

inclusion in practice



helping people with intellectual
disabilities experiencing
gender-based violence

A GUIDE FOR ANTI-VIOLENCE SERVICE PROVIDERS

| See Our Companion Guide: [What is Gender-based Violence?](#)
| [A Plain Language Guide for People with Intellectual Disabilities](#)

| Created by Disability Alliance BC, with Inclusion BC
| and Ending Violence Association of BC

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About the Project Partners



we are all
connected

Disability Alliance BC's mission is to support people, with all disabilities, to live with dignity, independence and as equal and full participants in the community. DABC champions issues impacting the lives of people with disabilities through our direct services, community partnerships, advocacy, projects, research, and publications.

<https://disabilityalliancebc.org/>



Inclusion BC is a federation working with partners to build community and to enhance the lives of children, youth, adults with intellectual and developmental disabilities and their families, by building awareness, inspiring action and advancing rights, responsibilities and social justice.

Inclusion BC provides support, education and advocacy where and when it's needed. They advocate at a systems level for policy change and promote inclusion through public awareness initiatives and campaigns.

<https://inclusionbc.org/>



EVA BC works to coordinate and support the work of victim-serving and other anti-violence programs in British Columbia through the provision of issue-based consultation and analysis, resource development, training, research and education. Its work is guided by respect for difference, human dignity and equality.

<https://endingviolence.org/>

Thank you to our Project Advisory Members

Karla Verschoor, Inclusion BC
Kim Bucholtz, Inclusion Langley Society
Fred Ford, Community Living BC
Wendy Potter, Ending Violence Association of BC
Heather Rissanen, Self-Advocate
Kya Bezanson, Self-Advocate
Karen Martin, Disability Alliance BC

Content Contributors

Disability Alliance BC
Inclusion BC
Inclusion Langley Society

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The Purpose of this Guide

The Project

Disability Alliance BC (DABC) partnered with Inclusion BC and Ending Violence Association of BC (EVA) to conduct focus groups with anti-violence program representatives and those providing services to people with intellectual disabilities in the community living/independent living sector.

The purpose of the focus groups was to identify challenges, gaps, and solutions for people with intellectual disabilities, especially those with Complex Needs, who experience gender-based violence.

Based on what we learned, DABC and Inclusion BC developed this resource guide for anti-violence programs. The *Inclusion in Practice: Building Capacity to Support People with Intellectual Disabilities Experiencing Gender-Based Violence* guide is a tool to enable programs to build capacity, enhance their supports and improve service outcomes for people with intellectual disabilities.

To further support this work, the project also developed a plain language information guide on gender-based violence for people with intellectual disabilities.

What are Complex Needs?

A person with Complex Needs has profound and intersecting needs and need a high level of support with many aspects of their daily lives: physical, mental health, family context, daily functioning, social exclusion, and education.

Many individuals with Complex Needs will also have mental illness and/or substance use as complex factors that put them at risk and, for some, this leads to involvement with the justice system.

They are dependent on a range of social and health services. The extent of their needs can exceed the capacity of existing services.

Please see *What is Gender-based Violence? A Plain Language Guide for People with Intellectual Disabilities*.

<https://disabilityalliancebc.org/category/publications/GBV-PlainLanguageGuide.pdf>

Why This Guide is Needed

Violence towards people with intellectual disabilities often goes unreported because people in this community usually do not have the knowledge or skills to self-report. Furthermore, anti-violence services and the justice system as a whole have not fully accommodated the needs of people with disabilities, including people with intellectual disabilities.

WOMEN WITH DISABILITIES

almost **80%** have experienced physical violence by their intimate partner

60% are likely to experience some form of violence in their adult lives

38% were physically or sexually abused by an adult before age 15; **74%** if in government care



Women with disabilities are four times more likely to have experienced sexual assault than women without disabilities.

People with intellectual or behavioural disabilities experience personal victimization at a rate 4 times that of people without.



Women with a cognitive disability, who also identify as 2SLGTBQIA+ have the highest rates of violent victimization, 680 incidents per 1,000.

See the References section of this guide for links to the documents in the *Why This Guide is Needed* section.

Canadian Statistics on Violence Against Women with Disabilities:

- 60% of women with disabilities are likely to experience some form of violence in their adult lives
- Women with disabilities are four times more likely to have experienced sexual assault than women without disabilities
- According to the Canadian 2014 General Social Survey (GSS) on Victimization, 38% of all women with a disability were physically or sexually abused by an adult before they were 15 years of age; 48% of women with a cognitive disability experienced similar abuse, as did 50% of women with a mental health-related disability
- According to the GSS 2014, 74% of women with a disability who were in government care during their childhood reported being physically or sexually abused by an adult before they were 15
- The GSS 2014 also shows that, of female self-reported violent crime incidents (sexual assault, robbery, physical assault), 45% were women with disabilities
- Women with multiple disabilities experience higher rates of violence—the more disabilities they have, the higher the rate
- The Women with Disabilities and Violence Fact Sheet (DAWN Canada) states that people with intellectual or behavioural disabilities experience personal victimization at a rate four times that of people without these disabilities
- Vecova Centre for Disability Services and Research report in *Violence Against Women with Disabilities Violence Prevention Review* (2011) that women with intellectual disabilities were more isolated and restricted in their ability to develop natural support in the community which increases their vulnerability to violence
- The DisAbled Women's Network's report, *More Than a Footnote* (2019), shows that for women with cognitive disabilities who identify as lesbian, gay or bisexual, rates of violent victimization are well above those among heterosexual women with cognitive disabilities

“For people with an intellectual disability, there is this fear that they’re not going to be believed because of their disability. This is a key root of the problem.”
Community Living Sector Worker

Women with multiple disabilities experience higher rates of violence—the more disabilities they have, the higher the rate.

- Women with a cognitive disability, who also identify as 2SLGBTQIA+ have the highest rates of violent victimization—680 incidents per 1,000
- For women with cognitive disabilities, the risk of violence increases when they are racialized, younger, Indigenous, 2SLGBTQIA+, migrant workers, non-status immigrants or living in rural areas (DAWN Canada, More Than a Footnote, 2019)
- Almost 80% of women with disabilities have experienced physical violence by their intimate partner (DAWN Canada Fact Sheet on Violence Against Women with Disabilities)

Given these high rates of violence, experienced by women with intellectual disabilities in particular, the provision of services must adapt to meet these women's needs.

There are many challenges for this community. Some people with intellectual disabilities may have Complex Needs and not be connected to community living services nor have natural community supports, as mentioned earlier in findings from the Vecova Centre report.

Some individuals may engage in high-risk activities that result in risk to self and others which include: substance use, unsafe relationships, aggression/violence, self-harm and criminality. Many of these individuals often have a lack of natural supports which can increase their vulnerability to a greater risk of harm, exploitation, victimization and poor outcomes, including involvement with the criminal justice system.

Given these high rates of violence, experienced by women with intellectual disabilities in particular, the provision of services must adapt to meet these women's needs.

“Formalized training may not be the only answer. Even organizations making space at each other's tables would be helpful. Some ‘Cross-pollination.’” Anti-violence Sector Worker

Eight Barriers Identified

The Violence Against Women with Disabilities Violence Prevention Review (2011), by the Vecova Centre for Disability Services and Research (Canada), identifies eight key barriers encountered by women with disabilities who have experienced gender-based violence, sexual assault, and intimate partner violence. And, while this report is over 10 years old, little has changed in Canada when it comes to addressing these barriers.

1. Disclosure of abuse/assault not being believed or seen as credible
2. Difficulties accessing the justice system – physical, financial, informational, cultural barriers
3. The absence of supports to form and maintain strong networks
4. The absence of health care interventions that can identify when a woman with a disability is being abused
5. Lack of sensitivity training for professionals – police, health care workers, anti-violence/victim services, disability services – around helping women with disabilities who are victims/survivors of violence
6. Lack of violence prevention training for women with disabilities
7. Lack of rights education and self-advocacy training for women with disabilities
8. Lack of funding and resources to enhance the accessibility of services for women with disabilities

One of the key recommendations of the Vecova Centre review is the development of best practice tools to educate, train, support and guide the work of professionals in the anti-violence sector and justice system.

This resource guide was created to address this recommendation, in order to reduce the barriers that people with

“It doesn’t feel like the court system is set up to help people with intellectual disabilities. It is not very trauma-informed. Testifying can be traumatic, whether it’s the victim or the accused that has the intellectual disability.” **Anti-violence Sector Worker**

intellectual disabilities experience, including: cis, transgendered, and two-spirit people with intellectual disabilities.

Furthermore, a 2018 CBC News investigative report showed that people with disabilities experience disproportionate and discriminatory interactions with police. They are more likely, for example, to have interactions with police than people without disabilities. People with developmental disabilities are often misidentified as having mental illness or substance abuse issues. And that lack of police training on disability leads to misconceptions and misattributions about the behaviour of suspects with disabilities.

How to Use this Guide

The resource guide created through our project, includes key themes identified by the focus groups.

- Key definitions
- The historical context of people with intellectual disabilities in BC and Canada
- An introduction to two people with intellectual disabilities
- A step-by-step look at how you can help people with intellectual disabilities when they access your services.
- Recommendations on how the anti-violence sector and community living sector can work together to support people with intellectual disabilities experiencing gender-based violence.

You will find further resources to help you in the sidebars throughout this guide. You will also see some paraphrased comments from the project focus group participants.

