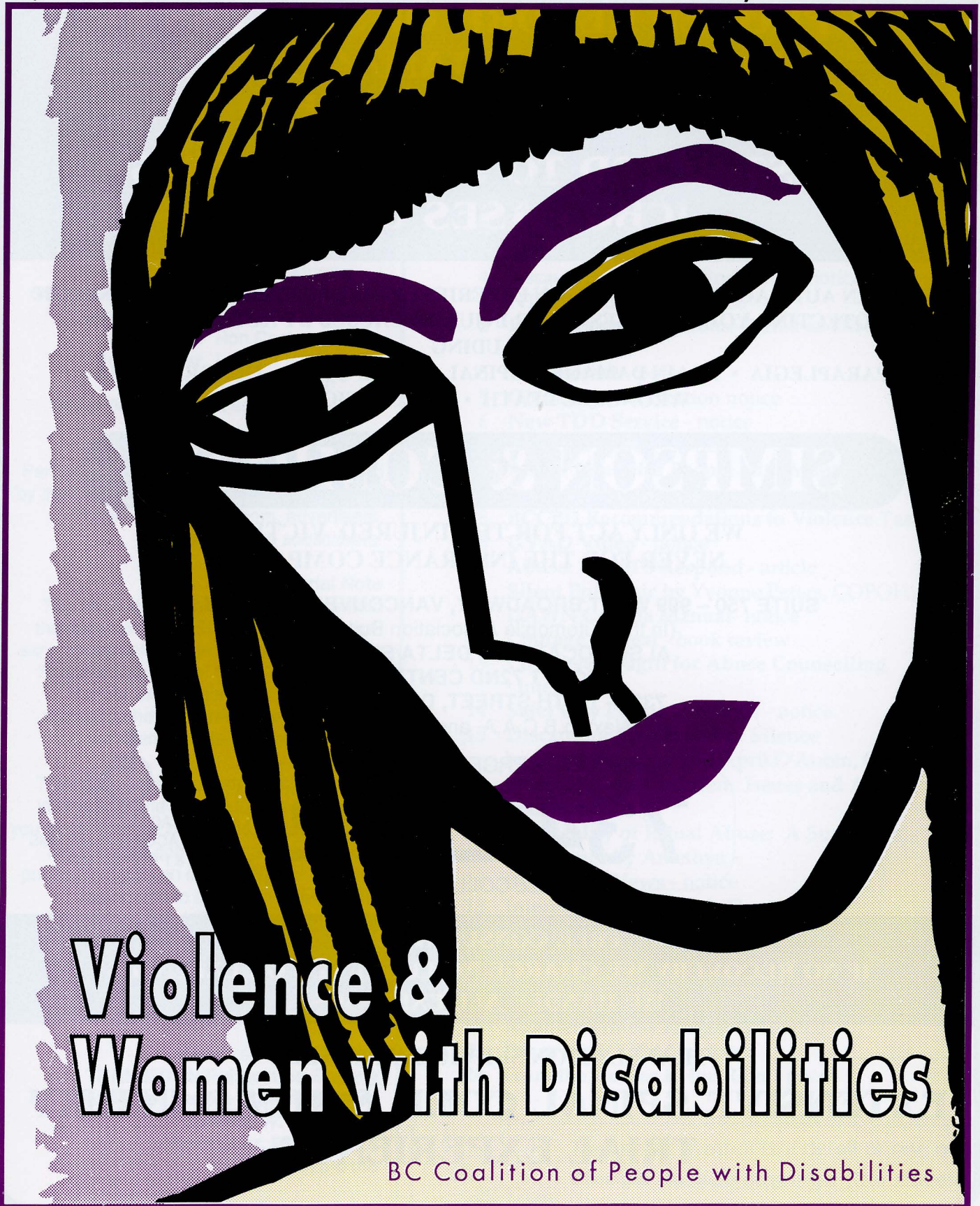


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# TRANSITION

is published ten times per year by the  
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## Editorial Note

The views and opinions expressed within  
the pages of TRANSITION are not neces-  
sarily those held by the total membership or  
Board of Directors of the B.C. Coalition of  
People with Disabilities. The material  
presented herein is meant to be thought-  
provoking and to promote dialogue.

TRANSITION is your opportunity to share  
information and to introduce issues which  
you feel should be brought to the attention of  
the disabled community and the general  
public. It is also an opportunity for disabled  
individuals to display creative talent.

