

Working Together

A Guide to Developing Good Practice



Springtide Resources &
Family Service Association of Toronto

Table of contents

• Acknowledgements	3
• A note about language	4
• About this guide	4
• This work is needed	5
• What is abuse?	6
• Abuse and disability oppression	8
• Risk factors for abuse	8
• New ways of thinking	11
• Specific tips to consider when working with a survivor of violence	13
• About Communication	14
• Counseling and communication	15
• Summary	18
• References	19
Appendix A	20
Appendix B	21

Acknowledgements

This guide to developing inclusive practice was written by:

Louise Bailey, Clinical Manager
Options Program
Family Service Association of Toronto (FSAT)

Fran Odette, Manager
Women with Disabilities and Deaf Women's Program
Springtide Resources

Lorna Renooy, Project Coordinator
Breaking New Ground
Springtide Resources

Vania Sukola, VAW Counselor
Violence Against Women Program
Family Service Association of Toronto (FSAT)

We would like to thank the following people who reviewed this document, and shared their knowledge and ideas with us.

Catherine Legere, Community Resource Facilitator
Options Program
Family Service Association of Toronto (FSAT)

Lisa Manuel, Manager
Violence Against Women Program
Family Service Association of Toronto (FSAT)



Funding provided by the Government of Ontario, Ontario Women's Directorate.

The views expressed in this document are those of Springtide Resources and FSAT and do not necessarily reflect those of the Province.

A note about language

Language has the power to categorize and stereotype. The words we use carry many messages. In this guide, what do we mean when we talk about women with intellectual disabilities?

When we talk about women with intellectual disabilities, we are talking about women with a range of abilities.

Sometimes we use the word “label” because the term “intellectual disability” reflects the perspective that too often people are judged as being different in a negative way, rather than looking at what we share, and what we have in common. Many women have been through systems where they have received the label of intellectual disability because of differences in learning or memory that might be considered outside of ‘the norm’. For example, a girl may be labeled as having an intellectual disability while in school because of the strong focus on cognitive tasks such as reading and writing. She may not be considered disabled after leaving school (Sobsey, 2005).

(Source: Breaking New Ground: A Train-the-trainer Program produced by Springtide Resources, 2007.)

About this guide

“Women who are labelled don’t need specialized services. They need your expertise, and they are bringing their own expertise to be working together in an active partnership.”

Breaking New Ground video

This guide brings together the ideas and knowledge of different people working in two different sectors: the violence against women sector and those working in the developmental services sector.

The authors of this guide and the video participants have all been involved in “Breaking New Ground”, a project developed to address violence against women with intellectual disabilities. The goals of this project are :

- To provide information and training to people working with labeled women who are abused or at risk of abuse; and
- To work with labeled women who want to take part in violence education and prevention.

We have learned a great deal through our collaborative work on this project, and through working on issues related to disability and violence against women in general. We continue to learn, and this affects the way we approach our work. Our practice is always developing and evolving. This guide highlights these

'developing practices'. We wanted to share ways to improve services so that women living with intellectual disabilities are included, and the issues that concern them are addressed.

This work is needed

Women with intellectual disabilities experience high levels of violence. In particular, research has found:

- 39% to 68% of girls with intellectual disabilities will be assaulted before age 18 (Roehrer Institute, 1988)
- Women with intellectual disabilities are more likely to be re-victimized by the same person, and more than half never seek assistance with legal or treatment services (Pease and Frantz, 1994)

It is our experience that most VAW services and programs have been set up to respond to the needs of women who don't identify as living with disability. There are few programs that include the needs of women with intellectual disabilities. As well, there is little information about the level of abuse, and how and why it happens. There is also a shortage of information on helpful programming and prevention.

Abused women's shelters and other women's services are primarily focused on supporting women who are victims of partner abuse. We know, however, that women with intellectual disabilities also experience violence and abuse by caregivers, neighbors, service providers and family members. This is still "intimate" violence.

