Roeher Institute, a national research organization on issues of disability, human rights and inclusion. He co-facilitated the 'Community, Cops, Courts, Crown, Corrections' 9 ('5Cs') conference in Manitoba in 2001 and the 'National Safety Symposium: Crime Prevention and Independent Living' in 2005. He documented the outcomes of these large events that involved police, service providers, people with disabilities and others and which placed major focus on issues of violence and abuse against people with disabilities. Mr. Crawford is currently Director of Research and Knowledge Management for the Canadian Association for Community Living/Roeher Institute, a Canada-wide association of family members and others working for the benefit of persons of all ages who have an intellectual disability.

Sincere appreciation is extended to Status of Women Canada, who funded this work. Thanks are also extended to the many people who participated in the research, including members of the Advisory Committee, those who took part in focus groups, participants in the two-day 'think tank' that was convened for the project, women who volunteered their narratives about the 'bad things' that have happened to them, interviewers, 'supportive listeners' and others who contributed individually. As well, thanks are extended to Dr. Michael Kendrick, who co-facilitated the think tank process and provided additional input to this work. These people's roles and contributions are described in more detail in the present report. Finally our sincere thanks go out to Dick Sobsey, Marie White and Michael Prince for reading the report and providing such positive feedback.

I. *General Context*

A. The General Problem

The violent crime rate in Manitoba is 1.7 times that of the Canadian average (Statistics Canada, 2006a). Rates of spousal assault were 14% higher than the Canadian average in 2004 and rates of homicide of women were 1.5 times the national average from 1975 to 2004 (Statistics Canada, 2006b: Figures 3 and 11). From 1974 to 2002, Manitoban women were the most likely in Canada to be murdered by their current or past husbands or common-law partners (Colman, 2003). Manitoba was the first jurisdiction in Canada to develop a specialized criminal justice system response for family violence cases¹ (Statistics Canada, 2000).

The extent and forms of violence, abuse and exploitation affecting women with intellectual or other disabilities in Manitoba has not been researched.

B. Federal Constitutional and Legal Provisions

Harm's Way (The Roeher Institute, 1995) provides an analysis of provisions in the Canadian Charter of Rights and Freedoms, Criminal Code and Canada Evidence Act that are intended to provide protections to all citizens, including women with intellectual disabilities. It was not within the scope of the present research to update that analysis. Accordingly, a general summary of key provisions is provided, here. Owing to legislative amendments since *Harm's Way* was produced, references to specific section numbers of the legislation are in some cases no longer applicable, although the provisions still apply.

The extent and forms of violence, abuse and exploitation affecting women with intellectual or other disabilities in Manitoba has not been researched.

¹ This response consists of five components: 1) a pro arrest policy known as the Zero Tolerance Policy; 2) a women's advocacy and child victim witness program for victims of family violence; 3) a specialized prosecutorial unit of eleven crown attorneys in Winnipeg; 4) specially designated court rooms and dockets for intake, screening court and trials; and 5) a special unit in the probation office to deliver court mandated treatment programs.

1. The Canadian Charter of Rights and Freedoms

The Canadian Charter of Rights and Freedoms (1982) protects citizens against adverse acts or omissions by the state and applies to matters that fall within the responsibility of Parliament, the government of Canada, provincial/territorial legislatures and their governments. Section 15 provides that “every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination... based on... mental or physical disability.” Section 7 guarantees the rights of everyone to “life, liberty and security of the person” and Section 9 to the “right not to be subjected to any cruel and unusual treatment or punishment.” Section 14 provides that persons who are deaf or who do not understand or speak the language used in court proceedings “have the right to the assistance of an interpreter”.

2. The Canada Evidence Act

The Canada Evidence Act (1985) specifies that people who have difficulty communicating by speech in the language of the court can provide evidence in any other manner in which they can make it intelligible. People with disabilities are named as among those who may experience such difficulties. However, people who the court deems unable to understand the nature of an oath or solemn affirmation and unable to communicate evidence are not permitted to testify. An exception is granted to people who can communicate, but who do not understand the nature of an oath or solemn affirmation. Such individuals can provide evidence based on a simple promise to tell the truth.

An oath and solemn affirmation have the same standing in the eyes of the law. The former involves a solemn assertion of truthfulness before God, with the latter also involving a solemn assertion of truthfulness but without reference to God (e.g., for persons who do not believe in God). A promise to tell the truth is a simple assurance of truthfulness.

3. The Criminal Code of Canada

The Criminal Code of Canada (1985) establishes a range of duties, prohibitions and penalties. It is a lengthy piece of legislation with over 800 sections and a vast number of subsections. What is provided in the following discussion is a cursory overview of some of the more relevant provisions that have a bearing on the mistreatment of women with intellectual disabilities.

Aside from homicide (i.e., murder, manslaughter and infanticide), the Criminal Code prohibits a range of criminal neglect offences. Among these the Code establishes the general duty of parents, foster parents, guardians and heads of families to provide “necessaries of life” for children younger than 16 years and spouses. The duty extends to people who have charge over others who are unable to withdraw themselves from that charge and provide for their own necessities. “Mental disorder” is given as one of several reasons why individuals may not be able to withdraw themselves and provide for their own necessities. An offence is also present where the person to whom the duty is owed is destitute or in “necessitous circumstances”. As well, an offence is present where failure to perform the duty endangers the life of the person to whom the duty is owed, or causes or is likely to cause the health of that person to be injured permanently. The Code does not define “necessaries of life” or “necessitous circumstances”.

The Code also provides a range of measures that prohibit people from causing bodily harm to others, which is defined as “any hurt or injury to a person that interferes with the health or comfort of the person and that is more than merely transient or trifling in nature”.

Concerning psychological mistreatment, the Code includes a prohibition against torture, whether based on discrimination or in order to obtain information, inflict punishment, intimidate or coerce. “Torture” is defined as “any act or omission by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person”. It prohibits officials of the state from engaging in torture, such as peace officers (e.g., police), public officers (e.g., government officials), members of the Canadian Forces and other people who exercise similar powers under a law in a foreign state. It also prohibits people acting at the instigation of or with the consent or acquiescence of an official.

As well, a serious personal injury offence includes any indictable offence involving the use or attempted use of violence against another person, conduct endangering or likely to endanger the life or safety of a person, or conduct “inflicting or likely to inflict severe psychological damage upon another person”. Various other provisions prohibit acts that inflict or are likely to inflict “severe psychological damage”, a term that the legislation does not define.

The Criminal Code prohibits a range of sexual offences, including non-consensual sexual intercourse, non-consensual sexual touching, the invitation of minors to sexual touching, and the sexual exploitation of minors.

Concerning incarceration the Code prohibits persons without lawful authority to confine, imprison or forcibly seize another person. A recent amendment puts the onus on the accused to prove that the victim’s failure to resist confinement was not caused by threats, duress, force or exhibition of force.

The Criminal Code prohibits money crimes such as various forms of theft and robbery. The latter involves actual or threatened physical violence.

The Criminal Code also prohibits threats of death or injury against others and threats to destroy their property.

C. Manitoba’s Legislative and Program Response

1. Vulnerable Persons Living with a Mental Disability Act (VPA) and Associated Measures

a) The VPA

The Vulnerable Persons Living with a Mental Disability Act (VPA) was passed in the Legislative Assembly of Manitoba on July 27, 1993 and was proclaimed in force on October 4, 1996. The spirit of the Act protects the rights of people deemed ‘vulnerable’ and instructs collateral stakeholders to assume vulnerable persons’ competency in managing or sharing in the management of the decisions affecting their lives. Key sections of the Act deal with support services, protection from abuses and neglect and, as a last resort, substitute decision-making.

Community Living Manitoba (CL-M) advocated for and was a significant partner in the development of the VPA.

The preamble of the VPA sets out the basic presumption that vulnerable persons have the capacity to make decisions affecting themselves, unless demonstrated otherwise. It then sets out some general principles in the form of recognitions that:

- vulnerable persons should be encouraged to make their own decisions;
- their support network should be encouraged to assist in making decisions to enhance the person's independence and self-determination;
- any assistance with decision making should respect the person's privacy and dignity and should be as non-restrictive and non-intrusive as appropriate in the circumstances; and
- substitute decision-making should be invoked only as a last resort, i.e., when a vulnerable person needs decisions to be made and is unable to make these decisions by him/herself or with the involvement of members of his or her support network.

The Act defines a 'vulnerable person' as an adult living with a mental disability who is in need of assistance to meet his or her basic needs concerning personal care or management of his or her property. "Mental disability" is defined as significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviour and manifested prior to the age of 18 years, but excludes a mental disability due exclusively to a mental disorder as defined in Section 1 of The Mental Health Act.

'Incapacity for personal care' is defined, in the case of a woman, as her inability to understand information that is relevant to making a decision concerning her own health care, or her own physical, emotional, psychological, residential, educational, vocational or social needs, or similar needs, or her inability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

'Incapacity to manage property' means that she is not able to understand information that is relevant to making a decision in the management of her property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

'Abuse' of a vulnerable woman is defined as: mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof.

In both personal care and property matters the Act instructs substitute decision makers to work towards fostering independence as much as possible, encourage the vulnerable person's participation in decision making, follow the least restrictive and intrusive course of action, and ultimately charges substitute decision makers with making decisions that reflect that wishes, values and beliefs of the vulnerable person.

The VPA acknowledges the function of 'supported decision making'. For a woman this is the process in which she is enabled to make and communicate decisions concerning personal care or property and in which her support network (e.g., spouse, common law partner, other family members, friends or others the woman has chosen) provide advice, support or assistance. Under the Act, supported decision making is to be respected and recognized as an important means of enhancing a vulnerable person's self-determination, independence and dignity.

The VPA authorizes the appointment of substitute decision makers, i.e., people who make decisions concerning a vulnerable person's personal care, property or both.

The legislation requires that a service provider, substitute decision maker or committee² with responsibilities for a vulnerable woman, report any abuse or neglect that is actual or likely to occur to the Executive Director for the VPA (discussed below). 'Abuse' of a vulnerable woman is defined as "mistreatment, whether physical, sexual, mental, emotional, financial or a combination thereof, that is reasonably likely to cause death, or that causes or is reasonably likely to cause serious physical or psychological harm ... or significant loss to ...her property". 'Neglect' of a vulnerable woman is defined as "an act or omission whether intentional or unintentional, that is reasonably likely to cause death or that causes or is reasonably likely to cause serious physical or psychological harm ... or significant loss to ... her property".

When the present research was launched 4,778 people had been defined as vulnerable persons under the VPA, involving 3,230 family members and 1,548 substitute decision makers.

² A 'committee' is defined as the Public Trustee or any other party given a formal mandate under the Mental Health Act to make substitute decisions for a particular person deemed 'vulnerable' under the VPA.

b) Office of the Commissioner

The VPA establishes a Vulnerable Persons' Commissioner. The Commissioner's responsibilities are to: appoint substitute decision makers as a last resort when a vulnerable person has a decision to make and is unable to make it even with support; maintain a registry of substitute decision makers; upon request, provide information to vulnerable persons as to their rights under the Act; provide information as to the process for appointing substitute decision makers; and provide information to substitute decision makers as to their powers and duties under the Act.

The Commissioner is also to mediate and seek to resolve disputes between substitute decision makers, receive and investigate complaints regarding substitute decision makers and perform other duties and exercise other powers as may be required by the Minister of Family Services and Housing.

Where the Commissioner cannot identify anyone suitable to carry out the role of substitute decision maker for a vulnerable person, the Commissioner can designate the Public Trustee.

c) Executive Director

Abuse and neglect are to be reported to the Executive Director who is appointed by the Minister of Family Services and Housing under the VPA. The Executive Director has powers to address actual, suspected or potential abuse or neglect of vulnerable persons by:

- a) providing or arranging for support services for the vulnerable person (e.g., residential services, counselling, day services, vocational training and life-skills programs);
- b) requesting an investigation by a law enforcement agency;
- c) taking emergency intervention action;
- d) applying for the appointment of a substitute decision maker or termination, suspension or variation of the appointment of a substitute decision maker.

The Executive Director also has responsibility for ensuring that vulnerable persons have an individual plan. The Director is to take reasonable steps to ensure that the vulnerable woman and her substitute decision maker (or committee if any), have an opportunity to participate in the development of the plan, and are informed of any decisions concerning it. The Director can

review and vary the plan, and or determine that the woman for whom support services were provided is no longer a vulnerable woman.

d) Individual Plan

The VPA requires that a written, individual plan be developed for every vulnerable person under the VPA who receives support services through Manitoba Family Services and Housing. In the case of a woman deemed to be a vulnerable person, the plan is intended to help her map out her needs, strengths and dreams for the future and move towards the future she desires. The Department of Family Services and Housing's policy is that individual plans follow the principles of "person-centered" planning.

The planning includes identification of the services and supports required to meet the woman's needs and goals, which may be provided through Manitoba Family Services and Housing as well as through the community more generally. The process involves the woman, along with members of her support network, her substitute decision maker (or committee, if any) and a Community Service Worker from Manitoba Family Services and Housing. The Community Service Worker is, in effect, her caseworker at Family Services and Housing.

2. The Public Trustee

The Public Trustee is a corporation sole, i.e., authority is vested in a single person. It was created by the enactment of The Public Trustee Act on February 1, 1973 (Public Trustee, 2006). Organizationally, The Public Trustee is an independent agency that reports to the Special Advisor to the Deputy Attorney General of Manitoba's Department of Justice.

As stated at its website, "The Public Trustee of Manitoba is a provincial government Special Operating Agency that manages and protects the affairs of Manitobans who are unable to do so themselves and have no one else willing or able to act. This includes mentally incompetent and vulnerable adults, deceased estates, and children."

When acting as a substitute decision maker, The Public Trustee can make decisions concerning the vulnerable person's property, personal care or both.

Applications to have the Public Trustee appointed as substitute decision maker are initiated mainly by community services workers for people who are living in the community, or by social workers in developmental centres where the people may live.

3. Residential Care Facilities Licensing

Manitoba's Residential Care Facilities Licensing Regulation under The Social Services Administration Act makes various provisions to ensure the health, safety and well being of people living in residential facilities, which includes women with intellectual disabilities who live in group homes, foster homes and private and government-managed facilities.

Among other things the Regulation prohibits "abuse". "Abuse" is defined as "physical punishment, threats, verbal or non-verbal coercion directed toward any resident, or the withholding of a resident's regular meal, money or other personal property, or medication or aid necessary for the proper physical functioning of a resident."

The regulation also prohibits the physical restraint of residents "other than momentary physical restraint for the purpose of protecting the person and property of a resident or others, and only to the degree necessary for such protection, without first obtaining approval from the resident's physician".

The Supported Living sub-division of Manitoba Family Services and Housing is responsible for administering the Regulation. Services provided include processing applications for licensing and monitoring facility operations for conformity with regulated and established licensing criteria.