We welcome articles, graphics, creative  
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reserve the right to edit material.

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The theme symbol is a detail of one of  
**Claudia Burke's** drawings. Our sincere  
thanks to her for the generous contribu-  
tion of her work for this issue.



# LETTERS

DEAR EDITOR:

The Lynn Valley Lions Club, in conjunction with the District of North Vancouver and its Centennial Projects Program, recently completed a Nature Trail for the Disabled.

This trail is approximately one kilometer in length and meanders alongside the eastern bank of Lynn Creek. Designed for access by people with disabilities, the hard surface is ideal for those with physical impediments and/or wheelchairs. Picnic facilities should be in place prior to the warmer weather.

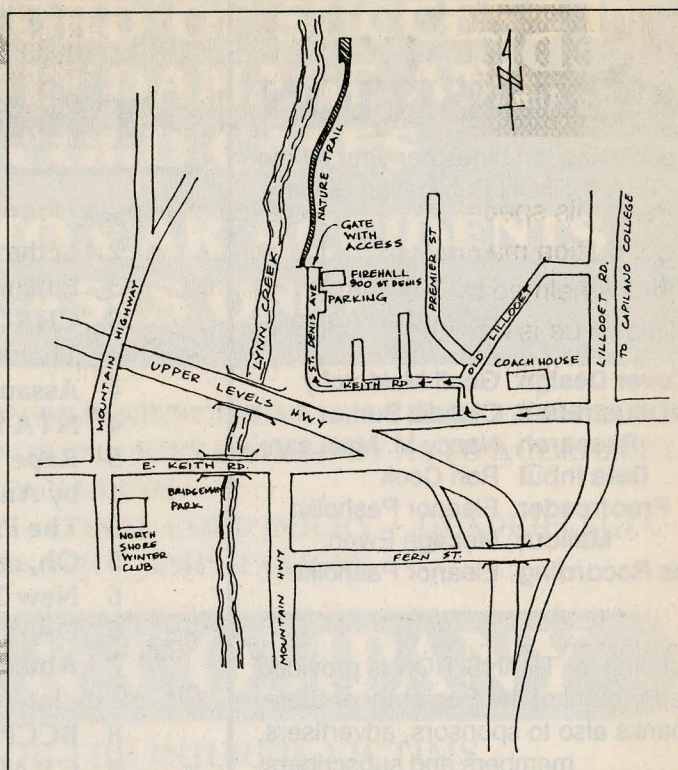
Please encourage your members to make their next outing a visit with nature along the river bank. Safely experience the seasonal moods of Lynn Creek - from roaring rapids to gentle murmur - as it winds toward the sea. Convenient, ample parking is available and indicated on the adjacent location map.

YOURS TRULY,

BOB RASMUS, CHAIRMAN  
CENTENNIAL PROJECTS COMMITTEE  
1959 ALDERLYNN DR.  
NORTH VANCOUVER, BC  
V7J 2S8

DEAR EDITOR:

I am a disabled man who has been discriminated against through the court system. I feel that the court did not give me a fair maintenance settlement after



my wife and I divorced. If any TRANSITION readers have had this problem, or know of any one that has, please contact me by writing: John Bush, c/o BCCPD, 204-456 W. Broadway, Vancouver, BC, V5Y 1R3.

SINCERELY,  
JOHN BUSH

DEAR EDITOR:

The Nova Scotia League for Equal Opportunities has just received the recent edition of TRANSITION.

This newsletter just keeps getting better. It is the one piece of mail the League's office really looks forward to receiving each month.

Congratulations on the SPARC award! Through TRANSITION, and other contacts with BCCPD, we in Nova Scotia know the award went to the organization most concerned with positive

improvements in the community.

We were especially impressed with Jo Bower's Keynote Address to the AIDS and Disability Conference. The lady certainly knows how to get her point across in a clear and concise manner—very powerful usage of the English language. Any person with an ounce of common sense, no matter how bigoted, either hearing or reading her commentary, would certainly have to stop and think about their attitudes and the role we all play in today's society.

YOURS TRULY,  
BILL CRAWFORD, CHAIRPERSON  
NOVA SCOTIA LEO  
HALIFAX, NS

DEAR EDITOR:

As you are aware, the School for the Contemporary Arts at Simon Fraser University  
(continued on page 16)





## EDITORIAL

by Ann Vrlak

Readers of this special TRANSITION edition may be somewhat overwhelmed by the material. This issue is devoted to violence against women with disabilities and there is much here that is disturbing and shocking.