The problem of abuse against labelled women is largely a hidden problem that is not fully addressed. It is important to acknowledge that some individuals and some services are seeking ways to make a difference. However, many developmental service agencies may not recognize abuse; families may not want to deal with it; and staff at agencies in the VAW sector may not understand how best to support women.

This guide goes with the video "Breaking New Ground". It starts by looking at this work from a new way of thinking in order to move from 'developing practice' to 'best practice'.

What is abuse?

“My parents were abusing me from the time I was five years old ... and they still are.”

Breaking New Ground video

Abuse is expressed in many ways for many women, regardless of who she is and her circumstances, including labeled women. While both men and women may experience abuse, the vast majority of victims are women who are abused by their male partners. Physical, sexual, and emotional abuse seem to be more prevalent but there are other forms that are more hidden and entrenched in our society. For example, a woman may be kept isolated at home, purposefully separated from her friends and family. Her abuser may feel threatened by others' involvement, and become jealous and controlling. When a woman becomes isolated, it is much harder for her to seek help and get the support she needs. Financial abuse happens when a woman may not have any, or limited access to funds. This includes money for daily needs like buying groceries as well as extra funds to help her if she chooses to leave her abuser.

The Power and Control Wheel is a tool that gives a picture of the various forms of abuse. A visual diagram that shows the various forms of abuse, the first Power and Control Wheel was created by the *Domestic Abuse Intervention Project* in Duluth Minnesota as a teaching tool. Many other more specific wheels have been developed, each depicting certain communities where abuse can be quite specific in nature. The Abuse Prevention Group at Options (FSAT) has developed a Power and Control Wheel which specifically looks at the forms of abuse labeled individuals may experience by partners, family members, as well as paid caregivers. (See Appendix A.)

As mentioned earlier many women – whether they are living with a disability or not – experience similar forms of abuse. However, there is a recognition that for labeled women, the ways in which abuse occurs may be different and is more reflective of how society sees women living with disabilities. Women who have an intellectual disability can experience financial exploitation that is a direct result of living with a disability. For example, if a woman receives social assistance through the Ontario Disability Support Plan (ODSP), family members may steal from her or deny her access to her own funds, saying she is not “capable” of managing money. Also, partners may minimize her contributions because she is on assistance – devaluing her worth as well. Another abuse of power happens when a family member may refuse to support a woman with paper work; for example, refusing to help her read important documents such as medication directives or a letter addressed to her. Some women are denied the right to use their communication devices.

Women with disabilities are considered one of the most vulnerable groups to experience violence against women. Women that are labeled especially

experience high rates of abuse. As adults, they can be abused by their partners, as well as by their family members and paid caregivers. Due to many contributing factors, including controlled social interactions, limited communication outlets, and poor education related to human rights, labeled women face many barriers to getting help.

Abuse happens for a number of reasons, but the main one is that the abuser feels that he (or she) needs to gain power and control. Abusers are not just partners, but can include family members as well as other caregivers, both paid and unpaid. Further, abuse occurs in a society and there are external forms of abuse that a labeled woman may experience including barriers to service and isolation from her community.

A cycle begins to appear when the violent episodes lead to on-going abuse. Violence can be emotional or physical. For instance, in some experiences, the abuser may use verbal put-downs to hurt the woman, but may soon realize that s/he was wrong to say them and may then apologize, and change behaviour or beliefs. At no time is the woman at fault for others' actions, but she may also want to believe that the abusive behaviour will change. If nothing is done to create change, the abuse becomes a pattern, and a cycle begins to form. The cycle looks like this:

- 1) "Honeymoon" Stage
- 2) Escalating Behaviour Stage
- 3) Violent Episode Stage
- 4) Remorse Stage

There is no real 100% safe time for a woman to leave her abuser. As abuse is about power and control, when a woman decides to leave, her abuser may feel that control over her is at risk, and may act out accordingly. Often times, we hear people ask 'why doesn't she just leave?' But the reality is that it may be quite difficult to leave for a number of reasons. Women may not have the financial means to pay for the bus ride to get to a shelter or a friend's place, let alone enough funds to pay for a hotel room. Other times, she may find it difficult to leave her partner and feel the burden of societal myths that 'children need a father.' Further, a woman who is labeled may be relying on her abuser for attendant care and cannot leave someone she depends on for her daily needs.