Anti-violence programs can use the guide to provide better supports and outcomes for people with intellectual disabilities who have experienced gender-based violence and who access anti-violence services, supports, and processes, such as: safety planning; reporting to police; using community-based victim services and sexual assault services; hospital examinations; victim impact statements; and, going to court.

You will find further resources to help you in the sidebars throughout this guide.

Definitions

Disability

Bill C-81, Accessible Canada Act, defines disability as “a physical, mental, intellectual, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”

Intellectual disabilities

An intellectual disability affects a person’s intellectual development and is usually present at birth or from an early age. The manifestations of this form of disability vary greatly. Depending on the type of intellectual disability, the level of capability in the following areas can be affected: reasoning, planning, problem-solving, abstract thinking, learning and retaining information, learning from experience, or understanding social cues or subtleties of interpersonal interactions.

Furthermore, some people with intellectual disabilities also have disabilities that fall within the broader category of developmental disabilities . They may have additional functional limitations in language and communication, mobility, and ability to manage independent living.

Barriers

Bill C-81, Accessible Canada Act, defines “barrier” as “anything—including anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice—that hinders the full and equal participation in society of persons with a physical, mental, intellectual, learning, communication or sensory impairment or a functional limitation.”

For examples of types of intellectual disabilities, see Appendix 1.

Accessibility

The *Accessible Canada Act* discusses accessibility in this way: “A broad definition is required when talking about accessibility. It includes all the things that help or support a person with disabilities in their daily life to be independent and participate fully in community. Some examples are: accessible transit and buildings, accessible communication formats, mobility devices, hearing aids, sign language and large print documents.”

Inclusion

Inclusion is an attitude and approach that embraces diversity and differences, and promotes equal opportunities for all. It is the societal practice of equitable access to opportunities and resources for people who might otherwise be excluded or marginalized, such as: people with disabilities, racialized and 2SLGBTQIA+ persons. When our communities include and embrace everyone, we are all better able to reach our full potential.

Community Living BC (CLBC)

CLBC is a provincial Crown agency that funds supports and services that meet the disability-related needs of two groups of eligible individuals and their families in British Columbia:

- Adults diagnosed with a developmental disability
- Adults diagnosed with fetal alcohol spectrum disorder or autism spectrum disorder, who also have significant limitations in adaptive functioning. The law that describes their role is the Community Living Authority Act.

Gender-based violence, GBV

Gender-based violence is any form of abuse, assault or harassment based on a person’s gender identity or gender expression.

Disability-based violence

In the same way, disability-based violence is any form of abuse, assault or harassment based on a person's disability. It also often intersects with gender-based violence. Sexism and ableism set gender standards and the standard of what is "normal" that exclude, devalue and marginalize cis women, and transgendered and non-binary persons with disabilities.

People with disabilities are at a high-risk for these forms of gender-based violence:

- Psychological and emotional
- Sexual
- Physical
- Racism
- Cyber Bullying and
- Financial abuse

People with disabilities also experience the following kinds of disability-related violence:

- Systemic abuse
- Destruction of equipment and devices by care givers
- Restraints
- Strip searches
- Solitary confinement
- Rough treatment while bathing
- Rape by staff/residents of institutions
- Denial or withholding of services, equipment or medications
- Threats of being institutionalized
- Forced abortions, forced sterilization

"We need to create relationships early and often. People going to hospital can receive different care depending on how they "present." Denial of any services can be so detrimental for people seeking help."
Community Living Sector Worker

GBA and Intersectionality

The Canadian government defines intersectionality as Gender-based Analysis Plus (GBA+): Our experiences are affected by intersecting parts of our identity, the context we are in and our lived realities.

We all have multiple identity factors that intersect to make us who we are. This is called intersectionality. The “plus” in the above acronym highlights the fact that GBA goes beyond sex and gender. It examines how sex and gender intersect with other identities such as: race, ethnicity, disability, religion and age.

The Historical Context

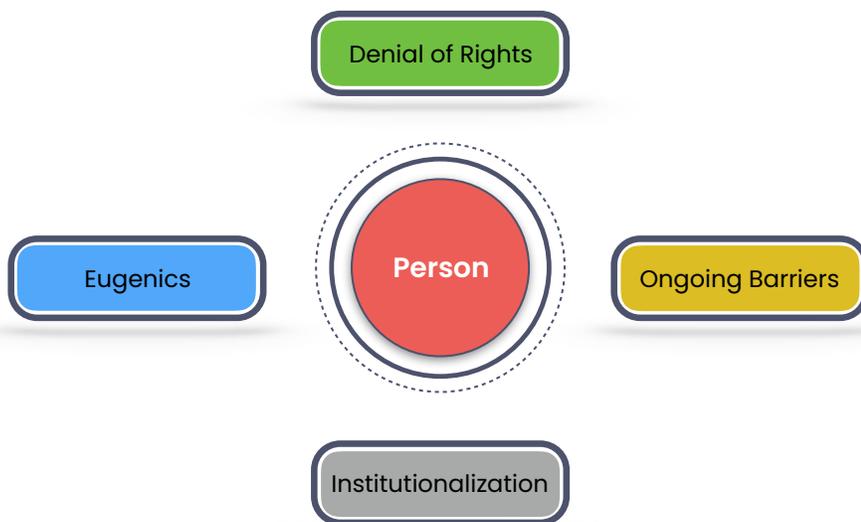
To genuinely address the systemic service gaps that cis women, transgendered, and non-binary persons with disabilities experience, some hard truths need to be recognized and addressed.

Becoming informed about and acknowledging the long history of systemic violence and discrimination that people with disabilities and, in particular people with intellectual disabilities experience, will help anti-violence support workers to understand the barriers many survivors face day-to-day and find more inclusive ways forward.

We know that anti-violence workers have a deep commitment to supporting victims and survivors from all corners of our communities.

We include here a historical overview that takes considerable space in this guide, but only scratches the surface of the injustices long faced by people in this community.

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Eugenics in Canada

BC Sexual Sterilization Act: 1933 – 1973

Historically, children and adults with disabilities have been institutionalized, isolated and hidden away, and prevented from participating in our communities and in society.

Many people are not aware that BC had a Sexual Sterilization Act. During the time period between 1933 to 1973, forced sterilizations were performed in BC and other provinces. A Eugenics Board had the power to order sterilization without a person's consent or without knowledge of what was being done to them. The people targeted for sterilization included: people with disabilities (particularly those with intellectual disabilities); women who were living in poverty and were unmarried; Indigenous people; and, other racialized groups.

While the BC Sterilization Act was in force, between 200 to 400 people were either coerced or sterilized without consent. In BC, many sterilizations occurred at Riverview Hospital (Essondale) and some at Woodlands School.

As an anti-violence service provider, it is important to know that older adults with disabilities that you are helping may have been victims of this Act. Even though it was repealed in 1973, sterilizations continued in Canada.

However, in a 1986 landmark case, the Supreme Court of Canada ruled unanimously that Eve, a 24-year-old woman with an intellectual disability, could not be sterilized without her consent. This case, known as the Eve Decision, had a profound impact on the global movement to fully recognize the rights of people with intellectual disabilities and their right to be a parent.

Eve was a woman with an intellectual disability living in Prince Edward Island whose mother wanted her to be sterilized. Barb Goode, a self-advocate with People First BC, stood up for Eve, along with other Self-Advocates. They formed the "Eve" Committee which took the mother to court. People First were against anything happening to a person's body without their consent.

Eve was a woman with an intellectual disability living in Prince Edward Island whose mother wanted her to be sterilized.

Institutionalization and People with Intellectual Disabilities

In the past, it was common practice to label people with intellectual disabilities as “mentally retarded” or “mentally handicapped,” and place them in institutions, or in segregated schools or workplaces where they had few rights.

The institutionalization of people with intellectual disabilities in BC began more than a hundred years ago with the creation of a large institution in New Westminster. It was first called the Provincial Asylum for the Insane and later known as Woodlands School, or simply Woodlands.

Other large institutions – Tranquille, Glendale, and the Endicott Centre – were later created around the province. People with intellectual disabilities lived in these facilities away from their families and communities, sometimes for their whole lives.

Institutions cannot begin to tap potential to learn, grow and contribute to their communities. They isolate people from family, friends, and communities. And they create high-risk environments for abuse and neglect.

Nowhere has this been more clear than the institutions for people with intellectual disabilities.

One of the primary goals of the movement for “community living” has been to close institutions and help people return to communities and participate as full citizens. The movement was started primarily by family members who dreamed of a better life for their children who lived in institutions, who wanted them to learn in school, have friends, and be welcomed in their community. People with intellectual disabilities also began to advocate for their own rights to live as full citizens, and created the self-advocacy movement.

In 1996, BC became one of the first provinces in Canada to close all its large institutions for people with intellectual disabilities. Today, people who were once segregated from society are meeting new neighbours, co-workers, school-

Information included here about Institutionalization and Woodlands are from the Inclusion BC website

<https://inclusionbc.org/our-resources/institutions/>

See images and words created by people with lived experience of institutionalization

<https://inclusionbc.org/our-resources/from-the-inside-out/>

mates and friends, and being part of their communities. That's what "community living" is all about.

However, even though BC has closed its large institutions, there are no guarantees for future generations. Institutions remain open in other provinces and invisible walls continue to isolate people, even when they live in the communities.

Woodlands Institution

The institution that became known simply as Woodlands is one of the darkest chapters in Canada's treatment of people with intellectual disabilities. Woodlands originally housed people with both psychiatric and intellectual disabilities, but became limited to residents with intellectual disabilities in the 1920s.