So, why did we choose such a weighty topic? The answer to this question was given over and over by the women we spoke to: the public in general and the disability community specifically are simply not aware of the dimensions of the problem.

As you will see, caregivers and support personnel must learn how to recognize abuse and how to offer assistance or protection. The medical community needs to acknowledge the work of women colleagues and integrate it into their understanding of violence and its effects. Community groups need to design projects specifically to meet the needs of women who have a disability. And women with disabilities themselves need information on how to protect themselves and where to go for help. Often women need to learn what abuse *is* and how the toll it takes is sometimes hidden in their daily lives.

This TRANSITION therefore attempts to give our readers some insight into the lives of women who have experienced

violence in its many forms. Denial—on the part of the women themselves or those they seek out for help—is one of the greatest barriers to identifying and healing from the violence. As you read this issue, you may recognize your own desire to close your mind or rationalize these women's experiences. It takes bravery to speak out; we all need to listen.

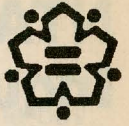
As more women with disabilities who are living with violence come forward, it will become vital that resources and supports are available to them. We therefore look at some of the work that is being done, locally and internationally, to develop programs for these women.

Although this TRANSITION is dedicated to women, in recognition of the fact that we are most often the target of violence, there is also information here for men who have a disability.

We hope that by presenting this information to our readers we can educate our own community and contribute to the end of the silence that continues to surround violence against women.

Our thanks to all the women who took the time to talk with us or write to us. And a special thank you to the courageous women who came forward to share their stories with us. ♀

## CHRC Access to Information



In order that its own public information material may be as fully accessible as possible, the Canadian Human Rights Commission has developed policy to ensure that its materials are available in alternate formats.

All materials that are intended for the general public are available in Braille, audio cassette, computer diskette and large print. In the case of film or videos, all materials are captioned.

Depending on the demand or the time-limited nature of the document you request, it may or may not be immediately available.

If you would like to know more, contact Louise Labelle at CHRC, 320 Queen Street, 13th Floor, Ottawa, ON K1A 1E1 (613) 943-9818. ♀

**This special edition of  
TRANSITION was made  
possible through the  
generosity of the**

**Secretary  
of State  
Canada.**

**Our sincere thanks to  
them for their encour-  
agement and support.**



## NTA Bus Inquiry

Can persons with disabilities travel across Canada by bus? This is a question which the National Transportation Agency of Canada will be looking into as it carries out a national inquiry into the accessibility of Canada's extra-provincial bus system.

The fact-finding inquiry, which will start in the spring of 1992, will be preceded by preliminary consultations with provincial authorities, consumer groups, bus associations and other interested groups in order to define the important issues that the inquiry should address.

The inquiry will investigate the level of accessible services currently offered by extra-provincial buses and the financial impact of making services accessible in accordance with a national standard. A panel of Members from the Agency will be appointed to conduct the inquiry which will be held in numerous cities throughout Canada.

A lack of uniform and consistent accessible services across Canada might result in obstacles to persons with disabilities. Buses are often the least expensive and most widely available form of travel. However, this mode may be inaccessible to many travellers with disabilities.

The results of the inquiry will be reported to the Minister of Transport in the spring of 1993.

For more information contact, Karen Laughlin (819) 953-2749. ♀

## HENRY VLUG

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- conduct workshops on legal topics for people in the deaf community
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## Assault Prevention Workbook

Seattle's Rape Relief centre has produced a workbook to help people with disabilities learn more about sexual assault prevention.

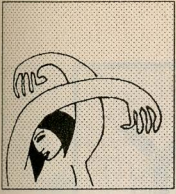
The booklet, *Choices: A Sexual Assault Prevention Workbook*, is focussed around exercises that take the reader through an examination of their knowledge and attitudes about sexual assault. Questions such as "What is sexual assault?", "Offenders: Who are They?" and "Reasons Why It's Hard to Tell" lay the groundwork for the exercises. Readers are then asked how they would respond in a variety of situa-

tions ranging from uncomfortable to threatening. The different styles of possible responses-passive, assertive and aggressive-are discussed, along with ways to learn more appropriate responses.

The author also examines the special vulnerabilities of people with disabilities and ways to reduce the risk of sexual assault.

*Choices* is available in Braille, large print and audio cassette. For more information, contact Seattle Rape Relief, 1825 South Jackson, Suite 102, Seattle, WA 98144. Voice/TDD (206) 325-5531.