Other reasons a woman may not be able to leave easily include:

- She is in a city where she doesn't know anyone and is quite isolated
- She is afraid of losing her children if she stands up for herself
- She fears being judged and scrutinized by the community
- She feels shame for not being a 'good wife'
- She may feel pressure from her faith community to stay with her partner, no matter the risk

- Being a newcomer to Canada, where she has no family, has limited if any skills in English, does not have access to supports, money, or her immigration papers
- She may have a mobility disability and she cannot access support services, or her abuser may restrict her from having her accommodation needs like her walker or TTY phone.
- She may love him and want things to get better

Abuse and disability oppression

“People see you as an ‘other’ person ... not like them.”

Breaking New Ground video

For many years people with disabilities have struggled for their rights, for justice, and for citizenship. While there has been a lot of progress, many people with disabilities are still not treated in a fair manner. We are often excluded from participating in our communities and face different types of discrimination. These are some examples.

If you have a disability, you are more likely to:

- have left school before you completed secondary education;
- not have a paid job;
- not have a car;
- not own your home;
- be abused emotionally, sexually, physically and financially;
- be denied the community participation and rights of citizenship that most other people enjoy;
- be denied access to many buildings, services and community associations;
and
- be discriminated against in many other ways.

Risk factors for abuse

Women with intellectual disabilities are at greater risk of abuse. The abuse happens in many ways. It stems from the fact that in our society, people with disabilities are largely isolated and devalued. The following provides an overview.

1. Social myths

Social myths are common beliefs that are false. Social myths suggest that abuse of women with disabilities, especially sexual abuse, is unlikely. As a result the needs and realities of women with disabilities are less often considered. Some of these myths are listed below.

- Women with disabilities are asexual, that is, they have no sexuality.
- Women with intellectual and psychiatric disabilities are immoral.
- Women with disabilities should not be allowed to have children because they are not good parents.
- Women with disabilities who have been sexually abused do not suffer the same trauma as other women who experience similar abuse.
- Women with disabilities should be grateful for any sexual advance made to them because they are so unattractive.
- Women with disabilities are just like children.
- Women with disabilities do not need to be taken seriously.
- Sterilizing women with disabilities will protect them from being raped.
- Women with disabilities who do speak out or make complaints are trouble-makers, crazy or led by irrational advocacy groups.

2. Learned helplessness

Women with disabilities, particularly women with intellectual disabilities or those who have been living in institutions for a long time, learn early on that it is easier to get our needs met if we are compliant and cooperative. This can make it harder for women to defend themselves against abuse or see that they have a right to defend themselves.

Generally, women with intellectual disabilities have fewer opportunities to take risks. This impacts on how they can learn from their decisions, regardless of whether these decisions ‘worked out’ or not. As a result, a labeled woman has few opportunities to learn that she is capable and is able to be responsible for her own life with the supports she chooses to use.

3. Lack of sex education and sterilization

Women with intellectual disabilities are often denied access to sex education. If a woman with no knowledge of sex is sexually abused, it is harder for her to seek help because she may not understand exactly what is happening, or may not have been taught the language to describe the abuse. A lack of sexual identity is related to a lack of sex education.

In a report prepared by Women with Disabilities Australia (1991), it is suggested that “forced sterilization is a long standing issue for women with intellectual disabilities. Non-therapeutic sterilization is a medical procedure performed for non-life threatening reasons. It leaves a woman infertile. Non-therapeutic sterilization of women with intellectual disability is not a medical problem, nor a legal problem. It is a social problem [and] too often the values of the majority override the needs of the minority.” (Strahan & Brudenell, 1991).