Throughout Woodlands history, inquiries and investigations into conditions and treatment of residents showed ongoing abuse and overcrowding. The 1940's and 1950's saw some improvements in staff training and resident education.

Due largely to the ongoing advocacy efforts of families, in 1981 the provincial government announced plans to close Woodlands. Community placements were planned and implemented over the next 15 years and Woodlands finally closed in 1996, marking the culmination of a long struggle to end large institutions in BC.

Following the closure, in response to abuse allegations by former Woodlands residents, the Province asked former BC Ombudsman Dulcie McCallum to conduct an independent review. In August 2001, McCallum submitted a report, called *The Need to Know*, that found evidence of systemic physical, emotional and sexual abuse at Woodlands. The government released the report and their response to it in July 2002.

Over the decades, children at this provincial institution were starved, treated as labourers, and physically and sexually abused. Almost 1600 children lived in lock-down conditions in outdated buildings at any one time.



Demolition of Woodlands

The Need to Know report, 2001

<https://inclusionbc.org/our-resources/the-need-to-know-administrative-review-of-woodlands-school/>

And the residents of Woodlands were used in genetic research and drug experiments between 1954-1978.

The McCallum report made 12 recommendations to government, including conducting a more in-depth review of abuse at BC institutions and making an apology to people who were abused.

In response to the McCallum report, the BC Self Advocacy Foundation and the Woodlands Parents Action Group held consultations resulting in reports that supported McCallum's recommendations. The former residents also called for the demolition of the institution buildings and a role for themselves in the demolition.

In 2002, a class action lawsuit was launched against the provincial government on behalf of former Woodlands residents. The provincial government attempted to create a division between those who could and could not be considered for compensation, based on when residents were discharged. Woodlands survivors, Inclusion BC, Disability Alliance BC and other supporters across the country urged the provincial government to include all survivors in the settlement.

In 2018, the Province of BC announced plans to compensate former residents of Woodlands who had been excluded from the settlement.

Woodlands Memorial Garden

Woodlands had a cemetery where over 3,300 former residents were buried. When the construction of Queen's Park Hospital began in 1977 beside the Woodlands property, the cemetery was closed and made into a park. Over 1,800 grave markers for these residents were removed and all but a few hundred were "recycled" or disposed of. Some were used to make a barbeque patio on the Woodlands site for the use of staff.

To reclaim this space in memory of residents, the Woodlands Memorial Garden was opened in June 2007. It is a site to remember and celebrate those who lived and died at the institution.

In 2002, a class action lawsuit was launched against the provincial government on behalf of former Woodlands residents.



Each memorial wall has inset grave markers that have been salvaged, along with plaques for those whose stones were not recovered.

One element of the garden restores the names of everyone buried in the cemetery. Names are on view on memorial walls, along a pathway that circles the cemetery site. Each memorial wall has inset grave markers that have been salvaged, along with plaques for those whose stones were not recovered.

Denial of Rights and Discrimination

The Legal System

One example of discrimination in the legal system toward people with intellectual disabilities that has been remedied is the February 10, 2012, Supreme Court of Canada (SCC) decision in the case of *R. v. D.A.I.* The case dealt with the legal right of adults with intellectual disabilities to testify in court.

The case involved a sexual assault complainant with a “mental disability” (the legal terminology) whose ability to testify in court was questioned. Before this case, people with mental disabilities were often not allowed to testify, unless they could explain the meaning of abstract concepts like promise, truth and falsehood—even though no other category of witness was required to meet this test. This barrier prevented people with intellectual disabilities, who were otherwise able to communicate their experiences of abuse, from being heard in court. It further marginalized people with intellectual disabilities, devalued them and allowed crimes against them to go largely unpunished.

In its 2012 *R. v. D.A.I.* decision, the SCC rejected this interpretation of the law. It confirmed the importance of access to justice for survivors of sexual assault with intellectual and other disabilities.

The Education System

Many people with intellectual disabilities continue to be traumatized by our societal systems.

In 2018, Inclusion BC produced the report, *Stop Hurting Kids 2* based on a survey of parents and guardians. It highlighted that fact that physical restraint and isolation rooms were

Before this case, people with mental disabilities were often not allowed to testify, unless they could explain the meaning of abstract concepts like promise, truth and falsehood—even though no other category of witness was required to meet this test.

Read Inclusion BC’s full report, *Stop Hurting Kids 2*
<https://inclusionbc.org/our-resources/stop-hurting-kids-2/>

still being used in BC schools and there continued to be a systemic lack of oversight and accountability. The report stated that these incidents lead to physical, emotional and psychological trauma for the students who are restrained or physically isolated, as well as the students that are witnesses to this.

Housing People with Disabilities

In BC, many people with severe disabilities, including people with intellectual disabilities, are housed in long-term care facilities with the elderly. In other words, institutionalization continues instead of providing appropriate supported living in the community.

Living in a smaller group home situation still means having to live with rules and restrictions set by others, and government regulations. While people are usually well cared for in a group home, a person does not get to choose who they live with or who their support people are.

Employment Segregation

A report, *Help Wanted: Ending Sheltered Work in Canada*, examining so-called sheltered work programs in Canada was conducted by The Institute for Research and Development on Inclusion and Society (IRIS) in 2021.

For a program to be considered “sheltered work,” it must:

- Engage people with disabilities in doing work that produces goods or services;
- Generate revenue for the provider or other parties;
- Be considered paid employment if others were doing the same work; and
- Provide less than the legal minimum wage or not include vacation pay and other benefits required under employment standards law.

These are the key findings from the report:

- IRIS’ legal and policy review of Ontario, British Columbia, Nova Scotia, Quebec, and the Northwest Territories shows that all of these jurisdictions provide exemptions for shel-

Read *Help Wanted: Ending Sheltered Work in Canada*

<https://irisinstitute.ca/resource/ending-sheltered-work-in-canada/>

tered work activities from minimum employment standards entitlements, including payment of minimum wage.

- Although most jurisdictions have made some progress transitioning away from traditional sheltered workshop-style programming to more-inclusive employment programs, a comprehensive and proactive policy framework to achieve this goal is lacking.

People with intellectual and other developmental disabilities face among the highest rates of unemployment of any group. There is little to no evidence that sheltered work experience has a positive impact on future employability or economic security.

Living with an Intellectual Disability

The two profiles we created for this resource guide are fictitious and are for the sole purposes of learning and applying ways to help individuals with intellectual disabilities. It is important to note that each person with a given diagnosis is different. Each person is unique with strengths, abilities, personal values and experiences.

Meet Ronnie



Ronnie is 30 years old, and has a developmental disability and ADHD. She can only work part-time, but she is physically strong and works stocking shelves in a warehouse.

Ronnie's Strengths: Ronnie loves her job and is rarely absent from work. She has strong self-determination; she wants to make her own decisions. She belongs to a self-advocacy group that focuses on learning, and understanding their rights and responsibilities.

Ronnie's Abilities: Ronnie is team-orientated and always willing to help her co-workers. She is very creative; she be-

Community Living BC

CLBC is a Crown agency that funds supports and services that meet the disability-related needs of two groups of eligible individuals and their families in British Columbia:

- Adults diagnosed with a developmental disability
- Adults diagnosed with fetal alcohol spectrum disorder or autism spectrum disorder who also have significant limitations in adaptive functioning

For detailed information about the types of services available through CLBC and Community Living Agencies, see Appendix 2.

Visit CLBC's website

<https://www.communitylivingbc.ca/what-support-is-available/>

longs to an art group in her community and sells some of her paintings at local art shows.

Ronnie lives independently in a basement suite in the suburbs. Public transit can be a problem for her as buses are infrequent and not always on time. She receives supported living services from CLBC for 6 hours a week and is also connected to a CLBC Mental Health Outreach worker that checks in once a month.

Whether at her workplace or at home, it can be hard for Ronnie to complete tasks such as: jobs at work she feels are less interesting, keeping a clean house, maintaining healthy habits or carrying out daily tasks such as: showering and eating breakfast.

Ronnie:

- Has difficulty with time management
- Is impulsive
- Is disorganized and has problems prioritizing
- Has problems focusing on a task
- Has trouble multitasking
- Has low frustration tolerance
- Has a low-literacy level
- Has anxiety
- Ronnie talks loudly and very fast when she is confused.

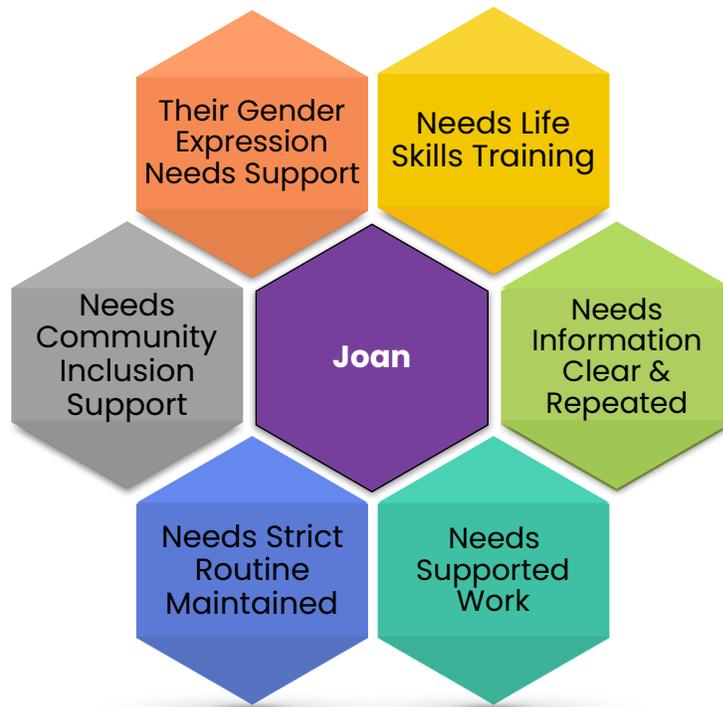
Some people who have a developmental disability require supports, often throughout their lifetime, to live a full life in the community.