# Rape Trauma Syndrome Ruled as Disability

by Ann Vrlak

Every so often a case comes along that challenges legal—and moral—precedents. A case handled recently by The British Columbia Public Interest Advocacy (BCPIAC) has established a precedent for compensation for Rape Trauma Syndrome and also hopes to strike down discriminatory policies at the Workers' Compensation Board (WCB).

The case began several years ago when a young woman named Sharon [not the woman's real name] was repeatedly raped and stabbed by two men at her place of work. The injuries were so severe that many transfusions were needed to save her life. As a result of the transfusions, a blood condition developed which led eventually to a tubal ligation at the age of twenty-four.

After Sharon had partially recovered from the physical injuries, she filed a claim with WCB on two grounds: for psychological disability due to Rape Trauma Syndrome and for her sterility.

At first, Sharon was assessed with a 7.5% psychological disability—which translates into compensation in the amount of 7.5% of her earnings at the time of the attack. In the opinion of Sharon's lawyer, Anita Braha of BCPIAC, this assessment was primarily due to the psychologists' lack of experience with Rape Trauma Syndrome. "Sharon is also very afraid of men since the attack and there is no

doubt that being interviewed by men affected how she responded," said Braha.

"We found a female psychiatrist, Dr. Brown, who was an expert in Rape Trauma Syndrome," said Braha. "In her practise, she's found that it's very common for rape victims to diminish the impact that the attack has had on them because they 'want to get on with their lives'. A therapist without experience in this particular area wouldn't necessarily see through this."

In Sharon's case, people around her repeatedly told her that she was lucky to be alive and that talking about the attack was unhealthy. It wasn't until she met Dr. Brown that Sharon was able to begin to acknowledge the extent of her disability from the attack. She had become virtually agoraphobic and unable to work—her life revolved almost solely around her family. Also, her sexual relationship with her husband was very difficult for her and she could not sleep.

With the help of Dr. Brown and Ms Braha, Sharon appealed the WCB decision and, after two appeals, Sharon was deemed totally unemployable and awarded 100% compensation for loss of earnings and 72.5% compensation for loss of function—and nothing for sterility. Since it is WCB policy to make an award based on the higher assessment, Sharon receives

(continued on page 13)

## The Present

When he was just a little boy  
We used to play a game:  
"What did you put in my  
present?" he'd ask.  
I'd always answer the same  
"A pink elephant, Darling  
And I've had such a time  
To make it get into the box.  
But I coaxed it with cookies  
Then sang it a song  
Now I think it has dropped off  
to sleep."  
He'd laugh  
And, contented,  
go back to his toys  
That were spread all over  
the floor.  
And play very quietly  
There by myself  
Though he knew I was fooling,  
A little wee part of him  
Wasn't quite sure.

-Jean Michaelson

(Courtesy of Visions of Flight;  
reprinted with permission of the  
author)

## Oh, really?

In the last edition of TRANSITION, we made an error that a few readers noticed. In the article, *Inadequacy of GAIN Rates*, we wrote: "Current food costs for a nutritional food basket according to Agriculture Canada (for a single person) is \$335.23 per month."

The correct figure is \$135.23.



## New TDD Service

Information Services Vancouver (ISV) is pleased to announce the expansion of its Information and Referral services to TDD (Telecommunication Device for the Deaf) users.

By calling 875-0885, TDD users are able to obtain information on, and if needed, referral to, social and community services which are available in Greater Vancouver, e.g. home services, adult day centres, health clinics, transportation, subsidized housing, legal advice clinics, self-help groups, recreation centres, youth employment, and much more.

This is a free and confidential service, made possible by a Job Development grant from the Canada Employment and Immigration Commission.

In addition to its General Information & Referral line (875-6381 for non-TDD users), ISV provides two services on behalf of the provincial government: the Victims Information Line (1-800-VICTIMS) and the Alcohol and Drug TRYLINE (1-800-663-1441).