D. Concerns about Persisting Vulnerability and the Goal of Addressing this Problem

The impetus for the present research stemmed from the general impression of leaders within CL-M (e.g., volunteers, staff and closely affiliated consultants) that some of the harms that people with intellectual disabilities experience – women in particular – are not recognized or identified as abuse and/or are not being addressed in a formal way.

Harms . . .
include being
ignored,
disrespected,
belittled,
over-powered,
exploited and
harassed.

The concern was focused not only on the Vulnerable Persons Act and the Department of Family Services and Housing, but on other legal provisions and on organizations that address issues of abuse and other issues affecting women, including residential and day services, women's shelters, social planning councils, etc. The concern stemmed from years of work in the intellectual disability sector and conversations among CL-M leaders and between these leaders, service providers in the developmental services sector, women with intellectual disabilities, their family members and others. In other words, there was a general concern within the leadership at CL-M that women with intellectual disabilities continued to be vulnerable despite the provisions of the VPA, the mandate of the Commission and other legislative and program arrangements.

Harms to which it was suspected that women with intellectual disabilities continued to be vulnerable include being ignored, disrespected, belittled, overpowered, exploited and harassed. Contexts included family homes, group homes, other kinds of care institutions, day programs and communities more broadly. These harms are understood to be pre-cursors of abuses that may extend towards criminal code offences.

Accordingly, leaders within CL-M began planning for awareness-raising and other community development initiatives with community organizations in the developmental services sector, and indeed with women with intellectual disabilities and their families. The intended aim was to assist individuals, families and service providers to become more cognizant of the kinds of harms to which women with intellectual disabilities may be susceptible and measures that these stakeholders could take to prevent, stem, and respond effectively to the problem.

There was a funding opportunity to mount such efforts, but first research was needed to confirm that the perceived problem did indeed exist.

II. Planning for Leading-Edge Research with a Manitoba Focus

The present research was originally designed to ascertain whether there was empirical evidence to support the impression that women with intellectual disabilities are indeed experiencing a range of harms and, if so, to identify those harms from the women's perspective. It was understood that these harms could probably be located on a continuum spanning those that fall under the Criminal Code, to those that fall within the scope of the VPA, to those that would be considered 'grey areas' and that 'fall between the cracks'. There was also interest in understanding how present systems are responding, if in fact they are responding at all.

As research funding was available from the Status of Women Canada (SWC), Manitoba Region, it was decided to approach SWC for funds to undertake the needed research. The research aligned with SWC's mandate to promote policies and programs within key institutions of society that take account of gender implications, the diversity of women's perspectives and that enable women to fully participate in decision-making processes.

A. Limitations of Previous Research and Knowledge Products

Research was needed. A previous major study by The Roeher Institute entitled *Harm's Way* (Roeher Institute, 1995) did address issues affecting people with intellectual disabilities but these were not the only issues addressed in this cross-disability research. Nor did the research provide province-level analysis or systematically link the harms experienced back to issues of gender. Moreover, that research was conducted over a decade ago.

Major Statistics Canada surveys such as the General Social Surveys on Victimization have variables that allow for some analysis by disability status. However, the surveys do not allow for analysis by intellectual disability in particular.

The 2001 Participation and Activity Limitation Survey does allow for analysis by intellectual disability status, but asked no questions about personal safety or issues of victimization.

A major conference recently convened by the Canadian Association of Independent Living Centres served as a kind of large-scale community consultation on violence and other harms against persons with disabilities. While it generated much useful information it was not specific to women, intellectual disability or Manitoba.

Much the same could be said about the ‘Five C’s’ conference convened a few years ago by CL-M, which brought together from across Canada hundreds of stakeholders in issues of personal safety, justice and disability. Those who attended included members of the judiciary, government officials, Crown Attorneys and other lawyers, police, people with intellectual disabilities, family members, service providers, representatives of disability organizations and others.

Crime Statistics published annually by Statistics Canada have placed no focus on issues of disability.

A recent report published by the National Clearinghouse on Family Violence (2001) on family violence did present data on the maltreatment and neglect of children with a “developmental delay”, but no data were provided at the provincial level. Nor were the data reported by the gender of the children affected.

Data gathering strategy . . . was to be through individual interviews of women with intellectual disabilities.

B. Original Design of the Intended Research

This section of the report provides an overview of the key components of the research that was originally conceived to close the knowledge gap, including interviews, focus groups, an Advisory Committee and the geographic scope of the work.

1. Individual Interviews with Women

The core data gathering strategy for the present research was to be through individual interviews of women with intellectual disabilities. It was understood that, due to the nature of their disability, some of the women would not be able to communicate verbally or may require support in order to communicate their experiences. In those circumstances the women were to assist in identifying family members, friends and advocates to support them to participate in the interviews.

Between 50 and 70 interviews were to be conducted and were to occur in places (including the women’s own homes) and at times convenient for the women. The interviews were to take from 45 to 90 minutes.

It was planned that the interviews would explore a selected range of issues. The questionnaire that was developed generally reflects the key themes that were anticipated and is discussed in Section IV of this report.

2. Focus Groups

The research was to include four focus groups to gather information from service providers (e.g., social service providers, police, health care professionals) families, women with intellectual disabilities and other interested groups. Lines of enquiry were to explore the nature of the harms women are experiencing, factors that place women at risk of experiencing those harms, factors that impede disclosure, the nature and effectiveness of measures to prevent and respond to the harms, measures that would be more responsive and preventative measures that would render women safer.

3. Advisory Committee

An Advisory Committee was to be created to provide the Project Coordinator and Principal Researcher with ongoing advice, support and guidance. It was to comprise women with intellectual disabilities and other knowledgeable persons. The Committee was to assist in the development of a research sample and in the orientation of researchers. The Committee was also to help 'flesh out' specific lines of enquiry that were to be reflected in the interview questionnaire and focus group probes.

4. Geographic Scope

As originally planned the research was to be conducted in four communities: Winnipeg, Brandon, Thompson and Swan River.

*If the society today allows wrongs to go unchallenged,
the impression is created that those wrongs have the
approval of the majority.*

Barbara Jordon

III. Instrument and Other Design Work that was Completed

This section of the report provides an overview of governance arrangements, instrument design and other background work that was completed for the research. It covers the establishment of the Advisory Committee, development of the interview questionnaire and focus group probes, securing legal counsel about the feasibility of proceeding with the research given some restrictions embedded in the VPA, obtaining ethics approval, identification and training of people who were to be involved in data gathering, arranging for safe and secure venues for the interviews, arrangements for follow-up support for interviewees if and as needed, coordination of the research with an entirely separate review of the VPA, development of promotional ‘backgrounders’, invitations to participate in the research and a redefinition of the geographic scope of the project. The terms ‘interviewee’ and interview ‘respondent’ are used interchangeably in the following discussion.

A. Establishment of the Advisory Committee

The Advisory Committee was established. It consisted of a university professor and representatives from: a community-based organization that provides health-related services to women; municipal police; victim assistants; two forward-thinking service providing organizations in the developmental disability sector; and People First Canada and People First Manitoba. People First Canada is a national organization of, by and for people with intellectual disabilities. It has provincial and local chapters, including in Manitoba.

The Advisory Committee met three times in person and several times by teleconference from the summer of 2005 to the end of the project.

B. Development of the Interview Questionnaire and Focus Group Probes

In collaboration with the Project Coordinator and Advisory Committee, the Principal Researcher developed a detailed plain language interview guide. The questionnaire was designed to gather both quantitative (e.g., yes/no; very safe, somewhat safe...not at all safe) and qualitative data, that is, information provided in the respondent’s own words.

The questionnaire underwent several major revisions. The development of this instrument was a learning process for the people involved in the detailed design of the research, who flagged and addressed many 'what ifs' and issues of language clarity that arose.

The questionnaire covers:

- administrative and general information (respondent's name, address, etc.);
- an introduction and form for the respondent to give formal consent to participate;
- an overview that enquires about 'bad things' that have happened to the respondent;
- details about a selected key incident against the respondent (e.g., what happened and where it happened, living arrangements of the respondent at the time of the incident, process and issues of complaint/disclosure, access to support during the disclosure process and repercussions of disclosure);
- the respondent's general perceptions of safety today; and
- a conclusion that asks about ideal measures the respondent thinks should be in place to help women be safer.

The questionnaire provided a general description of mistreatments that women may be experiencing under the banner of 'bad things'. The approach to data gathering was to be open, allowing women to self-define the kinds of harms they have experienced. In other words, the research was not going to focus on a tightly defined list of harms.

At the same time, however, the research sought to focus on incidents that were not mere inconveniences but ones that resulted in some level of pain, fear, trauma or anger in the women to be interviewed. Wording in the introductory section of the questionnaire that researchers were to use is as follows:

Hello. I'm {NAME}. I'm working with a group of people who are going to write a report about bad things that have happened to women with intellectual disabilities. You said you were interested in helping out with this work.

We're trying to get a clearer picture of the kinds of bad things that have happened to women. We also want to find out why those things happened, how other people responded and what can be done to make women safer.

By 'bad things' we mean things that hurt women, or that make women feel really scared, really unsafe or mad.

A more detailed overview of the questionnaire structure is provided in the Appendix. Also included in the Appendix are the Focus Group Probes that were developed for the research. These were intended to explore the range of harms women experience, factors that render women vulnerable, responses by others to the harms that occurred and measures needed to make women safer.

C. Obtaining Legal Counsel

From the outset of the project the Project Coordinator, Advisory Committee and Principal Researcher considered it absolutely essential that the interviews be non-identifying and confidential. That is:

- No woman who agreed to participate in the research would be identified as such;
- No information she provided would be reported in such a way that the reader could reasonably infer that she provided the information;
- All data gathered would be kept in secure storage;
- No data would be shared beyond those directly involved in data analysis for the preparation of the research report (i.e., the Principal Researcher and individual researchers); and
- Any data gathered would be destroyed once the research was completed.

However, section 21(1) of the VPA imposes a “duty to report”:

A service provider, substitute decision maker or committee who believes on reasonable grounds that the vulnerable person in respect of whom he or she is a service provider, substitute decision maker or committee, is or is likely to be abused or neglected shall immediately report the belief and the information upon which it is based to the executive director.

... trying to get a clearer picture of the kinds of bad things that have happened to women.

Section 21(2) states that the above-cited provision “applies despite any restriction respecting the disclosure of information, in legislation or elsewhere.”

Community Living Manitoba is totally dedicated to mandatory reporting.

Neither the Principal Researcher, Project Coordinator, members of the Advisory Committee, the CL-M decision maker or committee for women with intellectual disabilities who would be interviewed. Accordingly, it was concluded that the duty to report did not extend to the research process and that there was no legal impediment to conducting the interviews. Legal counsel was sought and obtained from several sources in the summer of 2005 that confirmed this opinion.

CL-M had been and remains a firm proponent of mandatory reporting. However, CL-M also was strongly committed to the principle that women with intellectual disabilities should be able to speak with the researchers in confidence about their experiences without fear of reprisal or other repercussions. To strike a balance between its positions on mandatory reporting and confidentiality, CL-M’s Executive Committee approved the following philosophical statement in the summer of 2006.

While Community Living Manitoba is totally dedicated to mandatory reporting for either known or suspected abuse, for purposes of this study all women coming forward will be guaranteed confidentiality. It is critical that women’s voices not be turned off but rather be invited to speak freely and openly about their experiences – towards the higher purpose of gathering the truth. Follow-up support after the interview will be provided for all women interviewed. Women who disclose abuse, particularly in their present living situations, will be encouraged to report and supported through that process.

D. Obtaining Ethics Approval

While there was no perceived legal impediment to conducting the interviews, there were ethical issues that had to be addressed from the outset of the project. Essentially these revolved around assisting the women to understand the nature of the research for which their consent would be sought and ensuring their consent would be informed and freely given. Also of key concern was that:

- respondents would be emotionally supported during the interview;

-
- post-interview 'check in' and support would be provided to each woman to assist them to come to terms with any anxiety or distress that may arise as a result of remembering difficult incidents; and
 - post-interview support would be available in the event that the women indicated a desire to report any unreported incidents that fall within the scope of the VPA or Criminal Code.

In response to an ethics review provided by two professors at the University of Manitoba, the following protocol was developed to ensure that the women would be effectively supported:

- All interviews with women with intellectual disabilities were to be conducted by teams of two, consisting of one interviewer and one 'supportive listener'
- The role of the interviewer was to administer the questionnaire and gather the data with utmost sensitivity
- The role of the supportive listener was to:
 - provide emotional support if and as needed during the interview to the interviewee;
 - provide practical support to the interviewer in the event that she seemed not to understand the respondent or was having other difficulties administering the questionnaire; and
 - contact each woman following the interview to 'touch base', and, if there were any follow-up concerns or issues that arose, provide referrals to a range of people who were to be waiting and open to providing any support the interviewee may have required. Such support was to include the provision of assistance to report an incident if the interviewee wanted to do so, and even to encourage the woman to report, where the incident(s) related in the interview were criminal matters or fell otherwise within the scope of the VPA.

It is critical that women's voices not be turned off but rather be invited to speak freely.

As well, it was planned that interviewers and supportive listeners would have opportunities to ‘debrief’ and discuss any concerns following the interviews. Interviewers were also to have ready access to the Principal Researcher so they could work through any difficulties that may have arisen in the interviews or subsequently.

E. Identification and Training of Prospective Data Gatherers

1. Supportive Listeners

Six female ‘supportive listeners’ were hand picked by the Project Coordinator in consultation with the Advisory Group. The women selected had years of experience working with women with intellectual disabilities and were familiar with body language and other patterns of communication of women who, owing to the nature of their disability, sometimes – and for some, often – have difficulty communicating verbally.

In the judgement of the Project Coordinator and Advisory Committee, the women selected had good relations with women with intellectual disabilities and had earned their trust and confidence through many years of professional and other involvements. From the perspective of the Advisory Committee, Project Coordinator and Principal Researcher, none of the supportive listeners would have been in a direct service-providing role for any of the women to be interviewed. Nor would they have been a substitute decision maker or involved in a ‘committee’ within the meaning of the VPA.

A role of the supportive listeners was to provide emotional support to interviewees if and as needed. It was understood, however, that supportive listeners would not be able to provide intensive support such as that available only through in-depth counselling. For such support, further follow-up would be required, which is discussed below.

After the interviewer and supportive listener jointly introduced themselves in person and explained their roles to an interview respondent, supportive listeners were to place themselves physically near but not directly within the immediate sphere of the interview, e.g., to ‘fade back’ but remain within a few feet from the interview. If the respondent’s recall of an incident of harm triggered distress for her, the supportive listener was to move closer if this seemed appropriate and to provide whatever emotional support the interviewee seemed to need given the circumstance.