Eligible adults and their families can purchase these supports and services directly to meet their personal goals through:

- individualized funding
- not-for-profit or private service providers, or
- other contractors.

Not all individuals with intellectual disabilities are connected to Community Living services. Some individuals are independent in the community.

Meet Joan



Joan is 25 years old, and is diagnosed with Autism Spectrum Disorder (ASD) and an intellectuality disability. Joan is someone who is non-binary and is exploring their gender expression. Joan uses the pronouns they/them/their. However, Joan's parents are not supportive of their gender expression.

Joan lives on their own with some CLBC supports, including life skills and community inclusion. They have worked in the past, but lost these jobs after a few months when they would get confused with changes in work responsibilities. Joan does very well with repeated tasks. They have a heightened sensitivity to smells, light, sounds, and touch which can be difficult in a workplace.

Joan's Strengths: Joan has an incredible memory; she remembers names and birth dates with considerable accuracy. They need structure, so work that is repetitive and predictable is best. Joan wants to live independently and is currently learning new life skills. They are respectful of the

What is Non-binary?

Non-binary is used to describe people who feel their gender cannot be defined within the margins of gender binary.

Instead, they understand their gender in a way that goes beyond simply identifying as either a man or woman. Because non-binary includes anyone that doesn't fit the traditional narrative of male or female, non-binary communities are incredibly diverse.

Non-binary people may identify as both male and female or neither male nor female. They may feel their gender is fluid and can change and fluctuate or perhaps they permanently don't identify with one particular gender.

differences in others and are actively involved in the Pride movement.

Joan's Abilities: Joan can use technology very efficiently, and enjoys playing computer games and connecting with others on-line. Joan also likes to do research on various subjects.

Joan:

- Is fearful and takes time to trust people
- Processes and assimilates information and instructions slowly, so repetition is needed
- Small changes in routine upsets and confuses them
- Has sensory sensitivity
- Does not follow facial clues
- Has difficulty making conversation
- Has difficulty making or maintaining close friendships
- Has discomfort during eye contact.
- Has challenges with regulating emotions and can have extreme emotional reactions to situations that might result in losing their temper, crying, or withdrawing completely.

"We need more training and better policies, like around making sure consent forms are comprehensible. And, follow-up: there can be gaps here if the person is being supported by multiple people and organizations." Anti-violence Sector Worker

Helping People with Intellectual Disabilities Who Need Services

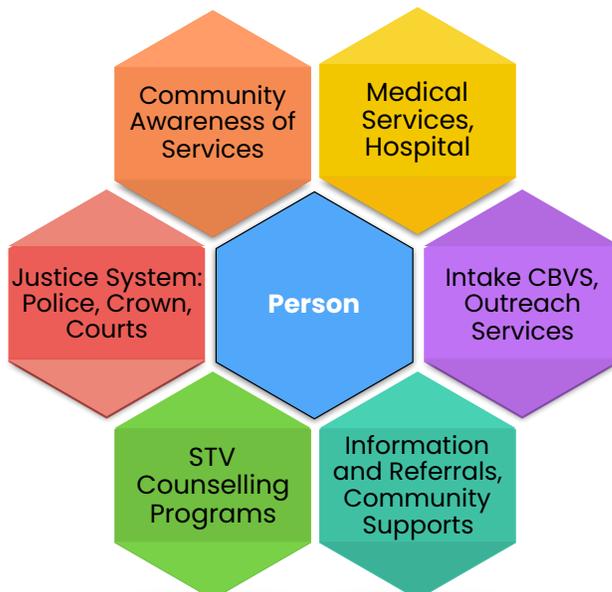
This section of the guide looks at how to support people like Ronnie and Joan when they come forward to get help after a sexual assault or intimate partner violence. They will need some individualized assistance from service providers to navigate the processes and systems they encounter. Both Ronnie and Joan:

- have a right to the same level of access and quality of service as anyone who has been sexually assaulted. They should not be referred to a community living agency because they have an intellectual disability and/or they receive services from CLBC. Community living agencies do not have sexual assault training or services.
- need to know how to access supports and to be walked through what to expect in the process.

First and foremost, providers must always ask them what they need, what their concerns are and what they would like to know. Explore their choices with them and explain possible outcomes they can expect. You can also give them a copy of our plain language guide that supports clients with intellectual disabilities—or go through it with them.

They should not be referred to a community living agency because they have an intellectual disability and/or they receive services from CLBC. Community living agencies do not have sexual assault training or services.

Elements of Community Anti-violence Response



Legal Capacity

It is also important to check what legal authority the person has to make their own decisions.

Some people with intellectual disabilities may not have the capacity to make decisions on their own behalf, so family or friends have helped them create a Representation Agreement. These Agreements will legally empower another person to make decisions on the survivor's behalf. However, assume that they will be able to speak for themselves, unless a legal document demonstrates otherwise.

People with intellectual disabilities will need an advocate they trust, for example, a family member, friend or community agency advocate. Trust is especially important for people with intellectual disabilities because many have not been treated well by others. Bullying and trauma are very common for people in this community, so, trust is very difficult.

Whether you provide police-based victim services, community-based victim services, Outreach Services or Stopping the Violence Counselling, there are ways that you can support Ronnie and Joan—by building trust and by doing your best to ensure you are providing information in a way that is understood.

In the next section, we will give some specific examples on what to consider when assisting a survivor of gender-based violence.

Learn more about Representation Agreements at Nidus.

www.nidus.ca

Please see Appendix 3, Communication and Information: Using Plain Language.

For other communication tips, see DABC's document, *Right to Be Safe, Creating Inclusive Services for Women with Disabilities Experiencing Violence*, 2015, especially these sections:

- Ensure Information is Accessible (page 19)
- Communication and Interaction Tips: Intellectual or Developmental Disabilities (page 27).

www.disabilityalliancebc.org/rbtsguideupdate/

Helping Ronnie

Ronnie has been sexually assaulted by her upstairs neighbour. One of her co-workers, Lexi, who Ronnie trusts, found out when she saw that Ronnie was extremely upset and not herself. Lexi has convinced Ronnie to seek help and report the assault.

Community Awareness of Services

Issue

Ronnie doesn't receive CLBC services that connect her to community activities, but she does receive supported living services and mental health services from CLBC.

Actions Or Considerations

- Do outreach, on an ongoing basis, to Community Living Agencies and Independent Living groups in your area to make them aware of your services and programs. Offer presentations and make sure that you reach staff providing different services to people with intellectual and developmental disabilities: Community Inclusion, Mental Health Services, Supported Living, Housing, and employment.

Issue

- Ronnie has low-literacy and needs information in plain language.

Actions Or Considerations

- Create all information materials you share with these services in plain language, so that they can be given to clients who need them.
- Ensure that Self-advocate groups in your area also receive this information. Take into account in your community awareness initiatives that some people do not use or have access to online technology.

How is Your Organization Doing?

Check out the 5 Key Areas of Accessibility and Inclusion section of DABC's *Inclusive Communication, Outreach and Engagement* checklist for service providers.

It provides a series of questions for your organization to see how well you are doing and where you need to improve your services.

For an example checklist see Appendix 4.

www.disabilityalliancebc.org/inclusivechecklist_final2019/

For Community Based Victim Services helping a survivor of sexual assault, please see the *Third Party Report Cover Sheet: Plain Language Aid for Support Workers Helping Survivors with Communication Disabilities and People with Low Levels of English-literacy*, created by DABC in partnership with EVA BC in 2019.

See Appendix 5 for an example from the form. The full cover sheet and form is available upon request from EVA BC.

Contact ccws@endingviolence.org

Intake: CBVS, Outreach Services

Issue

Ronnie has ongoing anxiety, low frustration tolerance, low-literacy, and problems focusing on tasks.

Actions Or Considerations

- She will need someone to walk her through intake forms and procedures step by step.
- Provide information in both written and verbal formats.
- Make sure all of your program intake forms are in plain language. Ronnie may get confused. Her voice will rise and she will talk fast, so it may be difficult for intake staff to understand what she is saying. Patience will be needed and intake may take more time than expected.
- Ensure that Ronnie has a friend, family member or other support person with them who can help. Ask Ronnie if there is someone she can call or that you can contact for her to support her.
- Ask every person with an intellectual disability what they need. Do not make assumptions.

Information and Referrals to Community Supports

As a service provider, you may often give clients contact names and information about other services for them to follow up with on their own. However, this will be not be enough support for Ronnie.

Issue

She has difficulties prioritizing and focusing on tasks she needs to do. If she meets with any frustration in accessing these services, for example, she may give up because of her low frustration tolerance.

Actions Or Considerations

- Ask Ronnie if she would like your help reaching out to the other services she needs. Make sure to follow up with Ronnie regarding these referrals.