ISV also annually publishes the "Directory of Services for Greater Vancouver", commonly known as The Red Book. ♀

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## DAWN Figures

In 1988, DAWN Canada distributed 1200 questionnaires to women with disabilities in Canada. The responses from 245 women, as well as personal interviews, went into the report, *Beating the 'Odds': Violence & Women with Disabilities*. The following are some of the facts and figures from this sobering report:

- 40% of respondents had been raped, abused or assaulted
- 64% of respondents had been verbally abused
- girls with disabilities have a less than equal chance of escaping violence
- women with disabilities have little access to services for victims of violence
- women with multiple disabilities are multiply abused
- the earlier the age of onset of disability, the greater the likelihood of being abused
- 37% of respondents who were abused named their spouses or ex-spouses as the assailant
- 43% of those who experience abuse reported it to parent, doctor, or spouse; 29% to police
- of those who reported the incident, 27% thought it was dealt with satisfactorily.





## Abuse Issues for People with Mental Handicaps

*People with mental handicaps are particularly vulnerable to all forms of abuse—whether or not they live in an institutional setting. TRANSITION's Nancy M. MacLean spoke with Kim Lyster, BC Association for Community Living's Community Relations Director, about her experiences with this community. BCACL is the provincial advocacy voice for people with mental handicaps and their families.*

**Is abuse of people with mental handicaps an acknowledged problem? Is any work being done to investigate how widespread it is?**

It's an acknowledged problem, but resources and people are limited. There have been some studies conducted through the University of Alberta and Harborview Medical Centre in Seattle. A lot of the work tends to be based on extrapolations from statistics on typical populations.

**What kinds of abuse are you aware of?**

The abuse takes all forms: physical, emotional, psychological and sexual. There is no distinction because of a handicapping condition. If anything, the prevalence is considerably higher for people with mental handicaps.

**Why is it higher?**

People with mental handicaps are particularly vulnerable for a number of reasons. Often

their information base about sexuality is limited and they're either confused about what has happened or are unable to describe the abuse. People who have multiple handicaps and are dependent upon others for personal care or life-sustaining functions—they're compromised by that relationship. Ninety-nine per cent of people who have been abused know their abuser. It's either a parent or guardian or caregiver. If your abuser is also the person you are dependent upon for care, they control your life and can intimidate you into not reporting abuse. One of the most significant issues is loneliness and isolation. Women are particularly vulnerable and are often sought out by men who want a relationship with a compliant, passive partner who they can control. People with histories of institutionalization, custodial care and controlling environments are least able to determine whether or not a situation is healthy and non-abusive.

**Are you familiar with any cases where an abuser was charged?**

Yes, but there are very few. It's related to the issue of silence and the amount of control in people's lives. Also, the courts often question the witness' credibility if they have a mental handicap and abusers' sentences are usually wildly inappropriate

and far too lenient.

**What can be done to make it easier for people to lay charges successfully?**

Lawyers are one part of it. They need to be educated on how to provide support to clients with a mental handicap. Staff people within service agencies need to be taught about the warning indicators of abuse and agency administrators need to provide safeguards within agencies that protect the clients. In general, we need more information and education about the prevalence of abuse to reduce the incidence of it.

**Are there any resources you would recommend?**

Your readers might want to consult DAWN Canada's new publication for Transition House workers, "Meeting our Needs" which includes a section on people with mental handicaps and "Vulnerable" published by the G. Alan Roeher Institute. David Hingsburger's books "I Contact" and "I-I" are both incredible books on sexuality and people with mental handicaps.

**What types of intervention or education could be undertaken by advocates?**

Information should be made available—in writing, video and audio tape—on sexuality, personal safety, safe sex, relationships, assertiveness and self-

*(continued on next page)*



## BCCPD Recommendations to Violence Task Force

As part of its submission to the BC Task Force on Family Violence, BCCPD made the following recommendations:

- No more task forces on violence against women. The Coalition will not be attending the federal task force in protest against the misuse of government funds.
- A formula should be developed in consultation with the BC/Yukon Society of Transition Houses to determine the number of transition houses per population.
- The provincial government must budget for core funding for an expanded transition house system.

- The provincial government should fund regionally located special transition houses for women with chronic mental health illness.
- All transition houses should be accessible and meet the 3.7 section of the BC building code. Additional capital cost funds must be allocated to meet the standards.
- Separate funds should be allocated to each transition house to be used for special needs women, such as on-call sign language interpreters, TDD equipment, and emergency personal attendants.
- There should be emergency

child care centres available for women who have to be hospitalized as a direct result of the violence. Women who find themselves in such circumstances should remain the legal guardians of their children.