Based on cues given by the interview respondent, the supportive listener was also to indicate to the interviewer that the respondent perhaps needed to ‘take a breather’ from the interview for a few minutes or that the interview should perhaps be ended altogether. The supportive listener was to tactfully confirm such impressions with the respondent in a non-directive way, thus enabling the respondent to continue if she felt the need and capacity to do so.

Supportive listeners were also to help interviewers re-frame interview questions where the respondents seemed not to understand what was being asked or seemed confused on other grounds.

Supportive listeners were oriented to the research in an evening session in mid-March 2006. That session took place the night before an all-day session with prospective interviewers who were also oriented. Most of the women recruited as interviewers attended the session with the supportive listeners.

The supportive listeners flagged potential issues in the interview process and provided helpful feedback and comments concerning the questionnaire and interview process. A few adjustments were made to the interview strategy based on that input.

2. Interviewers

The Project Coordinator recruited women with interview experience to administer the questionnaire. Applications were sought by means of invitations extended and bulletins circulated at the University of Winnipeg and University of Manitoba.

Applicants were sought who:

- were sensitive to violence and abuse issues for women;
- had some interviewing experience;
- were aware of disability issues especially concerning women with intellectual disabilities and, if possible, had direct experience with this population;
- had the ability to deal with respondents in a caring and sensitive manner; and

-
- had access to a laptop or minimally a desktop computer for data input.

Among those who were interviewed, five women were found to meet these criteria. Four were university students and one was a university professor. As with supportive listeners, none were considered service providers or substitute decision-makers or were involved in any 'committee' within the meaning of the VPA.

They attended an all-day session in March 2006 in which they were oriented to the research and to non-directive interviewing techniques concerning women with intellectual disabilities. A police officer with extensive experience interviewing women with intellectual disabilities played a major role in the orientation.

During that session, prospective interviewers role played the interview process, flagged potential difficulties and provided feedback concerning the wording and flow of the questionnaire. A few minor adjustments were to be made to the questionnaire and interview strategy based on that input.

F. Arranging 'Safe and Secure' Venues for the Interviews

A key consideration was to ensure that interview respondents would have access to a comfortable and pleasant, safe and secure environment for the interviews. It was not taken for granted that a given woman's place of residence, such as a group home, was necessarily a safe and secure environment for an interview. For example, a person who mistreated a respondent may have been a group home staff person. Accordingly, the researchers identified alternative venues. Alternatives included CL-M office and office and other space at the University of Winnipeg. Further options were to be identified. All such options were to be suggested to prospective interviewees where the Project Coordinator felt, during the initial fielding of calls from women expressing interest to be interviewed, that their immediate environment may not be an appropriate venue.

Nor was it assumed, for women requiring accompaniment to and from an interview, that the person accompanying her, such as a group home staff, would necessarily have the woman's trust or that she would feel comfortable with that person 'sitting in' on the interview. Accordingly the strategy adopted for the research was that a person accompanying an interviewee would be welcomed yet asked to remain

in an office or other space separate from the room in which the interview was to be conducted. If the accompanying person(s) did not agree with that invitation and its requirements, the interview was to be cancelled or rescheduled.

If a respondent wanted the researcher and/or supportive listener to make separate provision to convey her to and from the place of the interview, such arrangements were to be made.

G. Arranging for Follow-Up Support for Interview Respondents

In the event that interview respondents needed follow-up assistance, appropriate arrangements were made. Providers of support included victim assistants, psychologists, and family counsellors and so on. Supportive listeners were to be provided with this list prior to the interviews.

During the process of eliciting consent to participate, women were to be advised as follows:

We hope that our work will help make women safer. We can't promise to fix any of the bad things that might have happened to you or that still might be happening. But you should know that if you need to speak with someone who might be able to help you, we will help get you connected. People who can help are

We hope that
our work will
help make
women safer.

Women would be told 'up front' who the follow-up contact(s) would be in their community. If the women did not feel comfortable about the people to whom they would have access, they had opportunities to indicate this. If more suitable arrangements could not be made such women would not have been interviewed.

H. Invitations to Participate in the Research and the Distribution Strategy

Background materials were developed that explained the research and that invited women with intellectual disabilities, family members, service providers and others to participate. Information about

the project was to be included in CL-M's annual report and newsletters, local newspapers and was to be distributed in brochures through service providing organizations.

I. Focus Groups

Family members of women with intellectual disabilities and service providers were to be engaged in focus groups that were to explore issues of harm in a general way, i.e., in such a way as not to identify individual people or incidents. The discussion was to be general as provision of specifically identifying information could have invoked the 'duty to report', particularly for service providers.

As well, women with intellectual disabilities were to be invited to participate in focus groups for discussion about the kinds of harms that have come to their attention or that had happened to them personally.

An initial conversation was conducted in March 2006 with a group of service providers from the Winnipeg region. The aim was to explain the research and lay groundwork for inviting them to participate in focus groups.

J. Coordinating the Research with the Review of the VPA

While the detailed planning and development for this research was being conducted, an entirely separate research process had been instituted by the Government of Manitoba to review the VPA. Those involved in the present project judged that the VPA review was likely to interview people with intellectual disabilities and their families. The people involved in the present research wanted to avoid confusing interview respondents and leaving the impression that this research was in any way in competition with the review of the VPA or a dimension that review. Accordingly, the Advisory Committee made the decision to delay the start date for going into the field for the interviews until the VPA review was well under way, e.g., until the summer through fall of 2006.

K. Redefining the Geographic Scope

The logistics of arranging for support during and after the interviews turned out to be more complex and involved than originally anticipated, especially for rural and smaller urban communities. The time frame for the research became quite compressed, given that it had to be completed by March 31, 2007 but started later than planned in order to coordinate with the parallel review of the VPA. As well, a greater than anticipated length of time was required to develop the questionnaire. Accordingly, the Advisory Committee 'pulled back' from the originally intended geographic coverage out of concern that such coverage may not have been achievable within the time available. Instead of four communities it was decided to focus on Winnipeg and the immediately surrounding area. Further research in smaller urban and rural communities was deferred for another project, pending additional funding.

The best-laid plans of mice and men often go awry.

Robert Burns

IV. Roadblocks to the Original Research Strategy and the Need for an Alternative Approach

Following the orientation of interviewers and supportive listeners in March 2006 and pending a few minor edits to be made to the interview questionnaire, the researchers were ready to go into the field to conduct the interviews and the Project Coordinator was ready to begin distributing background information and invitations to participate.

In June 2006, however, a surprising turn of events occurred that created serious ‘roadblocks’ to implementing the research as planned. These roadblocks were Manitoba Family Services and Housing’s interpretations, based on legal counsel the department had obtained, of ‘service provider’ and the ‘duty to report’ within the meaning of the VPA. In view of those interpretations the Advisory Committee concluded that it would have been virtually impossible to conduct the research as planned. An alternative strategy was devised accordingly.

A. Surprisingly Wide Definitions of ‘Service Provider’ and ‘Duty to Report’

In June CL-M encountered strong opposition from Manitoba Family Services and Housing concerning the decision to guarantee confidentiality to the women who were to be interviewed. Both in conversation and later in writing, Family Services and Housing defended its stance by broadly defining as ‘service providers’ the research interviewers, CL-M staff as well as some professionals who indicated openness to providing post-interview support to interview respondents.

Accordingly, from the point of view of Family Services and Housing, any information gathered within the interviews about mistreatments that fall within the scope of the VPA had to be reported to the government.

The Association’s lawyer and the Department’s legal counsel disagreed on these interpretations.

... a surprising turn of events occurred that created serious ‘roadblocks’.

B. Potential Breach of Confidentiality and Trust

One person who was involved in the research likened the situation that had emerged to a ‘double edged sword’ of having legislation that is meant to protect women but that actually silences them. In effect, the duty to report would have undermined the confidentiality of the research process and, upon reporting, would have breached the trust of respondents in the researchers. All involved in the project perceived that going forward with the planned research – especially the interviews – under such constraints would have been highly unethical. An alternative was to explain to women that anything they told the interviewers might be reported to government, in which case the likelihood of gaining consent to be interviewed would have been remote. In short, the situation that emerged placed prospective interviewees and researchers in an untenable position.

... a ‘double-edged sword’ of having legislation that is meant to protect women but that actually silences them.

C. Decision to Redirect rather than Continue ‘In the Dark’

Follow-up discussions at CL-M focused on balancing the implications of, on the one hand, possibly ‘fighting’ Family Services and Housing’s interpretations versus, on the other, rethinking the research strategy and moving forward towards the intended goal – that is, identifying the mistreatments that women with intellectual disabilities experience and developing solutions to address these problems.

Contesting Family Services and Housing’s opinion would have been a time consuming, labour intensive and potentially costly enterprise that was not necessarily winnable. While that course of action did not make much sense to CL-M, neither CL-M nor the Advisory Committee considered it acceptable to continue ‘in the dark’ on the mistreatment of women with intellectual disabilities. Accordingly, the decision was taken to redirect the original efforts.

V. *How the Research was Redirected and Redesigned*

This section of the report discusses the alternative research strategy that was devised to get around the roadblocks that emerged. The strategy involved the use of individual narratives provided by women who have disclosed incidents of harm against themselves, focus groups to gather non-identifying information and insight, interviews with knowledgeable people involved in the field of disability and abuse and a two-day ‘think tank’ that brought together 34 highly knowledgeable people on these issues. As well, a focused selection of recent research literature was consulted.³ Consulted materials are referenced in Sections I and II of this report. An earlier and extensive review of the research literature conducted by The Roeher Institute (1994) informed the present study, as did other research conducted by the Principal Researcher while at The Roeher Institute (1995, 1993, 1992b) and for the Canadian Association of Independent Living Centres (2005). Research by others at The Roeher Institute (1988, 1992a, 1997, 1998) also informed the present research.

A. Use of Individual Stories of Women who have Disclosed Incidents

The experiences of five courageous women were documented through personal interviews with them. All these women have previously disclosed to people in authority the harms that have happened to them. They have either read the interview transcripts or have had the transcripts read to them and in all cases agree with the details and have agreed to make their experiences available to the public. To ensure confidentiality, however, their names have been changed in the present report.

Excerpts from these narratives are featured throughout the present report. The full transcripts are provided in the Appendix.

³ It was beyond the scope of the research to conduct a full literature review.

B. Focus Groups for 'Non-identifying' Information and Insight

Four focus groups were convened, one in the summer and three in the fall of 2006. Together these comprised 14 family members 7 service providers, 6 advocates, 8 women self-advocates with intellectual disabilities and 5 government officials. Consistent with the general approach that was originally planned, the focus groups explored the kinds of harms women with intellectual disabilities experience, risk factors, issues in disclosure and response and measures needed to make women safer.

The focus group probes available in the Appendix were used flexibly as 'synergy' emerged during the discussions amongst participants, who felt the need to move across and back and forth between topic areas.

The discussion with five government officials was conducted in the fall of 2006. It was a 'high level' discussion in which participants also discussed the kinds of barriers, harms and other difficulties that women (and men) with intellectual disabilities experience, risk factors and measures needed to address these issues.

C. Two-day Think Tank

A two-day 'think tank' was convened in Winnipeg in November 2006 that brought together 34 people with a range of experience on issues of woman abuse and disability. These people included women with intellectual disabilities, police, family members, service providers, advocates, university students, two university professors, victim assistants, police officers, CL-M Board members, CL-M senior staff, a representative of a Winnipeg disability organization with a focus on independent living and staff persons from two national disability organizations.

The process used a combination of breakout and plenary discussion groups. The first day focused on identifying and exploring: the situations of harm in which women live and work; various factors that place women at risk and silence them; and lessons learned based on reported abuses and responses to those abuses, as well as lessons learned from research and history.

The second day built on the experiences and data captured on the first day and moved towards the design of a comprehensive strategy, targeting ways in which harms against women with intellectual disabilities can begin to be addressed, e.g., through training and empowerment sessions for women and their families, measures needed in law and government, etc.

Dr. Michael Kendrick provided leadership and facilitation for these sessions. Dr. Kendrick has produced a significant body of work focusing in on safeguards, protection and risk issues in both the private and public sector concerning people with intellectual disabilities. A Canadian now living in Massachusetts, Dr. Kendrick is well respected internationally for his writing, training and facilitation on these issues.

The Principal Researcher for the research co-facilitated the workshop and summarized the discussion outcomes from the breakout and plenary sessions. That information together with the other data that was gathered for the research provides the basis for the remainder of this report.

D. Other Sources of Information

Throughout the course of the research the Project Coordinator conducted informal discussions and interviews with other knowledgeable people working in the area of disability and abuse. One of these people is a police officer and others are women with intellectual disabilities, family members and people who are involved in community organizations that provide services to women with intellectual disabilities, some of which specifically address issues of violence against women. As well, the Project Coordinator brought to the table her many years of experience and dialogues with people involved in the developmental disability sector, including family members and service providers.

*I was brought up to believe that the only thing worth
doing was to add to the sum of accurate information in
the world.*

Margaret Mead

VI. Key Findings Concerning Mistreatments Experienced

A. General Dimensions of the Problem

Women who related their experiences, focus group participants and participants in the think tank for the present research identified a range of mistreatments that women with intellectual disabilities experience. Thematically, many of the reported mistreatments fall within the categories of the Criminal Code or VPA, namely those of a sexual, physical, mental, emotional and financial nature. Research participants also identified various forms of neglect.

In some cases, what women experience as mistreatments, have been at the hands of community services and public agencies with responsibility to protect vulnerable persons.

However, not all forms of mistreatment reported by participants in this research fall neatly into the categories of the legislation. Nor do the reported harms that may seem to 'fit' necessarily meet the threshold of 'seriousness' or 'significance' specified in law, i.e., that acts or omissions, whether intentional or unintentional, cause or are reasonably likely to cause:

- death;
- serious physical or psychological harm; or
- significant loss to the vulnerable person's property.

There are, then, some in-between 'grey areas'. Such 'grey areas' were flagged by research participants as requiring vigilance and effective counteractive and preventative measures.

B. Specific Harms Reported

1. Sexual Abuse

The sexual abuse of women with intellectual disabilities arose as a major concern in four of the narratives that women provided, in the focus groups and in the two-day think tank. The sexual

In some cases, what women experience as mistreatments, have been at the hands of community services and public agencies with responsibility to protect vulnerable persons.

abuses that were reported take various forms. Angela's story and one of the incidents related by Veronica involved violent sexual behaviour by the perpetrators.

Sarah's narrative tells about how the perpetrator invaded her personal home and, inspiring terror, left her no perceived option but to have sex with him. Jane recalled an incident of unwanted sexual touching, a problem she indicates is occurring to "lots of other women...but they just don't know what to do and there just isn't anyone that they want to tell..."

In all these narratives the perpetrators were men.

Research participants' concerns about sexual abuse generally revolved around what men do to women with intellectual disabilities. However, an incident was related about what a mother of a young woman with an intellectual disability perceived as "a girl assaulting a girl", i.e., her daughter was at the receiving end of the aggressive sexual advances of a young woman with a physical disability.