Help Sheets and Video Resources

DABC created the How I Need to Know series of plain language Help Sheets in 2019.

www.disabilityalliancebc.org/category/publications/anti-violence-resources/

Give these to the people you are helping or use them to help you to walk them through the different processes they might experience:

- *How to Report a Crime to Police*
- *What to do if You Have Been Sexually Assaulted*
- *Going to Court and Being a Witness*
- *How to Write Your Victim Impact Statement*

- With Ronnie’s permission, one option may be for you to contact the referral service provider and ask them to contact Ronnie. Then you can follow up with Ronnie afterwards to see if the referral agency contacted her.
- Simplify all information you are giving Ronnie about community supports. Make sure that the community services you are referring Ronnie to are aware that they need to provide information in plain language as well.
- Provide information in written and verbal formats.

Medical Services, Hospital Accompaniment

Actions Or Considerations

- Ensure that Ronnie understands, step by step, in plain language, what will happen if she goes for a medical exam at the hospital. DABC’s help sheet for individuals in plain language and ASL video, can assist you in explaining to Ronnie what will happen. Give her and her support person access to these resources.
- Don’t assume that Ronnie understands what consent is when she is signing forms and giving permission– explain this concept to her. See the plain language information guide we created for this project that discusses consent.
- Ensure that medical services staff treat Ronnie respectfully. Many people with intellectual disabilities have been mistreated by medical services staff.

Counselling Programs

Issue

Because Ronnie is disorganized and has difficulty with time management, she may forget about counselling appointments. She will need reminders.

Actions Or Considerations

- Ask Ronnie if there are ways that you can help her remember her counselling appointments. For example, is there someone – a friend, family member, or her co-worker Lexi, who can help her remember her sessions? With Ronnie’s permission, one option might be to ask her if she

DABC also created a series of videos called **How I Need to Know** that you can use to assist victims of crime. The videos are available in reader-friendly and ASL (with captioning) formats.

<https://disabilityalliancebc.therightfitbc.org/how-i-need-to-know-videos/>

Video Topics:

- How to Report a Crime When You Have a Communication Disability
- How to Report a Crime to Police
- What to do if You Have Been Sexually Assaulted
- Being a Witness and Testifying in Court
- How to Write Your Victim Impact Statement
- What Happens When You Go to Court?
- What Happens When You Report Being a Victim of a Crime

would like help entering the appointment into her phone, if she uses one, so she can get appointment reminders.

- Ronnie has a CLBC Mental Health Outreach Worker. With Ronnie's permission, try connecting with the Worker to see how Ronnie can best be supported as a survivor of sexual assault.

Justice System: Police, crown, court system

Issue

The most important thing Ronnie needs is to be believed by police. Many women with intellectual disabilities are not believed when they disclose about sexual assault.

Actions Or Considerations

- Police services should refer to the intake recommendations above for intake procedures when helping Ronnie.
- As discussed under medical services, don't assume that Ronnie understands what consent is when signing forms and giving permission. Take the time to explain it to her.

Issue

Ronnie needs a support person or advocate with her through all police and justice system processes. This person can help provide a calming support for her anxiety, frustration levels, impulsiveness and confusion that can escalate.

Allowing a support person during police intake, meetings with crown counsel, and through the court procedures will help improve all communications and reduce retraumatization for Ronnie.

Helping Joan

Joan was sexually assaulted leaving the community recreation centre where they go once a week to the pool. A recreation worker found them alone and crying in the parking lot, and could see they had been attacked and called the police. The community centre staff person told police when they arrived that Joan came swimming each week with a group of people with intellectual disabilities.

The **How I Need to Know** project also produced a sign language video titled: I've Been Sexually Assaulted: Who Can I Tell?

<https://www.youtube.com/watch?v=iqHVyZuTjE>

Community Awareness of Services

Issue

Joan receives Life Skills and Community Inclusion supports from CLBC.

Actions Or Considerations

- Outreach, on an ongoing basis, to Community Living Agencies, and Independent Living groups in your area to make them aware of your services and programs.
- Offer presentations about your services and make sure that you reach staff providing different services to people with intellectual and developmental disabilities: Community Inclusion, Mental Health Services, Supported Living, Housing, and employment.
- Create all information materials that you share with these services in plain language, so they can disseminate this information to those they serve. Ensure that Self-advocate groups in your area also receive this information.
- Make sure that the messaging in your community awareness materials is consistent. This will help Joan, and other people with intellectual disabilities, who process assimilate information slowly and with repetition.
- Take into account in your community awareness initiatives that some people do not use or have access to on-line technology.

Intake: CBVS, Outreach Services

Issue

Joan has difficulty making conversation, is generally fearful of people they don't know and it takes time for them to trust people. Even the smallest change in their routine can upset and confuse them. On a day-to-day basis, Joan has difficulty regulating their emotions.

Because of these factors, intake may be a very difficult process for everyone involved. Joan may lash out in anger, completely shut down or not make eye contact with you. And, facial cues that show intake staff are caring, concerned, and compassionate will not be apparent to Joan.

“Doing a report for police can be very difficult for clients because of speech difficulties and disjointed thoughts.” **Anti-violence Sector Worker**

Create all information materials that you share with these services in plain language, so they can disseminate this information to those they serve.

Actions Or Considerations

- Patience is required and intake may take much longer than expected. You will probably have to repeat information several times so they can assimilate it. Plain language is key. You can also try saying things in different ways if Joan is not understanding.
- Provide information in both written and verbal formats.
- Try to ensure that Joan has a support person to help them through the intake process. Ask Joan if there is someone they trust that they can call or that you can contact for them. Because Joan has difficulty making close friends and their family doesn't approve of them being non-binary, this may be difficult. If you have Joan's permission, reach out to the staff person of the Community Inclusion program that takes the group swimming. The staff person may be able to help you communicate with Joan better or know how to help calm them. But make sure Joan understands what permission means – do not assume that they understand.

Issue

Joan has sensory sensitivity to smells, lights, sounds and touch.

Actions Or Considerations

As much as possible, ensure your intake room has soft lighting, reduced sound and reduced stimuli. These kind of calming changes in the environment would be helpful for all survivors of sexual assault, so may be something your organization wants to consider for everyone you serve.

Information and Referrals to Community Supports

Issue

Because of Joan's fearfulness and lack of trust, they may not follow through on contacting referrals you provide to them.

Patience is required and intake may take much longer than expected. You will probably have to repeat information several times so they can assimilate it.

Actions Or Considerations

Ask Joan if they would like your help reaching out to the other services they need. With Joan's permission, one option may be for you to contact the referral service provider and ask them to contact Joan. Then you can follow up with Joan afterwards to see if the referral agency contacted them.

Issue

Going to these services will be a change from their day-to-day routine, so they may need someone to go with them.

Actions Or Considerations

Work with Joan, and the support person you have identified and contacted, to support Joan in connecting with the much-needed supports they will need as a survivor of sexual assault.

CLBC does not have services that specifically provide support to survivors of sexual assault, so do not just refer Joan to CLBC services assuming that they can provide the help Joan needs.

Medical Services, Hospital Accompaniment

Issue

Even the smallest change in Joan's routine can cause them confusion, so going to the hospital will be very upsetting. Because of their inability to regulate emotions well, Joan might lash out in anger or even shut down emotionally and not communicate. If Joan gets angry, medical staff should not restrain them.

This is why it is important to have a support person they trust with them throughout all the hospital procedures. This would also include helping fill out any hospital forms because Joan may not be able to process the information at the time.

There are lots of bright lights and different noises at hospitals; this can adversely affect Joan because of their sensory sensitivities.

What to do if You Have Been Sexually Assaulted Resources

Help Sheet

[https://
disabilityalliancebc.org/
helpsheet_sexassault_
whocanitell_final/](https://disabilityalliancebc.org/helpsheet_sexassault_whocanitell_final/)

Video

[https://
disabilityalliancebc.
therightfitbc.org/how-i-
need-to-know-videos/](https://disabilityalliancebc.therightfitbc.org/how-i-need-to-know-videos/)

Actions Or Considerations

- Ensure that Joan understands, step by step, in plain language, what will happen if she goes for a medical exam at the hospital and repeat this information as often as they need.
- Provide information in both written and verbal formats. DABC's help sheet for individuals in plain language and ASL video, can assist you in explaining what will happen at the hospital. Give Joan and their support person access to these resources.
- Don't assume that Joan understands what consent is when signing forms and giving permission. Explain the concept it to them. See the plain language information guide we created for this project that discusses consent.
- Ensure that medical services staff treat Joan with respect. Many people with intellectual disabilities have been mistreated by medical services staff. As well, many non-binary people are discriminated against by those who do not understand or are uncomfortable with different gender expressions.

Counselling Programs

Issue

Counselling sessions are not part of Joan's normal routine, so it may be difficult to persuade them to go to counselling, even though it could greatly benefit them as a survivor of sexual assault. If they did agree to try counselling, one-on-one sessions would be more beneficial and safe for Joan than a group setting .

Actions Or Considerations

- With Joan's permission, one option might be to ask them if they would like help arranging the appointment or entering it into their phone, if they use one,
- Group counselling sessions will likely not work for Joan because of their fear of and lack of trust in others, their difficulty making conversation, and the fact that they do not follow facial cues. Also, because they are not able to

"Sometimes organizations are trying to operate and help without capacity. Maybe it is your responsibility, but you don't have the right training, etc."
Community Living Sector Worker

regulate emotions well, other people talking about their experiences of sexual assault in a group could be harmful to Joan.

Justice System: Police, crown, court system

Issue

Joan will have difficulty explaining what happened to them. They will also have difficulty understanding any police forms they may be required to fill out. And, bright lights in an interview room will adversely affect Joan because of their sensory sensitivities.