- Individualized funding, based on the brokerage model that has been developed through the independent living movement, should be available to women in order for them to purchase the services they require.
- Core funding is needed for organizations that provide battered women support services. ♀

*(People with Mental Handicaps, cont'd from previous page)*

esteem. One-to-one instruction, along with opportunities for peer support groups, have proven the most successful. And support from parents, guardians or staff people in the individual's life is essential to the success of the intervention because much of society still feels uncomfortable about the issue of sexuality and people with mental handicaps. Acknowledging sexual or physical abuse is even harder.

More courses and resource people are becoming available to people with mental handicaps, but a lot more needs to be done. This has to include educating and shifting the opinions and attitudes of the social service system that surrounds people's lives. ♀

## GVAD Video

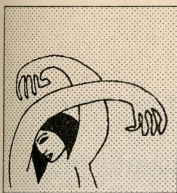
The Greater Vancouver Association of the Deaf (GVAD) has produced a video for Deaf and hard of hearing children called *Show and Tell*. The video, that is presented in sign language with voice narration, dramatizes sexual safety concepts for children.

The GVAD was concerned that Deaf and hard of hearing children have limited opportunities to gain information about sexual abuse prevention. Out of this concern, creative resources have been designed that reflect an understanding of the unique cultural and linguistic aspects of the Deaf and hard of hearing communities. *Show and Tell* covers concepts of body awareness, self-esteem, safety concepts, defining boundaries, communication and sexual sign vocabulary.

A *Show and Tell* user guide is also available with supporting information for parents, teachers and community resource people.

For more details, please contact GVAD, 2125 W. 7th Avenue, Vancouver, BC, V6K 1X9, VOICE (604) 681-2913, TTY 738-4644.





## Abuse: How To Respond

*The following is excerpted from Responding to the Abuse of People With Disabilities published by the Advocacy Resource Centre for the Handicapped. We would like to emphasize that this article has been edited to provide readers with some basic information—it is not the full text of the original booklet and does not represent a comprehensive picture of how an abusive situation should be handled.*

### Can People with Disabilities Legally Consent to Sexual Activity?

Yes. The law says that adults are able to give their consent to sexual activity.

However, sexual activity without consent with anyone, including people with disabilities, is a crime. If a person with a disability agrees to sexual activity with someone upon whom she or he is dependent, it is questionable whether true legal consent has taken place. When someone has consented or submits to sexual activity because a person with authority over them has used that authority to obtain her or his consent, a crime has been committed.

### If You Suspect or are Aware of Abuse

Never presume that because individuals have disabilities they are incapable of understanding or explaining what happened to them. All allegations should be taken seriously. In a minority of cases, disabled individuals may not understand that they have

been victims of abuse (in the absence of sex education, or where an individual may lack the capacity or experience to explain).

### Keep What You Learn Confidential

Discretion is always important. If the allegation is made public prematurely, a great deal of harm can be done: the abuser may be alerted, the investigation undermined or an innocent person defamed. The disabled victim could end up in serious difficulty. Where a report is made it should be made to the proper authorities immediately.

### Your Legal and Ethical Responsibility to Report Abuse

In all provinces and territories, professionals or volunteers who believe that children are being abused or may be in need of protection, must report the situation to child protection agencies. Additionally, many professionals have an obligation to report abuse in accordance with the law or their professional standards.

Individuals, programs, facilities, or agencies which fail to take reasonable steps to protect clients with disabilities (children and adults) against persons who have abused them may be liable to civil action (i.e. a lawsuit) by the individual or even the family of the individual who has been abused and be required to pay damages.

They may also be investigated by government authorities

and run the risk of having their license to operate the program or facility revoked.

If you have any concerns or suspicions at all about abuse, report it.

### What Should You Do If You Become Aware of a Situation of Abuse

#### *Listen To The Individual Tell The Story In Their Own Words*

Get a clear understanding of what happened. You may say, "I'm here to listen, if you want to talk about it." Make sure that you let the person tell you what happened. Don't put words in the victim's mouth. Asking leading questions (which may suggest a particular answer) may mean the individual's testimony could be discounted should the situation go to court.

Find out what they want and need. But do not promise to keep it a secret. You may have a responsibility to inform the proper authorities.

#### *Help The Individual to Communicate*

Where a disabled individual has difficulty communicating, be patient and let her or him tell the story through their own method of communication such as bliss board, gestures, etc. Do not interrupt and fill in the silences with your own words.