The movement around instituting non-therapeutic sterilization reflects the ideas of the majority of people in society. There are differing views within this movement. The underlying premise of this movement is that for women who

are labeled, her right to have ownership over her body and decisions about her own health are not considered to be seen as a basic human right. These ideas can be traced back to the eugenics movement. Mass sterilizations occurred in institutions as a means to stop reproduction by people considered to be non-productive members of society. Sterilization of certain groups of people, including women with intellectual disabilities, was thought to be in the best interests of society and the women involved (Strahan & Brudenell, 1991).

All too often the voices of women labeled are hidden. However, at this same conference, we heard from women who were directly impacted by decisions that often occurred under pressure or without informed consent regarding the decision to become sterilized. For example,

*I went to hospital and instead of having my appendix out,
I had a tubal ligation.*

*After trying to have a baby for a long time I finally found out
I had been sterilized when I was 14 living in an institution.*

I was being pressured into having an abortion.

These are the reasons given to the women about why they were sterilized:

- She would not have to be told about menstruation or learn about personal hygiene;
- She would not have to experience the discomfort and inconvenience of monthly periods;
- She would have no danger of pregnancy with all its accompanying pain and trauma;
- She would have no need for an abortion;
- Time would not be wasted on sex education;
- Women with an intellectual disability are unable to bring up children;
- Her child wouldn't have normal parents;
- If she gets raped there'd be no worries about pregnancy; her child may also have a disability. (Strahan & Brudenell, 1991)

For many years, people with intellectual disabilities have been excluded and women with intellectual disabilities are at a greater disadvantage because they face discrimination in two ways. Firstly, they are women and as such, are devalued in our society. Secondly, they are not thought of as 'normal' women. This allows society to believe that it is alright to treat them differently, and debate:

- Their right to freedom of sexual expression
- Their right to maintain bodily integrity and
- Their right to personal inviolability

As a society we would not accept non-labeled girls and women being subjected to non-therapeutic sterilization because they had mood swings, period pains, irregular or heavy periods or there was a possibility of rape. However, this form of 'control' is allowed if the women or child has an intellectual disability.

4. Dependence

The woman may be dependent on her abuser for care because her disability limits her financial and environmental independence. We know that under the existing social assistance system, women living with disabilities have little freedom.

Women living in residential care or group home settings are also dependent on others for services. Care in institutional settings is often tied to efficiency, costs and regulations. As a result, staff working in these places have control over residents' lives. People who live in the community have privacy, responsibility for their choices, and dignity.

5. Misdiagnosis

A woman's behaviour might be diagnosed as anxiety rather than a sign she has been abused. Staff may not be aware that domestic violence also includes financial or emotional abuse, or may not recognize the signs.

6. The abuser takes control

If the woman seeks help, follow-up may be difficult because the abuser isolates her and prevents her from using the phone or leaving the house.

New ways of thinking

***“Sometimes when people hear the word ‘disability’
they think they need special knowledge ...
and what they really need is an
understanding that this is a person
[with] needs just like anyone else...”***

Breaking New Ground video

Over the past 30 years, people with intellectual disabilities have begun to find their voice. This started in the 1970s when residents living in large institutions left to go live in their communities. Around the same time, some parents raised the first generation of children primarily at home. The concepts of “normalization” and “integration” were borrowed from the black civil rights movement. These ideas began to enter the conversation, debate, and struggle about where *and* how people labeled intellectually disabled were going to live their lives.

Up to that point, services for people with intellectual disabilities had been based on needs and deficits, and focused on care and protection. Most often decisions were made between parents and service providers. The person with an intellectual disability did not play a role in decision-making.

However, as more and more people with intellectual disabilities began to have a life in the community, they also began to speak up for themselves. The self-advocacy movement was born. Self-advocacy is about having the right to make life decisions that are self directed, and having the tools and experience to have control over one's own life. Persons living with intellectual disabilities may seek the support of others to achieve their goals, just as non-labeled people do in the course of their everyday lives.