Actions Or Considerations

- Police should ensure that Joan has a support person they trust with them when questioning Joan about what happened.
- Police, and other justice system personnel, should follow the recommendations in the Intake section to help Joan.
- Police need to be aware of Joan's discomfort making eye contact or they may mistake it for dishonesty or an effort to hide something.
- If Joan becomes extremely angry, police should not restrain them. Instead, they should use Joan's support person to facilitate communication and help to calm Joan.
- Crown Counsel and the courts should also ensure they have a support person or advocate throughout the justice system process.
- Police, crown counsel, and the courts should build relationships with CLBC, Community Living Agencies, and Self-Advocate groups in the community to improve the experiences of people with intellectual disabilities who need assistance navigating the justice system.

“Access to counselling services is a huge barrier for adults with intellectual disabilities because of cost, but primarily because counsellors do not believe they have the “expertise” to counsel people with intellectual disabilities.” *Community Living Sector Worker*

Check out EVA BC's *Sexual Assault: Anti-Violence Worker Handbook*, 2016. Part 4 focuses on working with a diversity of women, including a section on Women with Disabilities. <https://endingviolence.org/publications/sexual-assault-support-worker-handbook/>

Ways to Work with the Community Living Community

In order for there to be better outcomes for people with intellectual disabilities who have experienced gender-based violence, communities must work together to provide more comprehensive and appropriate supports and services that are inclusive and meet the needs of the individual.

Both sectors already have goals, and structures in place to facilitate community collaboration.

This section of the guide provides some suggestions for how anti-violence programs and the community living sector can collaborate to enhance services for people with intellectual disabilities.



Anti-Violence Programs

Many anti-violence programs funded by the Ministry of Public Safety are required to:

1. Inform other community services about services available to victims of crime
2. Develop and maintain a network that includes social service and other community agencies

This section of the guide provides some suggestions for how anti-violence programs and the community living sector can collaborate to enhance services for people with intellectual disabilities.

Local Violence Against Women in Relationships (VAW-IR) Committees and Interagency Case Assessment Team (ICATS) could invite CLBC Integrated Services Managers, local Community Living Agencies, and the CLBC Self-Advocate Advisor for their region to be members of committees to participate in coordination.

Inclusion BC Member Organizations exist throughout BC and could be invited to the table to address issues related to victims/survivors and perpetrators with intellectual disabilities.

As a starting point, the anti-violence sector could benefit from building relationships with CLBC representatives, CLBC's regional Community Councils, Community Living Agencies, and Inclusion BC's Member Organizations to learn from their knowledge and expertise.

Violence Against Women in Relationships (VAWIR) Coordinating Committees

Local committees are made up of various community agencies with the goal of responding to and preventing violence against women.

VAWIR committees usually include representatives from Transition Houses and Safe Homes programs; Stopping the Violence Counselling and Outreach; Community and Police Based Victim Assistance; Mental Health and Addictions; and, other social service agencies along with representatives from the justice system (Crown, Police and Probation).

The goal is to coordinate responses to individual cases and to provide effective community responses that will help to reduce the incidence of violence against women.

Interagency Case Assessment Team (ICATS)

An Interagency Case Assessment Team (ICAT) is a partnership of local agencies, including police, child welfare, health, social services, victim support, and other organizations. This group responds to referrals of suspected highest risk domestic violence cases with an aim to increase safety. This goal is achieved by:

"Sometimes we hear, 'She falls under CLBC, so she's your responsibility,' after we talk to police or shelters. You need to take that label of "disability" away and look at the fact that it's just violence. What do you do to support everyone? We need to be working together, not in isolation."
Community Living Sector Worker

- Identifying risk using the BC Summary of Domestic Violence Risk Factors, an evidence-based risk assessment tool
- Legally and ethically sharing risk-related information
- Reaching agreement regarding the risk level, and
- Creating a collaborative risk management plan that addresses victim safety, and support and monitoring of perpetrators.

ICAT members come from a broad range of disciplines and have different roles and mandates. However, they share the goal of developing a common understanding of domestic violence threat and a collaborative approach to managing risk and safety. ICAT members also share a desire to keep women, children and communities safer while supporting and monitoring the perpetrator. The underlying principle is that with coordinated intervention, injury or death resulting from domestic violence is preventable.

The Community Living Sector

Inclusion BC and Its Federation of Member Organizations

Inclusion BC's member organizations deliver a wide range of support services throughout BC, including early intervention, family support, residential services and other kinds of individualized support. They also work with community partners to increase access to recreation, employment, volunteer and civic opportunities.

Inclusion BC's federation of members, CLBC's Community Councils and anti-violence programs in different regions of BC, could develop projects and ongoing partnerships that focus on safety from gender-based violence for people with intellectual and developmental disabilities.

CLBC Integrated Service Managers

The Integrated Service Manager is responsible for the overall operations of the assigned geographic area and overseeing the ongoing collaborative planning to support

ICAT members come from a broad range of disciplines and have different roles and mandates. However, they share the goal of developing a common understanding of domestic violence threat and a collaborative approach to managing risk and safety.

Inclusion BC's Federation of Member Organizations
<https://inclusionbc.org/organization-directory/>

CLBC's Community Council's
<https://www.communitylivingbc.ca/community-councils/overview/>

Integrated Services Managers
<https://www.communitylivingbc>

access to community living services for adults with development disabilities and their families, and individual support through the Personal Supports Initiative.

Supports and services are designed to maintain or improve quality of life and are delivered through a combination of contracted resources and community options. The manager ensures complete information on community living services and community-based options is available and provided to individuals and families.

The manager also connects with the community, contractors and organizations to identify opportunities for innovation and fulfilling CLBC's vision; seeks feedback from individuals and families; ensures facilitators act to support individuals and families in developing and implementing their plans; and, support the safety, security and well-being of individuals.

CLBC Self-advocate Advisor

CLBC's Self-advocate Advisor listens to and learns from the people CLBC supports all across the province. The Self-advocate Advisor meets with individuals and self-advocate leaders around BC and finds ways for their voices and stories to influence the work of CLBC and the community at large.

The Advisor looks for opportunities to partner with provincial and regional self-advocacy organizations such as BC People First, the BC Self Advocacy Foundation, BC Self Advocate Net and other community-based advocacy organizations.

Community Councils

CLBC has 13 Community Councils across BC which represent diverse regions of our province and provide important feedback on issues facing those CLBC serves.

The Councils promote the participation of people CLBC serves in all aspects of life, helping ensure they have rich relationships and choices in how they live and work. Councils also work collaboratively with community partners on

BCPF Members are from across BC and work to make sure that people with intellectual and developmental disabilities are included and respected in communities as full citizens.

projects that support community inclusion, citizenship and the full participation of people with developmental disabilities.

Listen and Learn from Self-Advocates

BC People First Society (BCPF) is a non-profit provincial organization that is part of the international People First movement. BCPF has been the independent voice of self-advocates in BC for over 40 years.

BCPF Members are from across BC and work to make sure that people with intellectual and developmental disabilities are included and respected in communities as full citizens. They do this by supporting each other to speak up for themselves and by sharing advocacy skills with each other.

Their vision is a diverse community where all people are:

- included and involved
- honoured and respected
- seen for their abilities
- and supported to participate

BCPF works to stop the stigma surrounding intellectual and developmental disabilities, and unite its members' voices in the fight to be considered People First. They advocate to not have people speak for them or down to them, and to help the public understand what "nothing about us without us" really means and why it matters.

BC People First

<https://bcpeoplefirst.com/>

For information on the Self-advocate Net and to see a list of Self Advocacy Groups by region in BC, visit:

www.selfadvocatenet.com/bc-self-advocate-organizations

Conclusion

Violence towards people with intellectual disabilities often goes unreported because many people in this community do not have the knowledge or skills to self-report. Furthermore, anti-violence services and the justice system as a whole have not fully accommodated the needs of people with disabilities, including people with intellectual disabilities.

This resource guide was created to provide best practices to support and guide the work of professionals in the anti-violence sector and justice system, in order to reduce the barriers that people with intellectual disabilities experience, including: cis, transgendered, and two-spirit people with intellectual disabilities.

It is our intention that anti-violence programs use the guide to provide better supports and create better outcomes for people with intellectual disabilities who have experienced gender-based violence and who access anti-violence services, supports, and processes, such as: intake, referrals, safety planning; reporting to police; using community-based victim services and sexual assault services; hospital examinations; victim impact statements; and, going to court.

We thank you for being part of an expanding circle of support and services to this marginalized community.