Identifying a 'grey zone' between consensual sexual activity and sexual abuse, one participant said,

[It's] more complicated sometimes because [in] two cases I've known...[the] young women didn't perceive it [fondling] as being unpleasant....It begins to seem disrespectful of her feelings if you press it too hard....How to respect her but let her know that it's actually abusive....

2. Physical Abuse

In Angela's narrative and one of the incidents related by Veronica the sexual abuses involved physical abuse as well. Other incidents of physical mistreatment were also related for this research, such as program staff hitting women with intellectual disabilities.

It was last summer. I had been out all night and I ran into a friend, or so I thought. We'd gone to school together so I'd known him for a couple of years. We went by my place. The next thing I knew he'd pulled my feet from under me and was on top of me. I'd hit my head pretty hard - I think I got the sense knocked out of me. I was trying to think about what to do next, because my landlord (who lives upstairs) couldn't hear what was going on at 4 a.m..... I decided to get the hell out of there. It was getting dangerous. ... I didn't think he was capable of doing that to me, but I guess men are capable of doing what ever they want. I guess there was some poor judgment on my behalf because I trusted that he wouldn't hurt me.

From Angela's narrative

In some cases the fear of physical harm is a factor. For example, a woman who participated in the research related how her husband's murderer is now in the community, having been released from jail. The woman is afraid of this man. "Abusers are still out there", she said. Similarly, out of concern for personal safety Sarah obtained a 'personal bond' against the perpetrator of sexual abuse against her.

While not a scientific conclusion, on balance it would seem that sexual rather than physical abuses were of wider concern to the people who took part in this research.

3. Emotional and Mental Abuse

Also of key concern to research participants were various forms of emotional and mental mistreatment of women with intellectual disabilities. What seemed to be of greater concern to participants are multiple acts and words over extended periods of time that together have adverse effects, rather than any specific 'one time' examples of emotional or mental abuse that individually induced 'serious' psychological harm.

More subtle and ongoing concerns include women being subjected to nastiness and meanness, name calling, threats, coerciveness and bullying in service and non-service contexts and being denied ordinary privileges and freedoms by service providers, e.g., a woman being denied dessert and sent to her bedroom for being 'bad'.

Jane's narrative relates how a group home staff person made her sit in the bathtub all night because she had soiled her bed, saying she was "very dirty and dirty girls need... to get clean". The staff person was indifferent to Jane's distress.

Other but more pervasive examples of emotional mistreatment were staff who lose their temper and treat women with intellectual disabilities 'sharply'.

I grew up in two foster homes. The second home wasn't so good. When they [social workers] took me out they said I was like a stone statue, unloved.

From Veronica's narrative

4. Financial Abuse

The issue of financial abuse was raised in the research but was not a topic of major discussion. It was acknowledged that 'friends', acquaintances and service staff – both 'front line' and supervisory – can be perpetrators of financial abuses and that the amounts of money stolen or manipulated away can be significant.

It was also reported in the research that 'merchant abuse' occurs, i.e., where unscrupulous merchants sell products at exorbitantly high prices to people with intellectual disabilities – women included – who are poor to begin with. Essentially the merchants are exploiting women one-by-one.

5. Neglect

Research participants related several forms of neglect experienced by women with intellectual disabilities as a result of omissions by program staff. These forms of neglect include women being left sitting on the toilet for extended periods of time, not being changed after soiling their clothes, not being welcomed or engaged by day program staff, being subjected to the general indifference of foster care providers and service staff, being required to go for extended periods of time without furnace heat while staff have afghans to keep themselves warm, and being left unattended for hours on end while staff watch movies.

I moved to (the institution) at age 10. The Salvation Army lady told my mother and grandmother to put me there for schooling. But I never learned nothing. I was on a ward. I watched TV, went outside, walked around . . . I ran away.

From Rachel's narrative

6. Pervasive and Corrosive 'Under the Radar' Harms

Other harms were identified in the research as abusive – or at best, corrosive – for women with intellectual disabilities. These harms do not necessarily fall squarely within the scope of the VPA or other legislation or policy.

Women with disabilities are paying a terrible price for laws and other instruments that seem to take a 'black or white', 'all or nothing' approach.

A research participant

These harms are reportedly quite pervasive, although they may seem at first somewhat subtle. They include the social and cultural devaluation of women with intellectual disabilities, and prevention by others of women with intellectual disabilities from exercising control over matters that directly affect their lives. As with emotional and mental abuses, it is the cumulative effects of these harms – not necessarily any single incident – that women can experience as abusive.

Concerning devaluation, women with intellectual disabilities were portrayed as having to operate in a broad cultural and program environment of belittlement and disrespect. On the one hand it was acknowledged by a research participant that, “Ninety-nine percent of people in ... [the developmental services] field want to do a good job” and that “This needs to be recognized.” On the other it was also acknowledged that key messages emanating from the broader policy and service ‘system’ seem to imply that it is acceptable for paid workers to think about and treat women with intellectual disabilities as ‘less than’ others. This general social and cultural devaluation of people with intellectual disabilities has been well documented in the sociological literature by analysts such as Wolf Wolfensberger and is acknowledged by major advocacy organizations in North America and elsewhere.

Denial of personal control translates to women lacking choices that square with their needs and aspirations and to women's lack of assistance from support staff and others in making decisions, e.g., such as where to go and what to do today or next week.

... getting away from making decisions *for* [women], respecting and building their right to make choices, to say "no", etcetera, so they don't have to rely so much on other people. We have to do this from when they are little.

A research participant

Lack of control can also have a bearing on how a woman addresses major issues of harm against herself. Said one research participant about the prospect of reporting bad things that happened to her: "If I report, I will lose control over my own life." Others expressed concern about women who report abuses against themselves potentially losing their homes, e.g., as a result of being taken into 'care' by the Public Trustee.

Some common forms of 'treatment' within the developmental services system, such as behavioural therapy and over-medication, were also reported as abusive. Typically the 'treatment' involves a power imbalance between the person administering and the person receiving it, with the receiver being expected to comply with the wishes of the person administering.

Veronica's narrative relates how her experience of being under the Public Trustee for 'crisis stabilization' meant being hospitalized and medicated for months on end.

Following those months there was another year and a half in a large group home, in which she experienced the loss of control over her personal finances and living arrangements, and a general lack of personal freedom, within a regime of 24-hour supervision. Ultimately she had to find her own

financial resources to 'prove' her competence to a psychologist, which was the requirement for living on her own again out from under the control of the Public Trustee.

I remember for 3 months I was in the hospital. I was in a crisis stabilization unit. I was on different medications. A psychiatrist put me under the Public Trustee. I had a worker and a lawyer. They looked after my finances and where I lived. For a year and a half I lived at a large group home. I didn't have any control over my money. I didn't have control over where I lived or freedom. I wanted to go on a trip ... and I had to get permission. I was under 24 hour supervision living in the group home. When I was there, one of the cooks took an apple out of my hand. I was ticked off. I was more outspoken. We had group meetings and I would be saying I didn't like certain things that were happening where we were living. Me and another lady wrote a letter to the head people and they had a talking to the cook and then she was a lot better. I got off the Public Trustee. I had to go to a psychologist and pay money out of my own pocket. I had to prove to her that I was competent by proving I could live back on my own again.

From Veronica's narrative

C. Risk Factors

A variety of risk factors were reported in the focus groups and think tank that render women with intellectual disabilities vulnerable to abuses, neglect and other harms. Some of these risk factors have to do with the women's personal characteristics. Others have to do with their upbringing. Still others have to do with women's social, economic and service situations.

1. Personal Characteristics

The cognitive limitations experienced by women with a severe level of intellectual disability can render them unaware that they are in harm's way. That is, they are unable to read the cues in others' behaviours as menacing, exploitative or as potentially dangerous. Moreover, after the fact they may not be able to appreciate that they have been mistreated.

It happened in my apartment. I can't remember exactly when. A guy from karaoke that I knew, when I was coming home, he followed me home. I knew him from the hotel I always go to. I like to go there to spend time with friends and talk. When I opened my door to go in, he came in. He wasn't invited. He brought a case of beer. We had one beer each. Then I told him to go home. But he kept saying "no". I opened the couch in the living room into a bed so he would go to bed and leave me alone. But it didn't happen like that. I wanted to sleep in my own bed. And then he told me to sleep with him. I didn't want to but I had no choice. He left the next morning.... I was scared. I didn't know what to say. He didn't want to listen. I was terrified. Sometimes I'm having memories about it. I still wish it never happened in the first place, but it did. Now I can't change it.

From Sarah's narrative

Due to the stigma attached to 'intellectual disability', many women with this condition lack personal self-esteem so may go to extreme lengths to garner approval and acceptance from others, including from people with power and authority. This can involve taking part in activities that are ultimately not in the women's own best interests.

The lack of self-confidence of many women with an intellectual disability can result in their not 'pushing back' when they suspect they are in harm's way or being mistreated. They may be that much more afraid to disclose actual mistreatment after the fact.

The natural affectionateness of some women with intellectual disabilities can lead them to spontaneously demonstrate great warmth and good will in relationships, but sometimes with a corresponding naivety about when people may be taking advantage of that spontaneity, warmth and good will.

2. Effects of Upbringing

Some women with intellectual disabilities have not been taught by their family members or the education system to understand the differences between behaviours that are appropriate and inappropriate, safe and unsafe. As a result they may find themselves in compromising situations as adults without clearly understanding that they are in relationships that are abusive or exploitative, or in situations that are dangerous or potentially dangerous.

As well, some women with intellectual disabilities have not been exposed to ordinary information about human sexuality – and may even have been treated as asexual – which can compound any confusion or lack of understanding about behaviours that may not be safe and appropriate.

Lack of basic information about human rights, and about what to do and where to go when those rights have been breached, leaves many women with intellectual disabilities without the necessary tools to get others to respond to the mistreatments they have experienced.

3. Social, Economic and Service Situations

Depending on the social and economic situations of women with intellectual disabilities, they may be more or less vulnerable to various harms and more or less able to remove themselves from harm's way.

Lack of basic information . . . leaves many women with intellectual disabilities without the necessary tools.

For instance, a woman with severe disabilities still living with her aging parents may be in a situation where her parents are feeling ‘stressed’, ‘burned out’ and without the time or energy needed to attend to all her needs. That situation may have been ongoing for years. Key issues, here, are insufficient assistance for family members who provide ongoing support and the lack of alternative support arrangements beyond the family home.

Not every parent is outgoing. Many are withdrawn, shy, and can become preoccupied with caregiving. They lose capacity to go out and get needed support. My sister didn't build her network so her child has no network. We need to help families with this.

A research participant

It was pointed out by research participants that a woman may be more susceptible to various harms if living in an ‘affordable’ housing complex or neighbourhood that is neither safe nor secure, e.g., one that has more than its fair share of drug and alcohol abusers, dealers, gang members, etc.

A woman without a network of friends has limited opportunities to share stories and learn from peers about the world and its risks. She may not have others ‘looking into’ her life with concern about her safety and well being.

A woman who has not been involved in a respectful and reciprocal intimate relationship may not know ‘when something isn’t right’ in a present relationship that may be intimate but not reciprocal. Her felt need for intimacy may take priority over issues of dignity and safety.

In the event of risk or mistreatment, a woman who is verbal and who has quick access to a communication device such as a cell phone has potentially quick access to her personal network for help. A woman without such a device does not have such access to her network.

A woman with an intellectual disability is likely to find herself living in a community where she has limited contact with ordinary community members, where those people labour under various myths and stereotypes about her disability, do not appreciate the risks she faces and would not know what to do and where to go if she has been – or seems to have been – harmed.

It's scary to know that there are many people who are isolated [in group homes], can't speak, who have no advocates - no one watching out for them. Having more people involved in their lives will increase their visibility and safety. It's important to have a number of people who are witnesses to a person's life. Day programs and residential programs won't report on one another if they're in the same organizations.

A research participant

A woman who is receiving services from an agency with high staff turnover or from staff untrained on issues of abuse and neglect, will not be in a situation of continuous attentiveness to her well-being, so potential warning signs of abuses against her may go unheeded.

A woman who relies on anyone for support – service provider or other member of the community – may be vulnerable to various forms mistreatment by that person.

A woman who is receiving services from an agency that has not done appropriate background checks of job applicants and staff may find that she is receiving service from someone with a criminal record for sexual or physical assault. Then again, she may be receiving service from a person without a criminal record who has been disciplined by an employer for sexually exploitive, physically violent or emotionally abusive behaviours.

Another time a friend of my brother's drove me home and he touched me on my breast and said it was a good idea if we didn't tell anyone but I told Judy. I was very proud that I told her because it was my right to tell. I know lots of other women who have these things going on but they just don't know what to do and there just isn't anyone that they want to tell except me.

From Jane's account of her experiences

A woman who is poor may have little say about who provides the help she receives and few service alternatives if a helper turns out to be abusive.

Depending on the service context, there may be few or no standards to uphold the safety and security of women with intellectual disabilities. For instance, foster care arrangements can be terminated quickly where there is failure to meet the 'necessities of life'. Otherwise, the only standards for this sector are reportedly through informal self-regulation.

Licensing requirements for residential services afford some protections for women with intellectual disabilities but there are reportedly no such requirements for day services. Concerning standards that are in place for residential services, in the words of one research participant, "The gaps between

safety and being in an approved home are large”; living in an approved home is not necessarily a guarantee of personal safety.

[Vulnerability is a result of] isolation in the group home. Depending on the home and the organization, people can be very isolated from the community. They live, work, recreate with the same people. We expect disabled people to do this. Underpaid staff who change [through high job turnover] and who are underpaid are involved in all this. People are not in the community. Building networks and embedding [people] in the community is the hardest thing to do for staff.

A research participant

VIII. The Nature, Limitations and Strengths of the Present System for Addressing the Mistreatments

Section II of this report provides an overview of some key provisions for deterring and responding to the mistreatment of women with intellectual disabilities. Some of these provisions – at least in principle – apply to all citizens, such as the Charter and Criminal Code. Other provisions are specific to people with disabilities, such as the VPA and its planning process, the Office of the Vulnerable Persons’ Commissioner, the Public Trustee and Residential Care Facilities Licensing arrangements. Some provisions, such as the Canada Evidence Act and Manitoba Evidence Act, may or may not apply to a woman with intellectual disabilities, depending on her personal characteristics as discussed below.

The discussion in Section VII, on the harms women have experienced and underlying risk factors, points to some aspects of the socialization of women with intellectual disabilities that can leave or render them vulnerable and without the tools needed to address mistreatments. That discussion also points to aspects of the policy, program and service ‘system’ and the community more generally that can engender and reinforce women’s vulnerability.

The present section of the report provides more detail on the nature, limitations and effectiveness of the present system and key players within it. By implication, so do the following sections of the report, which provide directions for the future.