Still, the deficit view of people with intellectual disabilities continues to impact policies and procedures. For example, people who do not live with a label have access to a wide range of therapy and counseling opportunities. Many therapeutic practitioners have believed people with intellectual disabilities do not benefit from counseling (Mansell, 2005).

Many policies and procedures still exist which enable the conditions in which abuse develops. These conditions – which devalue people with intellectual disabilities – include stigma, isolation, reduced control over one's life, and powerlessness. The outcome is that people with intellectual disabilities are more, rather than less, vulnerable to abuse.

We need to bring together the knowledge gained from the experience of self-advocates with theory and clinical practice related to:

- family functioning,
- abuse,
- socialization and development,
- determinants of health,
- human rights, and
- anti-oppression (e.g. feminist practice).

The Paradigm Shift offered by Options contrasts the traditional model of service response with a “normative” strength-based, empowerment model (see Appendix B). The traditional model has led to a system of civil rights abuses affecting many people. The strength-based model believes that the community is responsible to create the conditions that enable all people to participate and “be able in their own way” (Judith Snow, verbal communication).

As a community, we locate social problems not within the person but within the social context. Our communities are organized to permit many, but not all of us, to participate. When we use the word ‘Citizen’ to refer to *everyone* who has a rightful place in the community, we create a sense of belonging. We are focusing

on common human needs and experiences, replacing stigma with value of the person and fostering self-determination.

Specific tips to consider when working with a survivor of violence

***“Each woman’s trauma, each woman’s abuse is her own
but it’s very similar to other women’s as well...”***

Breaking New Ground video

Women that are labeled experience the same trauma as other women. Each woman’s story may be unique, and each woman may react in a variety of ways. Just because she does not react in the ‘typical’ way does not mean she was not raped. Some women have been taught not to show emotions, others appear as being drunk, and others still may be viewed as highly traumatized. They also may experience Post Traumatic Stress Response, have poor hygiene, be sexually aggressive (on self or others, including dolls), show unusual aggression or self-destructive behaviour, or further compliancy. Other signs include a loss of independent life and social skills, low self-esteem, sudden change in attitudes towards a particular person, a lack of interest in usual hobbies, role reversal, nightmares, or regression to child-like behaviour.

It is important to be creative when asking questions, and when exploring how you can provide counseling support in general. For example, when needing to find out timelines, instead of asking what time was it, also find out the context – if it was 5:00 pm, what TV show does she usually watch at that time?

Treat women in an age-appropriate way; don’t talk down or treat them as a child. There is no need to assume that they are not capable of taking care of themselves. Women can pick up on cues that you are treating them as children and will therefore act accordingly. There is a difference between using dolls for telling stories and playing with them. We use them in our line of work because sexual assault survivors may have a hard time talking about their stories. Women are taught to be compliant and passive from a young age; they will say yes to you quickly because they believe that’s the answer you want.

Don’t make assumptions about the woman’s abilities based on her label. Firstly, not all people with intellectual disabilities have been labeled by a professional; instead many have been identified in the school system or by their families and have carried that stigma with them into adulthood. Secondly, the assessment process itself can be very discriminatory and oppressive, especially since the impact of the diagnosis is carried with that person for a lifetime. As mentioned earlier, there is a wide range of abilities encompassed by the label “Intellectual Disability”. For example, some women who have an intellectual disability read, whereas others employ visual or memory based strategies to access and communicate information.

It is important that in your role and within your agency, you do not engage in activities that further 'label' women. For example, when you are first meeting a client, spend some time learning what her needs might be but also what her strengths are. It is imperative not to use this time to make an informal assessment during the intake. The disability may affect learning, memory, problem solving, planning and other cognitive tasks, but each woman's strengths and challenges are unique to her. It is imperative to ask her what method of communication she prefers, and treat her the same way you would any other woman.