Other Resources

Sexual Assault: Anti-Violence Worker Handbook, 2016, Ending Violence Association of BC
<https://endingviolence.org/publications/sexual-assault-support-worker-handbook/>

CLBC's website section on Safeguards Resources has documents on topics such as: personal planning, building support networks, and responding to vulnerability
<https://www.communitylivingbc.ca/resources/safeguards-resources/safeguards-resources-documents/>

YouTube video that helps explain consent using the analogy of tea: Consent: It's Simple as Tea
<https://www.youtube.com/watch?v=fGoWLWS4-kU>

Sexuality and Relationships in the Lives of People with Intellectual Disabilities – Standing in My Shores, Rohhss Chapman, Sue Ledger, Louise Townson, Daniel Docherty

Just Say Know!: Understanding and Reducing the Risk of Sexual Victimization, David Hingsburger

Truths of Institutionalization – Past and Present

The Freedom Tour: a documentary about institutionalization.
<https://www.youtube.com/watch?v=0tKw7vGo3ro>

The R-Word Film
<https://www.therwordfilm.com/>

This is the Story of a Civil Rights Movement - YouTube
https://www.youtube.com/watch?v=bA_D5Qdlmg8

References

Documents referred to in *Why This Guide is Needed* section:

Canadian 2014 General Social Survey: Canadian's Safety (Victimization)

<https://www150.statcan.gc.ca/n1/en/catalogue/12M0026X>

Women with Disabilities and Violence Fact Sheet, DisAbled Women's Network (DAWN) Canada

https://dawncanada.net/media/uploads/page_data/page-267/english_-_violence_-_january_2014.pdf

More Than a Footnote: A Research Report on Women and Girls with Disabilities in Canada, 2019, DAWN Canada

https://dawncanada.net/media/uploads/page_data/page-64/more_than_a_footnote_research_report.pdf

Violence Against Women with Disabilities Violence Prevention Review, Vecova Centre for Disability Services and Research, 2011

https://canadianwomen.org/wp-content/uploads/2017/09/PDF-VP-Resources-Vecova_CWF_-_Women-with-Disabilities_-_2011.pdf

Article, Most Canadians killed in police encounters since 2000 had mental health or substance abuse issues, CBC News Investigative Report, 2018

<https://www.cbc.ca/news/investigates/most-canadians-killed-in-police-encounters-since-2000-had-mental-health-or-substance-abuse-issues-1.4602916>

Appendices

Appendix 1 | Overview of common types of intellectual disabilities

Adult Attention-deficit/hyperactivity disorder (ADHD)

ADHD is a mental health disorder that includes a combination of persistent problems, such as difficulty paying attention, hyperactivity and impulsive behavior. Adult ADHD can lead to unstable relationships, poor work or school performance, low self-esteem, and other problems.

Though it's called adult ADHD, symptoms start in early childhood and continue into adulthood. In some cases, ADHD is not recognized or diagnosed until the person is an adult, even though ADHD symptoms may not be as clear as ADHD symptoms in children. In adults, hyperactivity may decrease, but struggles with impulsiveness, restlessness and difficulty paying attention may continue.

Treatment for adult ADHD is similar to treatment for childhood ADHD: medications, psychological counselling (psychotherapy) and treatment for any mental health conditions that occur along with ADHD.

Autism Spectrum Disorder (ASD):

ASD is a neurological disorder that affects how the brain functions. The exact cause of ASD is not known.

ASD refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and non-verbal communication.

Autism spectrum disorder is a developmental disorder which means that people are born with autism (although it may not be obvious until later in life).

The way ASD affects an individual can vary a great deal from person to person. It depends on how many symptoms a person experiences and how severe each symptom is.

A person with ASD may find it hard to connect with other people. They may:

- have difficulty communicating
- have difficulty with social situations
- repeat certain patterns of behaviour
- show interest in a limited number of activities and interests

These behaviours can happen at school, home or work. Having ASD can greatly affect everyday activities.

People on the Autism Spectrum are at a higher risk of mental health disorders, such as Obsessive Compulsive Disorder.

Because no one person with ASD is the same, treatments and therapies are based on each person's needs.

Cerebral Palsy

Cerebral palsy (CP) is a non-progressive, but changing condition that affects 1 out of every 500 individuals living in Canada. Cerebral palsy is a term used to describe a group of disorders affecting body movement and muscle coordination. It is the most common motor disability in childhood. Cerebral means having to do with the brain and palsy means weakness or difficulties using the muscles.

Characteristics of Cerebral Palsy may include:

- Lack of coordination.
- Spasticity.
- Muscle tightness or spasm.
- Involuntary movement.
- Different walking patterns.
- Speech impairment.
- Difficulty with gross and fine motor skills.
- Abnormal perception and sensation.

Down Syndrome

Down syndrome is the most frequently occurring chromosomal congenital anomaly in Canada. In Canada, approximately 1 in every 781 babies is born with Down syndrome.

With advancements in health care, the life expectancy for people with Down syndrome has increased dramatically in recent decades – from a life expectancy of 25 years of age in 1983 to 60 years of age today. People with Down syndrome have an increased risk for certain medical conditions which may include:

- congenital heart defects,
- gastrointestinal issues
- sleep issues
- respiratory infections
- vision and hearing problems,
- thyroid conditions
- increased risk of obtaining childhood leukemia

Many of these conditions are now treatable, and many people with Down syndrome lead healthy lives.

People with Down syndrome may share the following similar physical features:

- low muscle tone
- small stature
- an upward slant to the eyes
- a single deep crease across the center of the palm

Every person with Down syndrome is a unique individual and may possess these characteristics to different degrees or not at all.

All people with Down syndrome experience cognitive delays, but the effect is usually mild to moderate and is not indicative of the many strengths and talents that each individual possesses. They attend school, work, participate in decisions that affect them, have meaningful relationships, vote and contribute to society in many wonderful ways.

It is more common among people with Down Syndrome to have Obsessive Compulsive Disorder. People with Down Syndrome are also at a high risk of experiencing dementia in their early 50s.

Fetal Alcohol Syndrome in Adults

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term used to describe the range of disabilities and diagnoses that result from drinking alcohol during pregnancy. The impact and effects of FASD vary. Specific birth defects and the degree of the disability can depend on how much alcohol was drunk, how often and when during the pregnancy. They can also depend on the state of health of the pregnant woman.

People with FASD are very vulnerable to exploitation because of their invisible disability. They will often believe whatever people say and are often used by others to commit crimes.

People with FASD often do not learn from consequences, repeating the same mistakes.

Problems in functioning, coping and interacting with others may include:

- Difficulty in school.
- Trouble getting along with others.
- Poor social skills.
- Trouble adapting to change or switching from one task to another.
- Problems with behavior and impulse control.
- Poor concept of time.
- Problems staying on task.

Fragile X Syndrome (FXS)

FXS symptoms include:

- Developmental delays (not sitting, walking, or talking at the same time as other children the same age);
- Learning disabilities (difficulty learning new skills); and
- Social and behaviour problems (such as not making eye contact, anxiety, trouble paying attention, hand flapping, acting and speaking without thinking, and being very active).
- Males who have FXS usually have some degree of intellectual disability that can range from mild to severe. Females with FXS can have some degree of intellectual disability or none at all. Autism spectrum disorder (ASD) also occur more frequently in people with FXS.

Characteristics can include:

- Trouble learning skills like sitting, crawling, or walking
- Problems with language and speech
- Hand-flapping and not making eye contact
- Temper tantrums
- Poor impulse control
- Anxiety
- Extreme sensitivity to light or sound
- Hyperactivity and trouble paying attention
- Aggressive and self-destructive behaviour in boys

Girls with Fragile X sometimes have trouble getting pregnant when they grow up. They might also go into menopause earlier than usual.

Fragile X can also cause health issues like:

- Seizures
- Hearing loss
- Low vision
- Heart problems

Appendix 2 | CLBC and Community Living Agency Services

The following are the types of services available through CLBC and Community Living Agencies:

Community Inclusion Services

Adults with intellectual disabilities want flexibility and choices. They want support that values their ideas, dreams and goals. They want quality of life.

Group Services

Community Inclusion services generally focus support in the areas of employment and volunteering, community access, life skills/personal development training, leisure and recreation.

Individualized Services

Individualized community inclusion is a one-to-one service designed for participants who have complex support needs. Each person receives support tailored to their unique needs, delivered by staff trained to meet these individualized support requirements.

Personal Support Services

Personalized Support Services support individuals who have significant limitations in adaptive functioning and who are diagnosed with either Fetal Alcohol Syndrome and/or Autism Spectrum Disorder. This service has a strong emphasis on assisting individuals to develop and maintain their independence through an individualized support plan for daily living skills, community inclusion, employment training and network building.

Learning, Inclusion, Friendship and Employment (LIFE) Services

The LIFE based service combines support for people interested in employment who also want to connect to their community, pursue life-long learning, and build meaningful relationships.

Employment Services

People with intellectual disabilities want to work and to earn money. They want to contribute and be recognized for their contributions. Each individual works in community businesses and are paid minimum wage or better.

Supported Employment

Partners in Employment is an employment service that assists in the pursuit and attainment of people's goals. It works with each individual to determine their strengths, abilities, interests and use the least intrusive method of support. Some of the services offered are: employment planning, resume preparation, interview skills, employment counseling, marketing and job searching, job orientation, and follow up. Individuals may use all services or only the service they need.

Customized Employment

This service is based on an individualized assessment of a person's strengths, needs and interests. It is designed to meet specific needs of the employer, identifying individuals' job-related strengths, and carving out a niche position that reflects their skills and fulfills the employer's needs.

Personal Support Initiative (PSI)

PSI Employment provides employment services to adults who have both significant limitations in adaptive functioning and either a diagnosis of Fetal Alcohol Spectrum Disorder (FASD) or Autism Spectrum Disorder (ASD).

Supported Self-employment

Supported Self-employment is recognized as a viable employment option for individuals with disabilities.

Residential Services

Adults with intellectual disabilities want choices. They want to live as independently as possible. They want to live their own lives with self-determination.

Supported Living Services / Parent Support

Supported Living Services provides support to individuals who live on their own in the community. Individuals may live alone, with a roommate, with a partner/spouse or as a single parent. A wide range of supports are available to promote skill development, community inclusion and assistance to manage health and mental health well-being. Sometimes, individuals need guidance with problem-solving situations related to relationships such as: landlords, employers and personal relationships.