D. General Concerns

Several general concerns were raised in the research, including:

- Women with intellectual disabilities are under-valued in society. This results in systemic abuse against them and the persistence of myths about them. Indeed, research recently commissioned by the federal government’s Office for Disability Issues found that the general public tends on the whole to regard people with disabilities with polite ambivalence and even with prejudice (Prince, 2006).

Women with intellectual disabilities are undervalued in society.

Fear is a general problem that permeates the entire 'system' and that can silence disclosure of mistreatments.

- Better training, education and awareness-raising are required at multiple levels across the entire 'system' and community about women with intellectual disabilities and the challenges they face so, in the words of one of the research participant, "neighbours will be looking out for others".
- Fear is a general problem that permeates the entire 'system' and that can silence disclosure of mistreatments and shut off effective responses. As observed by a research participant,

There is a sense of paralysis. This needs to be talked about and taken out of the closet. But there is fear on many levels. Women are afraid of more bad things happening. Staff are afraid of losing jobs. Agencies are afraid of losing funding. Government is afraid because talking about everyday oppressions and abuses ... is like opening a 'can of worms'.

- Referring to the 'disconnect' between women with intellectual disabilities and their communities that often results in the women's social isolation, one person said, "We need citizens around people with intellectual disabilities, not just government workers." That was a recurring theme in the research.
- There is general lack of 'system support' to help women with intellectual disabilities report and deal with abuse. In the words of one participant, "This reinforces women's lack of trust [in the 'system']". The fear of dealing with the system can be worse than the original abuses."
- Ordinary citizens do not understand their role, what to do and where to go in the event that they have concerns about the safety and security of women with intellectual disabilities.
- There is a lack of provincial crime statistics on victims with intellectual disabilities – female and male – and the various abuses that they are experiencing.
- Short-term project funding means that there is a lack of longer-term investment in the development and dissemination of informational products on the mistreatment of women with intellectual disabilities. It also results in a lack of longer-term investments in strategies to address those problems.

E. The Socialization of Women with Intellectual Disabilities

Several concerns were raised about the socialization of women with intellectual disabilities, including that they:

- Often lack of self-esteem, which results in their susceptibility to sexual abuses, bullying, oppressions and other mistreatment. This reinforces women's lack of social control and other problems.
- Have often been socially conditioned to be compliant to authority figures, so under-report sexual and other abuses.
- Often have little education or other background on human sexuality and intimacy in relationships so are susceptible to exploitation and other mistreatment.
- Tend not to be knowledgeable about their rights. As pointed out by one research participant, "We have done a poor job educating them about their rights."

A long time ago I didn't know what rights were or how to get them. So things just kept happening to me that I didn't like but I didn't have no idea that I had the right for them not to happen... Now I say to everyone if it happens you tell and you tell right now! Cause it is my right.

From Jane's narrative

- Generally do not know what to do about everyday 'oppressions' and abuses.
- Are often afraid of being lonely, isolated and 'left behind' so may resort to measures to make themselves feel included and valued that may not be entirely appropriate or in their own best interests.

F. Federal Constitutional and Legislative Measures and Implications for the Justice System

As discussed earlier in this report, The Charter of Rights and Freedoms pertains mainly to adverse actions or omissions of the state. It presumes that people have the ability to avail themselves of the Charter's rights and protections, which in part means gaining access to the court system and providing testimony.

However, under the Canada Evidence Act and Manitoba Evidence Act it is unlikely that a court will hear evidence from a woman with a significant intellectual disability who is unable to communicate verbally, through sign language or by means of an alternative communication system.

For a woman with an intellectual disability who provides testimony based on a simple promise to tell the truth, there is a risk that the court will consider her testimony less credible than testimony provided under oath or solemn affirmation by a non-disabled defendant. The *only* people permitted under the Act to provide testimony on the basis of a promise to tell the truth are children younger than 14 years and adults who do not understand the meaning of an oath or solemn affirmation. In other words, women who testify on this basis are at risk of having courts assigning their testimonies the status of children's testimonies.

While the burden of proving an adult woman's inability to understand an oath or solemn affirmation falls to the parties who challenge her mental capacity, the process of proving her incapacity can be a most unpleasant one for the woman.

If the Criminal Code offers many protections, women with intellectual disabilities may experience a range of harms that the Code does not clearly cover, such as harms that fall 'below' the point of, or reasonable likelihood of causing, death, bodily injury, unlawful confinement, permanent injury to health, serious psychological damage or destitution.

Together the limitations of the Charter, laws pertaining to evidence and the Criminal Code can make it difficult for authorities to prosecute cases where it is unclear whether mistreatment of a woman with an intellectual disability is, or is likely to be, a criminal matter. Even where that much does seem clear, it can

Women with intellectual disabilities may experience a range of harms that the Code does not clearly cover.

be difficult to prosecute, especially if the woman can communicate verbally but confuses some of the details of the incident, such as what happened, where it happened, when it happened, who was involved, and so on.

Effectively, police can 'filter' such cases out of the criminal justice system before they reach the Crown Attorney or the Crown may do so before the cases reach court because the cases do not seem winnable.

As well, police and Crown Attorneys may be reluctant to submit a woman who has evidently been through a traumatic incident to what may be the further trauma of the court system, which can be highly adversarial and difficult for complainants under cross-examination (Roehrer Institute, 1995; CAILC 2005).

The differences between women with intellectual disabilities and other women become clear as they move through the justice system. They have difficulties entering and need support. There are few convictions in these cases.

We need a system that looks at the 'balance of probability' rather than the 'balance of proof'.

A research participant

While some women have found the criminal justice system, in the word of one participant, "useless", that participant also said, "There have been some good experiences with the justice system." The participant was referring to police officers with the Winnipeg Police Service who have extensive experience addressing violence and abuse against people with intellectual disabilities. The participant said that more such officers are needed.

However, another participant drew attention to the fact that there is no Vulnerable Persons Unit as such at the Winnipeg Police Service, but, owing to funding constraints, only a Vulnerable Persons Coordinator, i.e., one person who cannot be available '24-7' to address issues that may arise any day and at any time of day or night.

Another participant said of Victim Services under Manitoba Justice that the services have been "good and positive" and another participant found it encouraging that people involved in providing services to victims attended the two-day think tank.

Several observations, concerns and criticisms were raised about the legislation and its implementation.

G. The VPA and its Implementation

This research did not set out to conduct a thorough analysis of the strengths and limitations of the VPA or personnel, their offices or other measures to implement the Act. Generally, participants for this research seemed to feel comfortable that the entirely separate process for reviewing the VPA was in good hands and would yield useful results.

However, in the context of the present research, several observations, concerns and criticisms were raised about the legislation and its implementation.

For instance, it was pointed out that, regardless of whether a woman has some significant cognitive difficulties and needs assistance with basic care or financial management, in practical terms she is not eligible for protection under the Act if she has an IQ higher than 70. Nor, for that matter, is she likely to be eligible for many of the services provided by Manitoba Family Services and Housing.

For women covered by the VPA, it was reported that application of legislation is "iffy" on the 'front line', i.e., that the application of the law is dependent on individual workers.

Regarding non-contamination of evidence in initial reporting of mistreatment, the view was expressed that the police should be called first, then the Community Service Worker at Family Services and Housing. Reportedly, however, VPA training has it that people reporting abuse or neglect are first to bring their concerns to the attention of Community Service Workers, who then may refer cases to police. It was pointed out that, if Community Service Workers are not careful to avoid asking leading questions, the entire criminal justice process from that point onwards could be compromised.

A somewhat contrary view was also expressed, however. A research participant affirmed that, under mandatory reporting, the Community Service Worker makes the decision about whether mistreatments are brought to the attention of police. This participant viewed the arrangement as positive because there is, at least in the view of that person, some over reporting of harms, i.e., there is a need for some ‘filtering’ of cases before they are brought to the attention of police.

In either case, however, attention by Community Service Workers to the possibility of contaminating evidence requires vigilance.

Concerns were expressed about how the Act’s stated presumption of vulnerable women’s capacity to make their own decisions is typically interpreted in practice. The view was expressed in the research that, “Staff and women with intellectual disabilities don’t have equal voice. The VPA pays lip service to women’s competence.” The research participant was making the point that women with intellectual disabilities automatically lose their right to make their own decisions about the incidents where abuse or suspected abuse is involved.

As discussed earlier, not all forms of mistreatment reported by participants in this research fall neatly within the VPA’s categories of harm. Nor do the reported harms necessarily meet the Act’s thresholds of ‘seriousness’ or ‘significance’, i.e., those causing or likely to cause death, serious physical or psychological harm or significant loss to property.

For instance, ‘death’ and ‘serious physical injury’ are terms that may not require detailed definitions for most people. However, a greyer area is ‘serious psychological harm’, which neither the VPA nor its Regulations define. Nor does the Criminal Code of Canada define ‘serious psychological damage’, a related term. Further, the VPA and its regulations do not address losses to property that are objectionable and ethically unacceptable though they may fall somewhere outside what that law and most people would likely consider ‘serious’ or ‘significant’.

Women with intellectual disabilities automatically lose their right to make their own decisions about the incidents where abuse or suspected abuse is involved.

For example, a woman with an intellectual disability on social assistance is likely to be poor, particularly if not living with her parents or siblings. The maximum allowable to her under Manitoba's Employment and Income Assistance is 41% of Statistics Canada's Low Income Cut-Off, a widely used if unofficial indicator of poverty that is sometimes called the 'poverty line'. Her income is at best 30% of the average income in Manitoba and 38% of the middle-range (median) income in Manitoba (Canada Council on Welfare, 2005). The theft of twenty dollars from such a woman may not seem 'significant' to the law, its interpreters or the wider public, but may mean the difference between eating and not eating for several days. Women in such circumstances could well experience such a theft as a most significant loss of personal property and even as traumatic – particularly if it happens more frequently than once or twice in a long while.

Similarly, it may be difficult to show that serious psychological harm or damage has resulted from subtle derogatory treatments, name-calling and insults over weeks, months or even years. A woman with intellectual disabilities may have difficulty summing up the negative effects of such treatment, let alone finding the courage to complain about it. Her family members and other advocates/ supporters, if any, may be unaware of or unable to construe a pattern of ongoing mistreatment. Support staff people who have become inured to such negative treatment may not appreciate the harms caused or complain, either.

A woman unable to free herself from a situation where she is more than occasionally slapped, pushed or shoved, or physically or pharmacologically restrained, may not be able to show evidence of serious physical or psychological harm but could well experience such acts and their impacts as 'serious' nonetheless. Such actions can take place under the patina of 'behaviour management' or can be disguised in other ways. Then there are situations where women are denied ordinary freedoms and privileges, such as going out and meeting others, being able to mingle with others in her own home, enjoying little pleasures, and so on.

Women with intellectual disabilities and/or their advocates may feel that such situations require attention. However, given the reading of law and policy by people in authority, those in authority may not consider such mistreatments or omissions 'serious' or 'significant' enough to bring to bear the full weight of the province, with all its legal, policy and program sanctions.

Said one participant in this study:

Women with intellectual disabilities aren't living in a 'black or white' or 'all or nothing' world, but instead have to deal with various shades of grey. Often the situations they have to deal with aren't just 'horrific' or 'no problem' but fall somewhere in between. It's the 'somewhere in between' stuff that happens regularly for some women – day in and day out, for weeks, months and even years on end – that exacts a toll... The 'grey stuff' that doesn't fall under the VPA is real [but] reporting is not taken seriously.

On the other hand, the women affected by such 'grey area' issues and/or their advocates may want *someone* to respond and do *something*, but within reason. However, people in authority may perceive that even the 'whiff' of mistreatment of a woman with intellectual disabilities requires that the full weight of the province be brought to bear against the people and organizations allegedly involved. Such interventions may not be entirely appropriate in some cases. Indeed, such interventions could be against the explicit wishes of the woman affected, over-vigilant in the interests of saving face for government, over-protective, over-restrictive and ultimately counter-productive for the woman 'protected'. These interventions may be unhelpful to the service organizations and others who need to strengthen their capacity to become more sensitive, respectful and supportive of the women affected by the mistreatment.

Sometimes the small abuses become ingrained and routine. Persistent abuses contribute to an environment of fear. Women need to understand their rights and feel empowered to stand up for their rights.

A research participant

Laws, policy, programs and people in authority have responsibility, then, for ensuring not only the safety and security of women with intellectual disabilities, but also their freedoms and liberties. In the words of one participant, "There are rights restrictions, people being yelled at and criminal acts. We shouldn't trivialize the criminal acts without losing sight of other abuses that make women vulnerable and that harm their self-esteem." This means fostering self-determination and independence while keeping

mistreatments in check. Nuanced instead of 'black or white' responses to 'grey' area issues are required. As one participant in this research said, "The lack of understanding of legislation like the VPA leads to its misapplication, which results in increased vulnerability."

H. The Public Trustee

Research participants expressed concern about the Public Trustee Act and how the office of the Public Trustee functions, particularly with regard to substitute decision making. One participant said, "the Public Trustee has huge control over people's lives" and one of the breakout groups during the think tank presented the view that,

The Public Trustee Act is 'either – or'. There is no 'middle ground'. The Act is very constraining. This intervention mechanism facilitates non-reporting [of women's mistreatment]. It is hard to get independence back once involved with the Public Trustee. No advocates are assigned [to women under substitute decision making].

In the words of one participant,

The Public Trustee has become an abuser. It is negligent by failing to act, to advocate, [not] adhering to the principles of VPA and by failing to shift its attitudes. There appears to be no accountability of the Public Trustee. No one seems to be able to hold this office accountable.

Another participant said in less sharp terms about the Public Trustee's office, "It's not working so well."

Such problems seem to stem from the Public Trustee's reported confusing of full committeeship versus the specific powers and responsibilities for substitute decision making per the Vulnerable Persons' Act. The Trustee reportedly tends to follow a fully controlling approach while non-Trustee substitute decision makers are instructed and trained to ensure decisions are based on the vulnerable persons' own wishes, values, beliefs and involvement in decision making wherever possible. Fostering and moving towards independence and supported decisions are often goals of non-Trustee decision making. The Trustee's adherence to the spirit of the Act is something that research participants indicated they had not experienced.

I. Community Services

Research participants reported a range of positive and not-so-positive features of present service arrangements. For instance, The Independent Living Resource Centre reportedly offers good programs for women with disabilities on issues of violence. A reported strength is that it is 'consumer controlled' and empowers women. People First of Canada reportedly does good work on women's leadership, sharing experiences around issues of safety and security. KLINIC, a private, multi-specialty medical clinic in Winnipeg, was also identified as being open and willing to provide helpful services to women with intellectual disabilities.

Participants reported that transition homes and women's shelters have had some good staff that are attentive listeners. But these places are not always accessible, nor are the staff always knowledgeable about how to intervene, especially where the challenging behaviours of women are at issue. For their part, women with intellectual disabilities typically do not know about shelters and transition homes and how these services can help them.