Because sexual education may not have been taught, it may be especially difficult for a woman to share her story with you. She may be too shy to use specific words to describe sexual acts. She might not have the words we associate with the body, or the proper verbs. She may be too shy to tell you or she may also feel elated because she now sees herself as a woman – it does not mean she was not raped.

As for women living with and without disability, we all bring into the therapeutic relationship previous experiences or histories that need to be considered. For example, for some labelled women, there may have been few opportunities for them to develop and nurture social relationships outside of those with service providers. As a result, this can impact on her understanding of how to interact with others, and to learn about what is and what isn't a 'healthy', equal relationship. Some women may not have learned about developing clear boundaries with others and therefore, learned early that she 'should' trust service providers and upon meeting you for the first time, feels that she can 'trust' you. She may not have had earlier supports in her life around learning that not everyone should be trusted and to 'trust' her own gut when meeting someone new. For other women, what otherwise may take several sessions for someone to disclose a trauma experienced, you may enter into a therapeutic relationship where sometimes a labeled woman's internal resources may leave her with few internal skills/tools to build trust with her counselor. She may share personal information with other clients in a waiting room because she has not learned or been exposed to opportunities to develop her own skills related to 'setting boundaries' and her 'right' to privacy.

For women who are labeled, early socialization and skill development related to setting boundaries may have been ignored, neglected or dismissed, resulting in the woman's own experience of trauma or increasing the risk of vulnerability and abuse. In this new relationship, you are considered to be providing services to her, she may have been taught to trust you because you are there to provide support to her and help her. As the Paradigm Shift featured earlier shows, a woman who is given a label may have been raised in services and therefore may have a different relationship with you than other clients. Of course, she may also be resistant to your support and help, because of this life-long push towards dependency.

About Communication

“Just because a woman lives with a label doesn’t mean she doesn’t feel pain or she doesn’t feel grief or she doesn’t heal. She does! But because she is herself she does it in her own way...”

Breaking New Ground video

1. Listen

- Establishing rapport is key
- Introduce yourself
- Explain the process
- Watch for body language
- Speak directly to her – maintain eye contact, smile
- Paraphrase yourself and her as needed – but do not repeat back word for word
- Don’t pressure her to speak
- Use clear language, not jargon, large words or initials
- Read out forms and paperwork
- Review what has been covered at the end

2. Believe her

- Be mindful of the myths featured already.
- A woman needs to be believed and validated because her abuser may have told her she will not be believed; that is, no one will believe that someone who cares about her would abuse her.
- Don’t assume that she is withholding information or refusing to co-operate when she does not provide specific information requested of her.
- Show that you believe her by saying ‘I believe you,’ using non-verbal cues, and validating what she is saying by saying encouraging words like ‘that must have been very hard for you.’

3. Be patient

- Use a slower pace – don’t speak too quickly or rush onto a new topic
- Rephrase questions only to help her understand the question; don’t ask too many of the same question or that may just confuse her
- Organize information in sequence
- Use concrete examples
- Don’t add or finish her sentences

4. Use who, what, where questions

- ‘When’ or ‘how’ questions may be harder to answer
- If you are unsure she understands, ask her to repeat the question back

5. Address physical needs

- Pictures can help tell her story – have some ready
- Have paper, pencil handy so she can draw out the story
- Dolls can be used to help tell story
- Use large print materials
- Ensure the rooms and hallways, etc are accessible
- Make the room inviting and comfortable
- Have available alternative devices – Braille, TTY, Bliss, audiotape
- Interpreter (may not be relative)
- Minimize distractions
- Provide appropriate referrals
- Provide breaks as needed