#### *Don't Panic or Make Assumptions*

Take it seriously. Accept what the individual is telling you. Don't make value judge-

*(continued on next page)*



*(How to Respond, cont'd from previous page)*

ments about the individual disclosing the abuse or the suspected abuser. Don't assume that it was or was not a frightening experience; that the victim did or did not enjoy the experience; or that the victim likes or dislikes the alleged abuser. People who have been abused often experience many conflicting emotions about the experience and the perpetrator.

### **Reporting Abuse**

Try to get the name of the suspected abuser, but do not confront him or her. Let the police or the responsible agency take care of the investigation. Revealing details of a disclosure to a person accused of abuse could undermine any future investigation or legal action that might take place.

If an individual does not tell you of abuse, but you have evidence that it is taking place, you should take action. At the same time respect the individual's right to make decisions about options where they are available.

### **The Response - Assisting the Victim**

If the individual is in danger, problem-solve on how to get the individual out of danger. Be aware of the physical and emotional needs of the person with a disability, before, during and after reporting the incident.

### **Explain the Options Available**

Both children and adults should be told what could take place following their disclosure and what the possible outcome might be. Explain the avenues open to them for follow-up such

as: contacting the police to lay charges; getting a lawyer or legal advocate; receiving counselling and post-trial support.

### **Get Assistance As Soon As Possible**

If there has been a sexual or physical assault, victims should be taken to a hospital emergency department, sexual assault unit, or their family doctor for examination and treatment of any injuries. This is important for the individual's health as well as to help gather/provide evidence of the assault.

Discourage the individual from showering, bathing, combing hair, or changing clothes if the assault is recent.

### **Remove the Individual from the Situation of Risk**

The victim should be asked who should accompany her or him to the hospital. Where an adult lacks the capacity to consent, or where a child is under the age of 16, the legal guardian who can give consent to treatment must be contacted. But if the guardian or near relative is the suspected abuser, or is someone who may inform the abuser, they should not be contacted.

Regardless of where the individual lives, the most important consideration is to ensure the individual is safe and is not vulnerable to further victimization. Removing the suspected abuser from the environment of abuse is preferable to moving the victim.

Removing an adult victim from a home when the suspected abuse has occurred within a

family setting, is usually only possible where the individual is able to give his or her consent to the move and is willing to do so.

The laying of criminal charges, or even a conviction, does not necessarily give anyone authority to remove an adult from the home.

### **Call the Authorities As Soon As Possible**

#### *Children*

Throughout Canada, it is mandatory to report where there are reasonable grounds to suspect a child is being abused or is in "need of protection". In most jurisdictions, there is an extra onus on professionals and volunteers to report abuse. While reports to child abuse authorities may be kept confidential during the investigation, the name of the person reporting may be revealed if the case goes to court.

#### *Adults*

With disabled adults who are able to give their own consent, it is advisable to get their permission to proceed with any investigation. In some cases, however, the severity of the abuse may mean over-riding the wishes of the individual with a disability. The disabled individual and her or his family also has the option of calling the police themselves for an investigation. ♀

*(For further information or copies the booklet, contact ARCH at 40 Orchard View Blvd., Suite 255, Toronto, Ontario, M4H 1B9, [416] 482-8255, TDD 482-1254, FAX 482-2981.)*





# The Silent Epidemic

by Yvonne Peters, COPOH

The abuse and exploitation of women with disabilities has been tagged the silent epidemic. Silent because it is not very often talked about and has not been identified as a serious or significant issue. Epidemic because the more the surface is scratched the more women are coming forward with personal testimonies of abuse and humiliation. It is true that the hard statistics which substantiate the problem are hard to find, we certainly need more of those. But the more we do talk about it the more women will come forward.

Some of the unique factors which contribute to the vulnerability of women with disabilities are first of all the issue of dependency. Women in general have been encouraged to be dependent and so have persons with disabilities. Women with disabilities frequently find themselves dependent on their families, perhaps their spouse or care takers, to meet their needs. According to statistics issued by the Sexual Assault Centre in Seattle, 99% of the time when women with disabilities are sexually assaulted it is perpetrated by people who are care givers, relatives, friends or acquaintances of that woman.

Second, there is passivity. Again, this is a condition which is encouraged in women and also a condition which is encouraged in persons with

disabilities—to not speak out, to be grateful for what you receive and to not rock the boat. There is a fear that if you do rock the boat, that somehow the service that you are already receiving will be withdrawn. You won't get that transportation service if you complain about a bus driver who is molesting you or sexually assaulting you, you won't get that attendant care if you claim your attendant is harassing you and so on.