It was also reported that women with intellectual disabilities have had some good experiences with counselling services, but "some not so good" experiences as well because counsellors tend to lack background on women with intellectual disabilities. Further, cost can be a barrier to women, especially for those with low incomes seeking access to effective counselling to address mistreatments.

One research participant told of a positive change they had experienced when they went to the hospital with their family member with intellectual disabilities. The person was reportedly treated with much more respect than in the past. Hospital staff spoke to this person rather than to 'Mom'. Reflecting on improvements that have occurred in services over the years, one respondent said, "We need to look back at what we didn't have and what we do have now." Others, however, pointed to the need to develop educational resources and venues to increase health care providers' sensitivity to situations and experiences of women with intellectual disabilities who come to hospital, and to help health care providers not re-victimize women in hospital settings. As well, it was reported that not all health care providers are well versed in the VPA.

Participants reported a range of positive and not-so-positive features of present service arrangements.

Issues and barriers that research participants reported concerning direct community services with a specialized focus on women and others with intellectual disabilities include the following:

- The lack of values-based approaches to leadership training and recruitment reinforces the vulnerability of women in the service 'system'.
- Training is uneven. Staff people in rural areas have less access to it. Staff people for whom English is a second language tend to have difficulty understanding 'community living' and may require more training or individualized attention in the training that is available to them.
- Board members of agencies may be unaware of their own responsibilities in the area of abuse and neglect, indications of abuse and neglect by staff, what can be done to make the services for which they exercise oversight and governance more respectful of women, and so on.
- Staff may be uninformed about the potential consequences if they are caught doing 'bad things', particularly when the bad things fall within the 'grey areas'.
- Owing in part to low wages, there is a 'revolving door' of caregivers moving into and out of the lives of women with intellectual disabilities receiving services, resulting in lack of continuity of support and lack of ongoing attention to their well-being. High staff turnover leads to the need for ongoing and systematic rather than periodic training.
- Due to high demand for labour in the service system, it is reportedly not altogether uncommon for agencies to overlook conducting background and reference checks of prospective staff. Where performed, criminal record checks pertain only to people with convictions, so will not flag people who have done 'bad things' but who have not been convicted. Reportedly, abusers – whether with or without criminal convictions – can 'cycle through' the service system.
- Agency management may not be alert to staff behaviours that can indicate abusiveness and may not address these issues in performance evaluations.

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- It was reported for the research that Family Services and Housing does not necessarily notify a service agency about the nature of an allegation that the Department is investigating or provide the name of the staff person implicated. Sometimes the department may tell an agency to lay off the implicated staff person until the investigation is complete, but without providing information to the agency about the nature of the allegation under investigation. Where an investigation has no definitive outcome, neither the agency nor the accused may be informed about the nature of the allegation that was investigated. Such arrangements leave agencies and staff in a most awkward situation.
 - Families, managers and direct service workers in agencies are often afraid to be 'whistle blowers' out of a range of fears such as job loss, government response, and concerns about adverse impacts against women with intellectual disabilities. This was a recurring issue in the research.
 - There is a 'disconnect' between abuse/zero tolerance policies that agencies might have instituted and day-to-day realities. Often the senior agency people are unaware of day-to-day practices and the experiences that women are having or do not deal seriously with the 'grey areas' as forms of abuse.
 - Some agencies' policies and procedures for reporting and responding to mistreatments of women with intellectual disabilities are reportedly ill defined and lead to poor handling of incidents.
 - Parents can be afraid about what will happen, when they die or cannot be available for other reasons, to their daughters in the service system. Accordingly, they may be reluctant to complain too loudly when abuse or mistreatment is suspected. Asked one parent reflecting on the lack of alternative support arrangements, "Will my daughter lose placement – lose her home?"
 - Present service arrangements reportedly take away women's choices. For example, the 24-hour model of support was characterized as taking away options for independence and women reportedly have difficulty moving from group homes into supported living arrangements. Middle managers can be afraid of 'letting go' and of women with intellectual disabilities then making bad choices, with managers being held liable for any harms that occur. A participant in the research

Families, managers and direct service workers in agencies are often afraid to be "whistle blowers".

observed, “it is a skill set to help people learn from mistakes rather than taking control away from them”.

- Women who have experienced abuse can express their anguish in a variety of ways, such as lashing out at others or self-injurious behaviour. One research participant observed that, “Behaviour management can get in the way of this”, referring to measures that address behaviours but that stop short of dealing with the root causes.
- At one time there were periodic ‘get togethers’ of agencies and justice professionals, i.e., ‘safety networks’, but it was reported that only one out of four of these networks continues to meet and represents only about 10% of the agencies that should be involved.
- On a more general level there is reportedly a lack of safe, secure and affordable housing for women with intellectual disabilities, e.g., under programs run by the Manitoba Housing Authority.

No funding has been available to families to help them develop support networks around women with intellectual disabilities.

J. Supports for Families

Participants indicated that, to date, no funding has been available to families to help them develop support networks around women with intellectual disabilities, especially young women leaving the school system. One participant said, “It would be great to have support for families during these years. It takes a lot of time. It took me eight years to get my daughter set up in her own home in the community. I’m pooped.”

It was also pointed out that, owing to the demands and time commitments involved in caregiving, family members do not always look out for their own well-being, develop their own social networks, etc. Families need encouragement and support to attend to such issues for themselves, not only for daughters (and sons) with intellectual disabilities. One research participant, reflecting on the involvements of families with government workers said, “Families prefer to work with a network of friends ...”

One research participant asked, “Where do women with intellectual disabilities learn about how to see themselves?”

It was observed that the value-base of families and the education system can instil positive images in girls as they develop and that families need to be empowered and equipped to empower girls and young women.

Parents usually want to protect their daughters from potential dangers. Accordingly, parents are often afraid of their daughters with intellectual disabilities being involved in intimate relationships because of their daughters' vulnerability. A "Big fear", said one participant, "is who's going to live with my daughter ...when I'm gone? Relationships outside the family are different but this is part of life." Families do not always have assistance to come to terms with such issues.

The general observation was made that, "Things go better for families that are well informed". However, it was also observed that families typically are not well informed – or are misinformed – about the VPA.

"Things go better for families that are well informed."

*There may be times when we are powerless to prevent
injustice, but there must never be a time when we fail to
protest.*

Elie Wiesel

IX. Directions for the Future

Manitoban women with intellectual disabilities are vulnerable to a range of harms and present services and programs are not working as effectively as they could to prevent and respond to these problems. In order to address these problems, what needs to happen and who should be doing what?

The present section of the report answers those questions with a view to women with intellectual disabilities, families, the community and the broader-level 'system' of governmental departments, agencies and provincial non-governmental organizations.

1. Women with intellectual disabilities

Support and opportunities should be provided to women with intellectual disabilities to understand their own value, to speak up, speak out about and 'push back' against unacceptable behaviours and practices. They also need basic sexuality training, knowledge about boundaries, etc. This can happen through schools, People First, community services, and through measures to support parents and siblings to help their daughters and sisters in this regard. One or more pilot projects to address such issues would be helpful.

Women with intellectual disabilities need other information about what is and is not abusive, and about what to do and who to contact in the event of mistreatment. That information should be simple to understand for people with low literacy skills. Women with intellectual disabilities also need more guidance about how to use the telephone directory so they can 'ferret out' appropriate people and agencies in the event of mistreatment.

Women self-advocates should be trained to become trainers and co-trainers of others (e.g., direct service providers, families, other self-advocates) on sexuality, safety, etc.

Opportunities are needed for self- and co-maintenance by women with intellectual disabilities to help deal with stress, mistreatment and other challenges.

What needs to happen and who should be doing what?

Individualized safeguards need to be devised that take into account the needs and vulnerabilities of specific women with intellectual disabilities. A 'one size fits all' approach is inappropriate and often effective.

Lack of resources results in women living without needed supports in hotels, which in turn increases their chances of experiencing abuse, even death. There is a need to expand supported living arrangements for women at high risk.

Outreach programs should be created to reach out to vulnerable women, including women with Foetal Alcohol Spectrum Disorder (FASD) and to put together the supports to prevent and reduce harms and danger, and to ensure these women are not abandoned.

There is a need for a very flexible support system to create person-centred, customized support arrangements.

2. Families

In several North American jurisdictions, values-based, family-led services have been created in the face of traditional developmental services. Some of these alternatives have been more innovative, focusing on transferring and sharing power with women. This creates the potential for less misuse of power and therefore less abuse than conventional services. The alternatives seem to accord better levels of safety, security and autonomy to women. The government could foster more of this. Issues that may require attention in the area of family-led initiatives, however, could include a tendency to over-protectiveness/ paternalism (e.g., denial of women's personal agency and control).

There is a need to ensure families have the help needed to articulate and anchor their values, develop and extend their vision for the futures of their children/siblings, consider potential support arrangements, detail these considerations, etc.

There is a need to empower families. Possibilities include: family governed services; support for the development and maintenance of family networks; support for values development / articulation and vision-building in families; support for independent advocacy for families so they do not feel overwhelmed by the advocacy role; investments to help families develop leadership skills and link to

other leaders, including People First; and projects started by families to address an unmet need or issue (e.g., abuses).

Families often deny their own need for self-care. Family-governed, flexible and individualized family supports could help, here.

Families should be encouraged to come to sessions on abuse, sex education, etc. It was reported that family members typically do not want to become involved with such issues.

3. Community

a) Service Organizations

Research participants suggested a variety of measures in the community services system that could help reduce the likelihood of mistreatment of women with intellectual disabilities and that could improve the chances of effective responses to mistreatments:

There is a need for more widespread, ongoing, values-based, highly practical – and even mandatory – training of direct-service providing staff concerning issues of violence, abuse, neglect and other mistreatments against women with developmental disabilities.

There is a need for agencies to ‘buy into’ a common set of basic values that clearly flag unacceptable behaviours and practices, both criminal and non-criminal. Government could engage service providers in explorations of staff and organizational values, attitudes and practices.

Service organizations should be required to undergo regular ‘safety audits’ with a focus on ensuring the safety and security of the people they serve.

Government should fund the standardization of support workers’ responsibilities and the creation of a code of ethics within the profession.

There is a need for more widespread, ongoing, values-based, highly practical – and even mandatory – training of direct-service providing staff.

Agencies at all levels need to begin taking systemic abuses 'out of the closet'.

Service organizations could convene values-based conferences to help people (direct service providers, managers, families, self-advocates) to remain mindful of values issues. Service providing organizations could assist families to connect into a range of value-based initiatives.

Conditions of safety should be created so people 'in the know' can shed more light on how abuses against women with intellectual disabilities are hidden and covered up.

Opportunities are needed for self- and co-maintenance by service providers to help them deal with stresses and other challenges.

There is a need for better communication across agencies.

Services could play a role in facilitating development of, or assisting families to develop, support networks around women with intellectual disabilities.

Organizations have developed methods to put highly individualized supports in place. These methods can be and should be taught. This has happened in Manitoba (e.g., for people with FASD, coming out of institutions, looking to live in apartments and so on).

Ultimately, agencies at all levels need to begin taking systemic abuses 'out of the closet' and find ways to initiate dialogue with women themselves and with support staff, middle management, senior management and Board members. Attention needs to be paid to the barriers to disclosure that presently exist and to a focused identification process that will define precisely what will and will not be tolerated within the organization.

There needs to be a strategic and comprehensive plan put into place that will move agencies into a climate where speaking openly and honestly about current practices is acceptable and comfortable. It should no longer be an issue of 'is it happening here?' but rather a response that moves agencies and people towards 'let's discuss openly what is happening here'.

b) Police

If undertaken by police the following activities could help improve the safety and well-being of women with intellectual disabilities:

Provide safety planning for and with women with intellectual disabilities.

Collaborate with others to create a resource base on disability for police in communities outside of the Winnipeg area.

Pilot an approach or develop tips/pointers that parents can use to clearly articulate to police the nature of their family member's vulnerability.

Develop or infuse anti-violence counselling with a focus on and sensitivity to women with intellectual disabilities.

Ensure police training has components and learning resources on vulnerability, abuse and women with intellectual disabilities.

Engage with community organizations in consciousness-raising about age, gender, race and disability across all these levels of difference.

Try to develop faster response time on issues of violence and abuse against women with intellectual disabilities.⁴

Try to secure funding to continue the position of Vulnerable Persons Coordinator, ideally increasing the capacity of that position to the level of a Vulnerable Persons Unit with several staff.

⁴ The breakout group that provided this recommendation acknowledged that there would be resource implications that would not be entirely within the control of a given police service.

c) Women's Organizations and Related Services

Generic women's shelters, sexual assault services, counselling, etc. need training on the issues and needs of women with intellectual disabilities.

Shelters make eligible services available for limited periods of time (e.g., 3 days) that are not realistic concerning women with intellectual disabilities. Shelters should be encouraged and enabled to invest more time and effort for women with intellectual disabilities who needed extended support.

The efforts of women's organizations that are doing outreach should be built upon so these initiatives will have better information about and will place some attention on issues facing women with intellectual disabilities.

d) Services for Newcomers

Immigrant services need more awareness about women with intellectual disabilities and in particular about women with intellectual disabilities who are experiencing distress and harms.

e) Other services

Literacy programs should be open to and able to accommodate the learning needs of women with intellectual disabilities.

Groups that have secured funding under recently developed funding for family violence prevention through Family Services and Housing could be approached to place a focus on issues of abuse against women with intellectual disabilities.

f) General Leadership Development and Awareness Raising

Broad-level education is needed to ensure the community at large is more aware of issues of vulnerability that women with intellectual disabilities face, e.g., women likely to be at risk, signs of harms, etc.

Values-based leadership is needed to ensure a focus on women with intellectual disabilities, their needs and aspirations, etc.

The knowledge and skills of people who are already solid leaders in the community could be enhanced if more women with intellectual disabilities were deployed to assist in their education and development.

4. Macro System

Research participants suggested and even urged that various departments individually, across departmental lines and in collaboration with NGOs, pursue the following.

a) Manitoba Justice – The Public Trustee

Manitoba Justice could do the following to better foster the safety and independence of women with intellectual disabilities:

Convene a community governing board for the Public Trustee comprising a variety of stakeholders, including women with intellectual disabilities.

Conduct regular reviews of the Office of the Public Trustee and include community members in those reviews.

Ensure an appeal process operates in line with the principles of the VPA for women with intellectual disabilities so they can challenge labels of ‘incompetence’. Present arrangements are reportedly very difficult and unpleasant for women with intellectual disabilities.

Convene a community governing board for the Public Trustee.... including women with intellectual disabilities.

Find ways of holding the Trustee to the same level of accountability as non-Trustee decision makers to the principles for decision making embedded in the VPA.