Counseling and communication

1. Understanding her needs

- It may be challenging for a counselor or service provider when a client communicates with a device, but we need to respect silence and her pace, just as we do when working with women who find counseling sessions difficult. We also need to be creative with communication techniques and use the needed communication devices. Let her know you are here to listen and to provide the patient, respectful support that is needed
- Success is subjective
- Therapy is a long process and progress is slow
- Having access to fewer healthy relationships may result in the need to recognize that the therapeutic process will look different. For example, some women may not have clear boundaries and you may need to work with her on how you can build her trust as well as ways to work with her that respect her space. Do not take her trust in you as a given. Further, it is important to provide the necessary work to build a healthy level of mistrust. This is for the woman's own safety and independence.
- Be patient, respectful, consistent and provide stability
- Expression of feelings is often not allowed or taught – so her expression may often be expressed through actions (i.e. break things when mad, hurt herself, etc.)
- While it is helpful to paraphrase and use repetition, don't confuse her with too much questioning – she may have been taught to 'please' others and may change her story to appease you

2. About communication

- Generally, expressive words are not used (say 'good' a lot) by labeled women
- She may use her own sign language and have specific body language (ask her other workers for more info if she has other workers)

- She may rely on others' body language
- She may tend to leave out important information but include irrelevant information in stories
- She may not finish her thoughts before moving from one topic to the next
- She may not have been taught critical thinking
- Ask who, what, where questions NOT why, if, when, how
- Closed-ended questions are a good place to start with
- Ask her to summarize so you understand what she heard
- Paraphrase questions – your own and hers
- Teach new words slowly
- Generalize a story/theme and then make it connect to her
- Use direct communication – slang and academic words are not useful

3. Techniques that work

- Individualize therapy sessions – sit on the floor, use play dough, hold a stuffed animal, use pictures, lights low/high, etc.
- Use a safe, creative and visual way of communicating (with alternative methods such as role play, psychodrama, or dance therapy)
- Art therapy is about creating art to develop physical, emotional, behavioural, and learning skills through visual expression
- Creating art is therapeutic. It gives a sense of being in control (making her OWN project), can symbolically explore a theme (i.e. self care via collages), and visually identify the primary issue
- Reality testing – may be lying, testing you, or also be hoping what they are saying is right
- Games that help with memory recall. For example, one good activity is to draw the story and asking for details like what the weather was like, what she was wearing, what stores were in the neighbourhood, etc.
- Adult education activities – not just speaking and hearing but participating
- Ask a support person (if there is one) what language the woman might use (i.e. says kitchen car instead of mobile home)
- Visualizations – whether it is through a story, or using a dollhouse to relate to the woman's story (guided visualizations/imagery don't always work)
- It is a good idea to summarize what was discussed or done in the current session before ending, as well as previous sessions

Summary

***“For women generally, trying to get through the system is incredibly hard.
You’re already dealing with lots of things ...
and the additional barriers that come with living with a label.***

***I think services need to know ... about really listening to someone and
validating her experience and saying ‘No, this isn’t your fault.’”***

Breaking New Ground video

Violence against women with intellectual disabilities is a real, pervasive problem. We all need to be aware of the issues, and knowledgeable of how we can provide inclusive services regardless of where we work. By working together, we can better meet the needs of all women.

References

Mansell, S. Keynote address. Breaking New Ground conference, October 2005. Toronto, Ontario.

Pease, T. and B. Frantz (1994). *Your Safety, Your Rights*, a personal safety and abuse prevention program for adults with disabilities and for service providers. Doylestown, PA: Network of Victim Assistance.

Sobsey, D. (2005). Family Violence and People with Intellectual Disabilities. www.phac-aspc.gc.ca/ncfvcnivf/familyviolence/html/fvintellectu_e.html

Spicer, Cathy (1999) Sterilisation of Women and Girls With Disabilities: A Literature Review, Women with Disabilities, Australia.