Home Sharing Services

Home Sharing is a residential option where an adult with an intellectual disability, Fetal Alcohol Spectrum Disorder (FASD) or Autism Spectrum Disorder (ASD) shares a home and many aspects of their life with a family, couple, or single person who is contracted to provide on-going support. Each living arrangement is unique. Support is offered in areas of community connections, relationship support, personal care, health care and activities of daily living depending on the needs of each person. Successful home shares are often characterized by common interests, similar lifestyles and mutual respect.

Group Homes

Staffed Residential Services provide 24-hour care to adults with intellectual disabilities in a group home living arrangement or as an individualized residential service.

Behavioural Support

Behaviour support addresses behaviours by working with a person and those around them to replace the behaviour with positive social or communication skills.

Respite For Families

Respite support takes care of a family member's needs, so that the day-to-day caregiver can have time to rest and do self-care.

Provincial Assessment Centre

The Provincial Assessment Centre provides multi-disciplinary mental health services for individuals 14 years of age and older with a developmental disability and concurrent mental illness or behaviour issue.

Appendix 3 | Communication and Information: Using Plain Language

Here are some recommended tips to ensure your print and online information is in plain language and accessible to people with as many communications needs as possible, including people with low literacy levels:

- Use direct, literal language
- Avoid jargon, academic language or policy language
- Break down ideas. Don't present too many ideas at once
- Use short sentences and paragraphs
- Use a lot of examples to explain ideas
- Talk in the first person
- Avoid big words! Small words can make "big" ideas understandable
- Be concise. Less is more.
- Use pictures to illustrate ideas

Appendix 4 | Communication, Information and Technology checklist from the *Inclusive Communication, Outreach and Engagement* guide

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
There are multiple ways that people can contact our services, including alternative formats that people with disabilities use	
We outreach to disability groups in our community or region on a regular basis	
We actively are building meaningful, respectful, and culturally-safe relationships with Indigenous peoples in our surrounding area (First Nations, Metis, Inuit, Status, non-Status) on a regular basis	
We specifically target our outreach efforts to community programs that people with disabilities engage with	
We work collaboratively with the surrounding Indigenous (First Nations, Metis, Inuit, On-reserve, Off-Reserve, Status, non-Status) individuals and communities to co-design community programs that Indigenous peoples can access	

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
<p>Our program information (print, website, social media) is in plain language for people with low-literacy</p>	
<p>We work collaboratively with the surrounding Indigenous communities and/or Indigenous Communications Professionals to ensure that our program information (print, website, social media) incorporates images and language that is inclusive of Indigenous people's values, beliefs, ways of being, and world-view</p>	
<p>Our website is screen-reader friendly so people with visual disabilities that use this technology can access the information we provide</p>	
<p>We take into account that some people are not able to use or do not have access to technology to get information and forms online</p>	
<p>We reach out to the local Indigenous communities and/or First Nations Technology Council (First Nations, Metis, Inuit, Status, non-Status) to understand accessibility to technology in the local area and adapt how we provide access to information and forms where appropriate</p>	

Communication, Information and Technology Barriers	
PRACTICE = ACCESS AND INCLUSION	HOW OUR ORGANIZATION IS DOING & WHAT WE NEED TO WORK ON
<p>We provide alternative formats of communication when survivors with disabilities arrive at our service and we advertise this in our outreach materials</p>	
<p>We have culturally informed, culturally safe, and culturally appropriate formats of communication for when Indigenous survivors with disabilities arrive at our service and we clearly communicate this in our outreach materials (this is informed by partnership with Indigenous Communications Professional and/or local Indigenous communities (First Nations, Metis, Inuit, Status, non-Status)</p>	
<p>We make sure that survivors with intellectual disabilities understand the information we are giving them – including the meaning of consent</p>	
<p>We make sure that survivors who are deaf know they have a right to an interpreter when going through the justice system and accessing health services</p>	

Appendix 5 | Report Cover Sheet sample

from *Third Party Report Cover Sheet: Plain Language Aid for Support Workers Helping Survivors with Communication Disabilities and People with Low Levels of English-literacy*



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Third Party Report Form: Plain Language Aid for Support Workers Helping Survivors with Communication Disabilities and People with Low Levels of English-literacy

For Survivors: Explanation of Some Words in this Form

Here are some words we use in this form and what they mean.

Assailant: This is the person who sexually assaulted you.

Survivor: This is the person who was sexually assaulted. You survived the sexual assault.

Penetration: This is when something goes inside you. In a sexual assault, the person may force their penis or finger inside your body.

CURRENT TPR FORM	PLAIN LANGUAGE
<p>INCIDENT INFORMATION In the following section, information about the incident will be gathered. To assist with this, questions will be asked regarding the assault. This information is gathered to assist the police in tracking and analyzing the behaviour of the assailant, including how they responded to your words and actions.</p> <p>The questions are not intended as a judgement of you, nor how you behaved to survive the assault.</p>	<p>SAY ⇒ WHAT HAPPENED IN THE ASSAULT This form will help you share information about your sexual assault. This information will help police to learn more about the assailant and understand more about their behaviour. Some of the questions might seem unusual, but they may help the police to do their job.</p> <p>It's important for you to know this is why the form asks these questions. The questions are not to blame you or judge what you did or didn't do to make it through the assault.</p>



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<p>You are free to skip any questions you do not wish to answer. Also feel free to continue your answer on the back of this sheet or another piece of paper.</p> <p>At the end of this section there will be space for you to add anything you feel is important that has not come out through these questions.</p>	<p>You can skip any questions in this form that you don't want to answer. If you want to write longer answers, you can do that too. You can use the back of the form or write on another piece of paper you include with this form.</p> <p>In Question 14 later in this form, you can tell us anything important you didn't include in your answers yet.</p>
<p>1. VICTIM/SURVIVOR INFORMATION</p> <p>Only answer those questions with which you feel comfortable.</p> <p><i>Note that the questions about appearance are asked with the purpose of identifying serial predators, who often target survivors with a similar physical appearance to each other, which may include aspects such as age, race/ethnic heritage, hair, height, weight, eye colour and clothing.</i></p> <p>AT THE TIME OF THE ASSAULT</p> <p>What are the barriers to reporting to police at this time, including any safety concerns?</p>	<p>SAY ⇒ SURVIVOR INFORMATION</p> <p>Please remember to only answer the questions you are comfortable answering.</p> <p>The form has questions about the way you look because sometimes assailants choose people because of how they look, like hair colour or age. Knowing this information about you may help police to find the person who assaulted you.</p> <p>SAY ⇒ WHEN THE ASSAULT HAPPENED</p> <p>Is there any reason you don't want to report to police right now? Are you worried about your safety?</p>



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<p>2. OFFENCE INFORMATION</p> <p>If you have been assaulted by more than one person, please fill out separate forms for each assailant</p> <p>Date:</p> <p>Day:</p> <p>Time:</p> <p>Location (city/municipality/community):</p> <p>Approximate time and length of assault:</p> <p>Was the assailant known to you?</p>	<p>SAY ⇒ INFORMATION ABOUT THE ASSAULT</p> <p>NOTE: If you have been assaulted by more than one person, please fill out one form for each assailant.</p> <p>Date:</p> <p>Day of the week:</p> <p>Time:</p> <p>City, municipality or community where it happened:</p> <p>About how long did the assault last?</p> <p>Do you know the assailant?</p>
<p>3. As precisely as possible, please describe what happened before the assault.</p> <p>What were you doing before it happened, and how did the assailant come in contact with you? How was the assailant able to gain control over you?</p>	<p>SAY ⇒ Please tell us what happened before the assault as best as you can</p> <p>What were you doing before it happened?</p> <p>How did the assailant find you?</p> <p>How did the assailant get control over you?</p>
<p>4. Did the verbal, physical or sexual behaviour of the assailant change during the assault? Do you know what might have led to that change?</p>	<p>SAY ⇒ Did the assailant's behaviour change at all during the assault?</p> <p>For example:</p> <p>Did they speak differently?</p> <p>Did their physical behaviour change somehow?</p>

Appendix 6 | A Quick Review Checklist: Helping Ronnie and Joan

Inclusion in Practice Quick Checklist

ACTION	YES	NO	NOTES
We consult and collaborate with Community Living Agencies, Independent Living Centres, and Self-Advocate groups in our community or region on an ongoing basis			
We train staff in disability inclusion, accessibility awareness and disability accommodation			
We provide presentations on our programs and services to Community Living agencies, Independent Living centres, and Self-advocate groups on our community			
Our program information is in plain language, including our intake forms			
We make sure that survivors with intellectual disabilities understand the information we give them, as well as understand the meaning of consent when giving permission on forms			
We allow more time for the intake process			
Our intake rooms have reduced stimuli for people with sensory sensitivities			
We help survivors with intellectual disabilities to connect with the community services we refer them to or ensure they have a support person (family, friend, advocate) that will help them connect			

ACTION	YES	NO	NOTES
We make sure that the services we are referring survivors with intellectual disabilities to will provide information in plain language			
We advocate for dignity and respect for survivors with intellectual disabilities when receiving health services			
We ensure that people with intellectual disabilities have their support person or a disability advocate with them throughout the justice system process			
We provide DABC’s plain language help sheets to people with intellectual disabilities to help them understand processes such as: reporting a crime to police, writing a victim impact statement, and going to court etc.			
We ensure survivors with intellectual disabilities receive appropriate counselling			