Ensure that women have independent advocates. These could be self-advocates, but need not be limited to self-advocates. This is particularly important for women who have only paid people in their lives.

Ensure women with intellectual disabilities are involved in safety planning.

b) Manitoba Health

Develop education resources and venues to increase health care providers' sensitivity to situations and experiences of women with intellectual disabilities who come to hospital (e.g., after assaults; for other hospital use).

Ensure women with intellectual disabilities are involved in safety planning and treatment planning.

c) Manitoba Education, Citizenship and Youth

In the health curriculum manual, create an insertion that places a focus on girls and women with intellectual disabilities and on positive values towards people with disabilities for school-aged children.

Include a plain language section in The Little Black Book (a program for teens on sexuality). Ensure youth with intellectual disabilities are included in sexual health classes.

'Nudge along' Circles of Friends for girls, especially for those who do not have social skills to do this themselves.

d) Manitoba Family Services and Housing

General Considerations

Create a more seamless service system from childhood to adulthood so women with intellectual disabilities do not 'fall through the cracks' in the life transition from childhood to adulthood and the associated transition from children's to adults' services.

Supported Living Division (Adults)

Key things that need to be done:

- Identify service and system factors that render women with intellectual disabilities at risk and prioritize these systems, services and factors for attention
- Reach out to the women affected and transfer resources needed to support them
- Recognize and reward projects/services that are trying to innovate and transition provide to more individualized approaches
- Through the Vulnerable Persons' Commissioner, engage in dialogue with the Public Trustee concerning the principles for decision making embedded in the VPA
- Continuously invite women with intellectual disabilities to engage in discussions about issues concerning the design and implementation of the VPA, and enable these women to help define key issues to be addressed concerning the Act's design and implementation.
- Along with community agencies and other stakeholders including women with intellectual disabilities, their family members and other advocates, 'brainstorm' nuanced responses to assist women whose situations and experiences of mistreatment fall somewhere between the extremes of 'no problem' and 'horrific' as discussed earlier in this report.

Recognize and reward projects/services that are trying to innovate.

Ensure all workers and supervisors . . . receive values-based training and ongoing monitoring.

- Hold agencies accountable and support them to develop ways and means of supporting women with intellectual disabilities more respectfully, more safely, etc.
- Ensure all workers and supervisors that provide direct services to women with intellectual disabilities receive values-based training and ongoing monitoring.
- Provide individuals and families better access to flexible, individualized funding that they can use to secure and manage the supports they need. This will not work for everyone and may not be wanted by everyone, but will appeal to many.
- Develop effective transition planning for children and youth unlikely to end up in adult supported living and other programs for adults.
- Establish community-government governance board(s) to oversee developmental services.
- Create a dedicated 'innovation fund' in the department's base budget (i.e., a small percentage) that is reserved each year to meet the unique needs of women who are most vulnerable/distressed. This would not be a crisis fund. Attention will be needed to clearly define 'innovation' so that the fund is actually used for novel ways of meeting women's needs instead of traditional approaches that are eligible for funding through other channels.
- Explore whether there would be some advantage in pursuing similar licensing standards for day programs as are in place for residential services to ensure basic levels of safety, security and service quality.
- Create a registry of care providers who are known abusers, like the registry of child abusers, with similar guiding principles and administrative arrangements.
- Create a self-regulating body that requires the meeting of basic professional standards for people working in the developmental services sector.

-
- Fund service agencies to conduct annual or semi-annual criminal record checks of employees in the developmental services 'system'.
 - Devise fiscal processes whereby conventional programs can be transitioned to become more flexible and individualized (e.g., allocate 3% per year for this).

Employment and Income Assistance (EIA) Division

Separate Income Assistance for people with disabilities from general Income Assistance. Create a less stigmatizing, more adequate program.

Find ways of enabling women (and men) with intellectual disabilities to receive private insurance or other income while on Income Assistance, e.g., up to \$400 before it gets 'clawed back'.

e) People First / Community Living – Manitoba

CL-M should dialogue with and educate women's organizations. Those organizations may not understand materials developed by CL-M to date. There may also be a need for CL-M to develop new tools for day programs, residential settings, etc.

Advocacy groups should employ women with intellectual disabilities and pay them real wages.

Self-advocates should be engaged to do presentations and assist with other forms of capacity development, including when CL-M networks with other groups.

Involve Family Services and Housing in an event like the think tank that was convened for the present research.

Self-advocates should . . . do presentations and assist with other forms of capacity development.

f) Cross-Sectoral Approaches

Build on the successes of the Provincial Special Needs Committee that involves Health, Justice and Family Services and Housing. (The Committee puts in place supports for people who have had a brush with the law.)

Establish provincial and regional councils that involve government and community representatives and that are open, collaborative and transparent for prioritizing issues and outreach for vulnerable women. Such councils could lead to greater effectiveness and to a pooling of resources across sectors/ departments.

X. Principles and Guidelines for a New Approach

Participants in this research provided guidance for devising better arrangements to safeguard and further the safety and security, freedoms and liberties, of women with intellectual disabilities. Considerations distilled from the data gathered over the course of the research have been organized according to key principles and guidelines for future actions.

Key principles are as follows:

- Women with intellectual disabilities are fully included in their communities as valued equals, safe and secure, who exercise their freedoms, liberties and other citizenship rights.
- Women with intellectual disabilities are treated with dignity and respect.
- The ‘dignity of risk’ of women with intellectual disabilities is upheld with proactive recognition and provision of the individual supports and safeguards they may require.
- Women with intellectual disabilities are engaged as full and equal partners in identifying the problems they face and in devising solutions.

Women with intellectual disabilities are engaged as full and equal partners in identifying the problems . . . and in devising the solutions.

Guidelines for a new approach that apply broadly to government, non-government organizations and others are as follows:

- Provide opportunities for women with intellectual disabilities to develop self-esteem and self-empowerment, individually and in groups.

Acknowledge the good work that has gone before yet strive for constant improvement.

- Ensure women with intellectual disabilities have accessible, plain language information on: various risks and harms; appropriate 'boundaries' in relationships; and where to go when help is needed.
- Provide individualized, proactive, non-stigmatizing, flexible and competent approaches to supporting women with intellectual disabilities in their everyday activities and in situations that require attention to issues of mistreatment.
- Maximize the availability and involvement of informal personal supports that women with intellectual disabilities find trustworthy.
- Provide education on sexuality and relationships early in life for girls with intellectual disabilities along with age peers who also participate in such learning (e.g., school-based units on sexuality).
- Actively engage the community and leverage its leadership, talents and resources in support of the social inclusion, participation and safety of women with intellectual disabilities. The 'community' means diverse organizations, agencies, citizen groups and individual citizens.
- Ensure families and other care providers have the opportunities, resources and other supports they need to develop their knowledge and skills on issues of mistreatment, while also attending to their own self-care and mutual support needs.
- Factor sexism and patriarchy, cultural differences and other issues into the analysis of the risks and harms that women with intellectual disabilities experience and ensure that solutions are mindful of these issues. At the same time, however, do not allow attitudes, behaviours and practices to become broadly 'normative' that may be widespread in some cultures but that are clearly abusive, violent, negligent or otherwise harmful when seen through the lens of Canadian law and international human rights covenants.
- Acknowledge the good work that has gone before yet strive for constant improvement.

XI. Summary

Key Findings

Violence, abuse, neglect and other mistreatments of people with disabilities are significant and longstanding problems. In the absence of research on these issues with a focus on Manitoba, this research set out to determine if there is empirical evidence to support the impression that Manitoban women with intellectual disabilities are particularly susceptible. The present report provides background on the research project that was originally conceived, how that research was brought to a halt by forces beyond the control of people involved in the research and tells how original research efforts were redirected.

Findings of the redirected research are that Manitoban women with intellectual disabilities indeed are experiencing a range of mistreatments, some of which fall within the Criminal Code of Canada and Manitoba's Vulnerable Persons Living with a Mental Disability Act (VPA). Such mistreatments include those of a sexual, physical, mental, emotional and financial nature.

Not all forms of mistreatment, however, fall neatly within the Criminal Code or VPA. Nor do the reported harms that may seem to 'fit' necessarily meet the threshold of 'seriousness' or 'significance' specified in law, i.e., that acts or omissions, whether intentional or unintentional, cause or be reasonably likely to cause death, serious physical or psychological harm, or significant loss to a vulnerable woman's property.

There are in-between 'grey areas' that were flagged in focus groups and in a two-day think tank for this project that involved highly knowledgeable people. The 'grey areas' require vigilance and effective counteractive and preventative measures.

Mistreatments that do not necessarily fall within the scope of legislation include the social, cultural and systemic devaluation of women with intellectual disabilities, and prevention by others of these women from exercising control over matters that directly affect their lives. Women with intellectual disabilities experience financial loss and physical mistreatments that may not, as single incidents, seem to cause 'significant' loss of property or 'serious physical or psychological harm'. As with emotional and mental abuses, however, context and the cumulative effects of the harms that women undergo can be experienced as abusive. Not addressing

Manitoba women with intellectual disabilities are experiencing a range of mistreatments.

these issues within the context of the systems and services that are paid to support women in effect condones the practices and only serves to sustain the mistreatments.

The research identified a range of risk factors that render women with intellectual disabilities vulnerable to mistreatments. These factors have to do with the women's personal characteristics and socialization and their social, economic and service situations.

The research explored some key provisions for deterring and responding to the mistreatment of women. It found that authorities can face challenges prosecuting such cases under the Criminal Code and that the Evidence Acts of Canada and Manitoba may simply disallow the testimony of some women. The Acts also risk leaving the impression of lesser status to the testimony when women pledge on a promise to tell the truth when they are deemed incapable of giving evidence under an oath or solemn affirmation.

The present research did not set out to conduct a detailed investigation of the VPA or its implementation but did find a number of troubling difficulties that require attention. It also found difficulties with the Public Trustee's approach to decision making, which can be 'all or nothing', leaving women little say and scope to make or participate in making decisions about their own lives.

The research found a range of issues in the social services system that require attention, not the least of which is the need for ongoing, systematic values-based training, as well as accountability in supervision – to raise awareness and strengthen the capacity of managers and workers in the system to prevent, identify and respond effectively to various harms.

A range of other 'solutions' are also proposed for the community services system for women with intellectual disabilities and for women more generally, and for families and for police. Proposed actions are also given for Manitoba Justice, Family Services and Housing, Manitoba Education, Citizenship and Youth and for advocacy organizations. Overall there is a need for a multi-dimensional, cross-sectoral approach, with each stakeholder doing its part to help improve the situation of Manitoban women with intellectual disabilities.

The report provides considerations for guiding future actions. These include that women with intellectual disabilities be engaged as full and equal partners in identifying problems and devising solutions.

Concluding Thoughts

While the present research provides considerable information and insight it falls short of providing the full range and depth of information as conceived under the original project. As a result many shadows, silences and fears continue to obscure the nature and extent of mistreatment that women with intellectual disabilities experience and others' responses to those harms.

To further close the knowledge gap perhaps Statistics Canada could be persuaded in upcoming disability, social and health surveys to include some questions on the extent to which people with intellectual disabilities are experiencing mistreatment, the nature of such mistreatment and what, if anything, has been done to address those issues. Presently Statistics Canada's 'flagship' survey on disability, i.e., the Participation and Activity Limitation Survey (PALS), asks no questions of Canadians with disabilities about any of the mistreatments they experience aside from questions about lack of access to needed assistive devices and supportive services, lack of access to human and other supports in places of learning and work, and questions about discrimination. As PALS is already quite lengthy and is intended to cast light on a range of issues of interest to people with disabilities and policy makers, the likelihood is slim of adding more than a very few questions that probe the kinds of mistreatments to which the present report points.

Statistics Canada's General Social Survey on Victimization probes a range of issues concerning safety and security, but does not provide a level of detail that would enable researchers to enquire into the situation and experiences of women with intellectual disabilities in particular. The sub-sample of people with disabilities is quite small so, even if a question on intellectual disability were to be added, data at the provincial level may not be releasable, particularly if the data are subdivided by gender. The most recent questionnaire for the Canadian Community Health Survey (CCHS) asks only one question about physical abuse by "someone close" to the respondent and one question about psychological trauma, i.e., "something ... that scared you so much that you thought about it for years after", which may or may not have been the result of mistreatment. The CCHS asks nothing about who was involved in the physical mistreatment and what, if anything, was done in response. Very few people in that survey are flagged as having a 'developmental disability', too few, in all likelihood, to provide much in the way of releasable information when analyzing by province and gender. To further complicate things, not all CHSS questions are administered in all provinces and territories.

Shortcomings of major surveys are in part what drove Community Living Manitoba to seek to conduct the present research.

These shortcomings of major surveys are in part what drove Community Living Manitoba to seek to conduct the present research – or, more accurately, the research that was designed in some detail but never conducted.

The originally planned research strategy and instruments, if taken into the field, would likely have yielded considerably more depth and range of insight than the present research – and definitely more insight than what can usually be obtained from general population surveys – into the harms that women with intellectual disabilities are experiencing in Manitoba. While some of those harms no doubt would have been found to be ones that fall under the Criminal Code and Vulnerable Persons Act, the research would likely have pointed to a range of ‘grey area’ harms that also need attention.

Analysis of the data would have shed light on the women’s marital status, their housing arrangements, daytime activities, social support network as well as whether they had a substitute decision maker. The research would have yielded insight into where the mistreatment occurred, when it happened and its frequency. It would have shed light on issues of disclosure, such as who if anyone the women told or wanted to tell, and pressures from others not to tell.

The research also had the potential to yield a picture of how disclosure was handled by support workers, others working at social service agencies, government social workers and the police. It would have indicated the extent to which the women needed help speaking with those people, who if anyone helped in the process, and women’s overall experience during and as a result of disclosure, such as problems that may have arisen for themselves as a result of telling.

As well the research would have helped to identify places and situations in which women presently feel unsafe, why they feel unsafe, there, and how safe they feel when walking alone after dark and when at home. Some of that information could have been compared with broader data gathered by Statistics Canada on issues of safety and security, to help situate the experiences of Manitoban women with intellectual disabilities in the wider context of other Manitoban and Canadian women, both with and without disabilities.

Just as importantly – and perhaps even more importantly – the research would have given a chance for Manitoban women with intellectual disabilities, who are often silenced or afraid on other grounds, to come

forward and tell for themselves how they have been mistreated, how the world could be made safer and who, ideally, they think should be involved in making the world safer.

It took some courage, risk, creativity and even humility for Community Living Manitoba to devise a middle ground position that, on the one hand, would have upheld its stand on mandatory reporting for known or suspected abuses against women with intellectual disabilities and, on the other, guaranteed confidentiality so as to encourage “women’s voices not to be turned off but rather ... speak freely and openly ... towards the higher purpose of gathering the truth.”