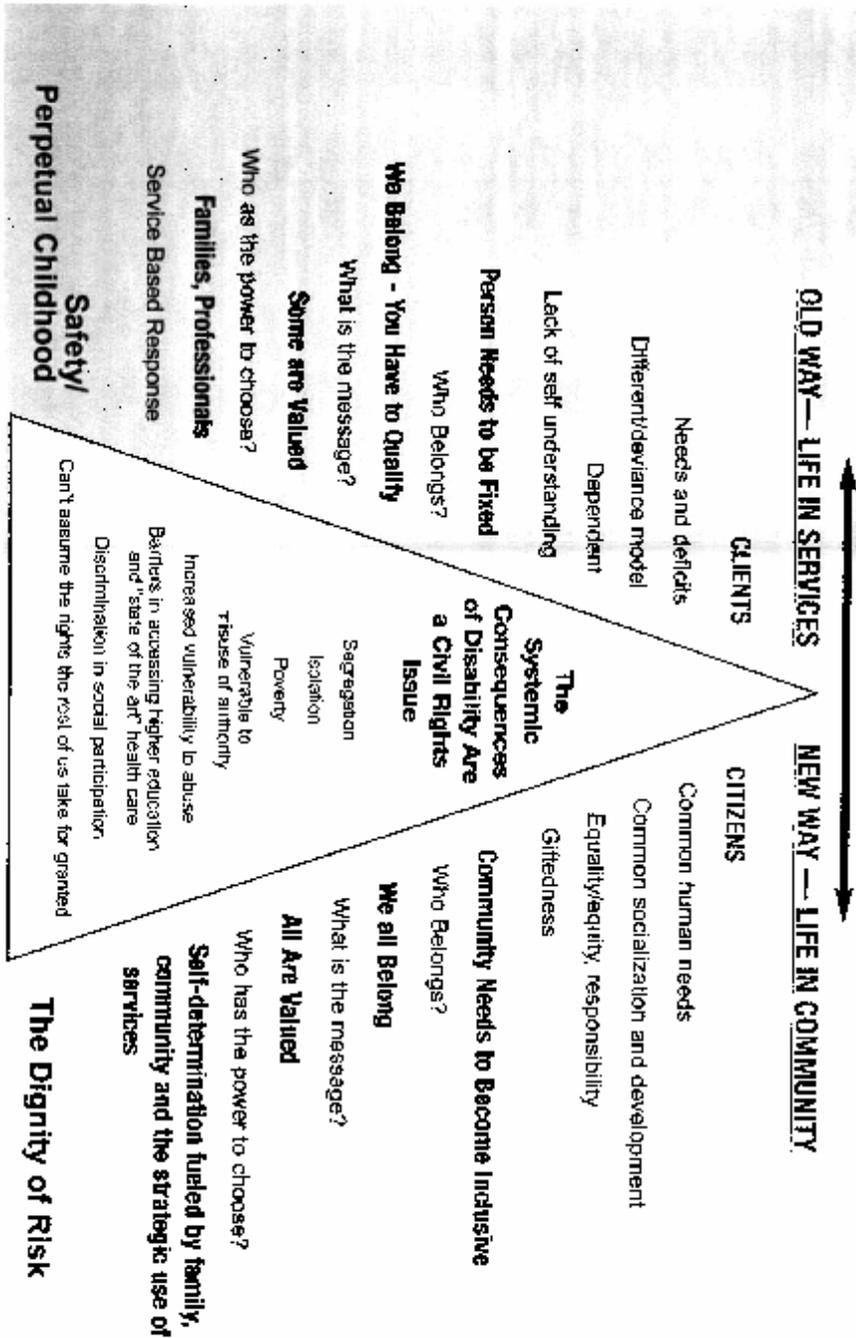
Strahan, Fiona and L. Brudenell (Eds) (1991). On The Record - A Report on the 1990 STAR Conference on Sterilisation: 'My Body, My Mind, My Choice' Graphics by Designers Limited.



FAMILY SERVICE ASSOCIATION
OF TORONTO

Options

Anti-Oppression Framework - Paradigm Shift



Family Service Association of Toronto - Options 2005

Copyright Springtide Resources Inc. and
Family Service Association of Toronto, 2007

Produced by:

Springtide Resources
220 – 215 Spadina Avenue
Toronto, ON
M5T 2C7

Tel. 416.968.3422
Fax 416.968.2026
TTY 416.968.7335

info@womanabuseprevention.com
www.SpringtideResources.org