From the point of view of Community Living Manitoba, the Advisory Committee for this research, the Project Coordinator and Principal researcher, it is most regrettable that forces beyond their control brought the originally designed research to an abrupt halt. It is regrettable the people responsible could not have found ways of joining as partners in walking the middle ground to listen more fully and attentively to women who want to speak about the things that happen to them, when bad things happen.

How wonderful it is that nobody need wait a single moment before starting to improve the world.

Anne Frank

APPENDICES

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I. Structure of the Interview Questionnaire that was to be Administered

The following shows the basic structure of the interview questionnaire. The actual questionnaire is nearly 50 pages, so the following is a very 'high level' overview.

Administrative Details Respondent's name, address, telephone number, place and time of the interview, etc.

A. Introduction and Consent to Participate

B. General Information about the Respondent

- Respondent's year of birth or age
- Marital status
- Community of residence
- Daytime activities
- Employment and learning
- Trusted others / friends
- Substitute decision-maker
- Social or other worker
- Present living arrangements

C. Overview of Violence or Abuse

List of bad things that have happened to the respondent

D. Key Incident Against the Respondent

This was to be identified by the respondent as, from among the list, the most troublesome incident.

E. Details about the Key Incident Against the Respondent

The Key Incident

- What happened?
- Offence flag (criminal offence; other offence under the Vulnerable Persons Act)
- Where did it happen?
- Who was involved and what was their relationship to the respondent?
- Why does the respondent think the incident happened?

-
- When did it happen?
 - Frequency of occurrence.

Living Arrangements at the Time of the Incident

Complaint / Disclosure

- Did the respondent tell anyone about the incident? If so, who did she tell?
- If the respondent did not tell anyone, did she want to tell? If so, who did she want to tell and why did she not tell?
- If the respondent told
 - ... a support staff/worker
 - ... someone at a social service agency
 - ... a government social worker
 - ... the police

(The following questions were to be asked in relation to *each* of the people the respondent told, i.e., support staff/worker, someone at a social service agency, government social worker, police)...

- Did the respondent need help speaking with these people and, if so, did she get any help and all the help needed? Who helped?
- What was the respondent's experience in speaking with these people?
- How did these people help if they helped at all?
- Did the respondent have any problems as a result of telling and, if so, what problems?
- Did anyone say not to tell, and if so, who and why?
- Did the respondent want to tell one of these people/agents beyond the people/agents she actually told, and if so, what were the reasons for not telling?

F. Perceptions of Safety

- Places/situations where the respondent feels unsafe?
- What makes those situations/places feel unsafe?
- Feelings of safety when walking alone after dark?
- Feelings of safety at home?

G. Conclusion

- What could be done to make the world safer for women?
- Who would be involved in that?
- Anything further the respondent has to say?
- Respondent's emotional state and the nature of follow-up support needed to deal with issues discussed in the interview.

II. Focus Group Probes

Focus group probes for family members, service providers and women with intellectual disabilities were to be very similar in design. The following provides the general structure. The probes were to be (and were) used flexibly in the focus groups to accommodate participants who felt the need to move across and back and forth between topic areas.

Introduction

- Welcome and introductions
- Overview of the research and where the focus group(s) fit in
- Defining ‘bad things’ (very general and open-ended, mirroring the approach laid out in the interview questionnaire)
- Why the participants gathered have an interest in this topic (brief comments from each participant on their interest in the research)

Questions for discussion

- From your experience, what kinds of bad things are women with intellectual disabilities experiencing?
- What kinds of bad things are most common?
- Why do you think these things happen? What factors can place women with intellectual disabilities at risk of these things happening to them?
- Sometimes women who have had bad things happen to them are reluctant to come forward to tell about their experiences. Sometimes family members and staff who know about bad things that have happened to women are also reluctant to come forward. Why do you think this is so?
- In your community, what is being done to *prevent* these kinds of bad things from happening? Who is involved? How would you characterize the measures to prevent harms? (e.g., Proactive? Thoughtful? Comprehensive? Systematic?)
- If you could make the world safer, so bad things don’t happen to women, what would you like to see happen? Who would be involved? What would they be doing?
- In your community, what is being done to *respond to* the bad things that happen? Who is involved? How would you describe these actions? (e.g., Proactive? Timely? Effective? Sensitive? Systematic?)
- If you could make the world more responsive to women who have had bad things happen to them, what would be different? Who would be involved? What would they be doing?

III. Women’s Narratives

The following pages contain narratives of five women with intellectual disabilities . . . in their own words. To safeguard confidentiality their names have been changed.

ANGELA

It was last summer. I had been out all night and I ran into a friend, or so I thought. We'd gone to school together so I'd known him for a couple of years. We went by my place. The next thing I knew he'd pulled my feet from under me and was on top of me. I'd hit my head pretty hard - I think I got the sense knocked out of me. I was trying to think about what to do next, because my landlord (who lives upstairs) couldn't hear what was going on at 4am. When he was on top of me, he said he's lost \$15 dollars at my place and he wanted to look for it. I decided to get the hell out of there. It was getting dangerous. I got up and went to the door and he followed me.

We left my place and went to the homeless shelter. I went in to talk to my friend who worked in the office. I told her what happened and we made sure he wasn't around. I stayed there until about 6 a.m. Then I walked to the hospital to get my head checked. I didn't think he was capable of doing that to me, but I guess men are capable of doing what ever they want. I guess there was some poor judgment on my behalf because I trusted that he wouldn't hurt me. Now I made a rule for myself, no visitors after 10 p.m. It seems to be working okay. I feel a lot safer.

JANE

A long time ago I didn't know what rights were or how to get them. So things just kept happening to me that I didn't like but I didn't have no idea that I had the right for them not to happen.

One time a lady that worked at my group home made me sit in a bathtub all night when I peed my bed. She wouldn't let me get out of the bath cause she said I was very dirty and dirty girls needed to get clean. I was crying but she said "Oh well".

Another time a friend of my brother's drove me home and he touched me on my breast and said it was a good idea if we didn't tell anyone but I told Judy. I was very proud that I told her because it was my right to tell.

I know lots of other women who have these things going on but they just don't know what to do and there just isn't anyone that they want to tell except me. Now I say to everyone if it happens you tell and you tell right now! Cause it is my right. But what can we do.

RACHEL

As a child... I moved to [the institution] at age 10. The Salvation Army lady told my mother and grandmother to put me there for schooling. But I never learned nothing. I was on a ward. I watched TV, went outside, walked around. But they couldn't keep me in a room. I ran away.

As a young woman... When I was in the institution I got pregnant. They never told me about having a baby.

Then I moved to Winnipeg and lived in a home. There were other girls there. There was two in my room, two girls in another room, and there were other girls in other rooms. There were people there all the time - they had your meals ready, had to make sure your dressers were clean. Staff had to give permission to get money out of your account. When I got pregnant, they sent me back to [the institution]. I didn't have no choice about going back... It wasn't that easy to go back. If it wasn't for my girls...I tried to kill myself once. I swallowed a pill and some other things but then I thought of my girls...

I had to give up my girls. I seen my second daughter when she was born. When I had my first daughter, I didn't see her because I was sleeping. When I was in Winnipeg I tried to get them back but they said I had to have extra bedrooms and all that. But I couldn't understand half the stuff you had to go through. I did the best for them because I could barely look after myself.

I met Paul [in the institution]. He ran away. He said when I come to Winnipeg he'll meet me and we'll be together. When I came to Winnipeg, I was scared. I went to Paul's. We got married in 1970. When I got married my husband wanted to have kids. I said I think I can't have any more kids. My mother gave permission for the operation. They don't explain anything to you.

Today... My husband passed away from cancer. We were married 33 years. When he was in [the hospital] I visited him every day. I held his hand. One day they brought a bed for me to sleep on. I fell asleep. The nurse and doctor woke me up and told me Paul had died. I looked at him. His eyes were opened. He told me that when he died, his eyes would be open so I would be the last thing he saw.

My younger daughter wanted to find her birth mother and she did! She lives in the country. I met her twice at the malls. We got together. Last Christmas, I was at her place. One night we slept together and we talked all night. I'll be there again this year. I have a granddaughter. I see her and she phones me. I'm a mother and a grandmother. I was SO happy at Christmas time!

SARAH

I was born in Winnipeg. I lived with my Mom. I was living in Winnipeg for 34 years. We lived in a house with my mom and my sister and my brother. And then after that, me and my mom moved into an apartment block. We lived upstairs. I went to school in Winnipeg and I graduated grade 12. And I got a diploma. After grade 12 I found a job at a big workshop. I did lots of contract work, recycling newspapers. I worked there for twenty years. My mom got sick and was in the hospital. Then I stayed with my friend for a while in Winnipeg. Then my sister came and picked me up to see my mom in the hospital. After my mom got sick, her brother passed away. My sister wanted my mom and me to move in with her ... We moved there. The manager of the day program ... was trying to help me find a job. I did an interview there and I got a job working in the day program. I have been there for a long time. My sister came with me to see if I could live on my own ... It went OK. My family thought I couldn't live alone BUT I proved them wrong! I moved ... in 1988. I lived with a room mate for a while. Now I live on my own.

It happened in my apartment. I can't remember exactly when. A guy from karaoke that I knew, when I was coming home, he followed me home. I knew him from the hotel I always go to. I like to go there to spend time with friends and talk. When I opened my door to go in, he came in. He wasn't invited. He brought a case of beer. We had one beer each. Then I told him to go home. But he kept saying "no". I opened the couch in the living room into a bed so he would go to bed and leave me alone. But it didn't happen like that. I wanted to sleep in my own bed. And then he told me to sleep with him. I didn't want to but I had no choice. He left the next morning.

The next day I told my worker. So she phoned the RCMP. I went to her house. She was in shock when I told her. She didn't know what to say. She wrote down what I told her. I was scared. I felt a bit better after I told her. And then the RCMP came down to my worker's place. I was crying and upset. They made me feel a bit better. My worker gave my statement to the RCMP. Me, my worker and the RCMP went back to my apartment. The RCMP took the sheet to look for evidence. And then the RCMP took me ... to do some tests on me. We didn't get home until 5:30 in the morning. They told me to take some time off work so I stayed home. The next day I went back to work. And then the people at work had a meeting with me so I could tell them what happened. Then I went to the police station with my worker and one of the managers from here. They questioned me. The guy went to jail because of what he did to me. There was supposed to be a trial but he skipped town. They finally found him to bring him back to jail. He went to trial. I went with my worker to see a lawyer. This was a good thing. He told me to get a personal bond against the guy. That made me feel better. So if I'm here, he can't be there. And if he's there, I can't be there.

I was scared. I didn't know what to say. He didn't want to listen. I was terrified. Sometimes I'm having memories about it. I still wish it never happened in the first place, but it did. Now I can't change it.

Today, I have a job working with the retirement group. We go on outings with them to different places. I like this job. I still live on my own in an apartment. For fun I talked to my friends, I go out for supper. I volunteer at church, helping in the kitchen getting food ready for lunch. I go every Sunday. I have been [on the Boards of two voluntary organizations]. I'm happy and proud of myself.

VERONICA

As a baby... I grew up in two foster homes. The second home wasn't so good. When they took me out they said I was like a stone statue, unloved.

As a child... At school kids weren't very good to me. They pushed me down. A kid pushed me in the mud. I was six years old.

Even though I lived in [one small community], in grade 3 they put into special education in Portage. It was a half hour bus ride. I went back to special education in Portage in grades 10-12.

Once the teacher took a test away from me while I was writing it. Maybe I was taking too long. I hid under the desk. It took them a while to find me. They gave me back the test to do the next day.

As a woman... I worked in the laundry department in the summer when I was 18. On my last day, a man I worked with took me to the bar after work and raped me. I wasn't used to drinking. I told my mom and dad. They didn't do anything. I didn't realize that I could go to the police. He took me to a vacant house. He was a married man.

When I was in my 20's my boyfriend, he had sex up the bum and it was bleeding. I think I talked to my foster sister and she suggested I talk to the police. I remember I went to the Law Courts to get a restraining order. I think I went by myself. He got charged and had to pay \$500.00.

I remember for 3 months I was in the hospital. I was in a crisis stabilization unit. I was on different medications. A psychiatrist put me under the Public Trustee. I had a worker and a lawyer. They looked after my finances and where I lived. For a year and a half I lived at a large group home. I didn't have any control over my money. I didn't have control over where I lived or freedom. I wanted to go on a trip ... and I had to get permission. I was under 24 hour supervision living in the group home. When I was there, one of the cooks took an apple out of my hand. I was ticked off. I was more outspoken. We had group meetings and I would be saying I didn't like certain things that were happening where we were living. Me and another lady wrote a letter to the head people and they had a talking to the cook and then she was a lot better. I got off the Public Trustee. I had to go to a psychologist and pay money out of my own pocket. I had to prove to her that I was competent by proving I could live back on my own again."

Today... I am living in my own place. I spend my time volunteering at a number of different places. I met my husband doing volunteer work and we have been married for 5 years. I am a self-advocate and am involved with many projects. I can make my own decisions and live my life freely. I have even found and contacted my birth parents. Life is good.

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When Bad Things Happen

Marie White, Chairperson, Council of Canadians with Disabilities

The voice of women with intellectual disabilities is evident throughout this report and powerfully presents their realities and that of their peers. What strikes me is the indifference which so many of these women have experienced in their day to day lives and the insidious nature of the subtle abuse to which they have been subjected. Equally striking is the need for appropriate interventions - those which reflect the legal framework on which we all rely as citizens and which respect an individual's rights and situations; interventions which have as a focal point collaborative activity of all those on whom these women depend.

Michael Prince, Lansdowne Professor of Social Policy, University of Victoria

The dark underside of health and well-being is violence, abuse and neglect. For people with disabilities, violence is a form of personal danger to be sure; but, also, it is a form of exclusion and marginalization. "When Bad Things Happen" is an important contribution to a woefully ignored societal issue and personal threat to many women with disabilities. The study points out that many of the mistreatments against women with intellectual disabilities fall beyond federal and provincial laws designed to prevent violence and harm. Police forces, provincial government agencies, social services, care institutions and community supports are at risk of marginalizing the experiences and voices of these women by not recognizing issues of abuse or by not addressing such harms in a formal way. If we truly wish to prevent violence and other mistreatments, this report offers a compelling look into this longstanding problem and it makes a strong case for prevention and the participation of women in decision making processes that affect them.

Dick Sobsey, Director, John Dossetor Health Ethics Centre, University of Alberta

This report addresses the difficult topic of maltreatment of women with intellectual disabilities with unusual sensitivity. The narratives of women with disabilities and their family members are particularly compelling. They are often heartbreaking, but they also demonstrate hope and courage. Combining these stories with more general findings from focus groups is an innovative and effective way to explore the experience of these women. This report does a great job of describing the wide spectrum of maltreatment experienced by women with disabilities. The implications of this study go far beyond the borders of Manitoba. We can all learn from it.