There is also a reluctance to come forward because of lack of belief. Women with disabilities when they are talking about their experiences are not treated with credibility. In Saskatchewan we have had two cases that I know specifically about where two developmentally handicapped women were sexually assaulted. In both cases, either the police refused to

lay charges or the prosecution had the case dismissed because they felt that these women were not credible witnesses. They were not as articulate as you are supposed to be when you go to court. Therefore, they were not seen as winnable cases and therefore were not dealt with.

In terms of specific examples of how these kinds of factors impact on women with disabilities, first of all, there is a lack of access to the services that are needed - both physical access and information access. Resources are often scarce, therefore, when transition homes for battered women are set up, it is often with insufficient funds. Consequently important aspects like accessibility are often overlooked.

I also think that there are a lot of myths and stereotypes  
*(continued on page 14)*

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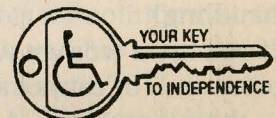


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## Coverage Sought for Abuse Counselling

*How many people who have experienced violence receive the counselling they need? How many can afford it? These are the kinds of questions that Tracy Moore asked in a questionnaire she circulated to mental health teams in Vancouver. Tracy is part of the Coalition's Mental Health Empowerment Advocate Program—a peer advocacy service for people with mental health disabilities. Through the questionnaire, Tracy hopes to compile information to lobby for payment of counselling services for victims of violence. Nancy MacLean talked with Tracy about her motivation for the project.*

**Why did you become interested in services for people who have been abused?**

To start with, my experience is my disability which is post-traumatic stress disorder—I am a survivor of abuse myself. I have also taken training on family violence. As a mental health advocate, a lot of my clients have expressed the need to have a counsellor of their choice rather than being delegated to somebody. This is a big factor with mental health clientele. As far as I am concerned, a client or consumer should be empowered to choose their own therapy so they feel safe. That would help the process of healing—and often this depends on dollars. A client also needs the freedom to change counsellors because sometimes it takes a while to find someone that you feel safe with. Sometimes when a client first requests therapy, the issue may not be

abuse. This may or may not arise until later in therapy when the consumer feels safe enough.

**Are there any particular cases that come to mind?**

I had one client who saw a mental health worker for three years and he felt he had progressed quite a bit. He has the same disability as I do. Then, all of a sudden, his worker had to move. So my client got shuffled around the system and ended up with another worker. Since he has had that counsellor, he's gotten nowhere.

**Do you have any idea what percentage of people are denied counselling because they don't have the money?**

I don't know if I can really put it into percentages now—I'm hoping the survey will tell us that. Generally, it is a person who doesn't necessarily fit into the criteria of "mental health" in order to get counselling. If you do fit into the criteria, you get counselling—if the health team feels safe to you or not, it doesn't really matter. If you don't, you don't qualify. People are basically shuffled around the system.

**What are some of the barriers that you're likely to run into convincing government to cover the costs of counselling?**

Well, money is a big one, as always. Also, there's an attitude out there toward the person wanting to go and get some therapy for their past abuse which is, "Just get on with your life!" Denial is one of the hardest things to get past. ♀

*(Rape Trauma Syndrome, cont'd from p. 5)*

100% compensation. The ruling broke new ground not only by the acknowledgement of Rape Trauma Syndrome as a real psychological disability, but also as a condition that is 100% disabling.

But, Sharon's battle wasn't over yet. She was dissatisfied with WCB's refusal to compensate her to her sterility. As Braha explains, "It gets very complicated because WCB will compensate for loss of sexual function—i.e. impotence in men—but not specifically for sterility. Because the regulations are written from the male perspective, and apply only to male workers, loss of function and loss of reproductive capability go together."

In fact, the regulations state that the principles of compensation "do not relate to any case of sterility without impotence."

"The WCB regulations as they now stand are sexually discriminatory in two ways," said Braha. "First, the WCB's policy on male impotence expressly excludes women. Second, even though Sharon has been permanently disabled by the attack, WCB has flatly rejected her claim to be compensated for her sterility."

Even though she knew her own financial award might not be increased, Sharon was determined to challenge the regulation on principle. "As far as I'm concerned, she's a hero," said Braha. "She's persisted in the face of this monolithic system, the WCB, and has maintained a core of strength."

A B.C. Human Rights Council hearing was scheduled for late February. ♀



*(Silent Epidemic, cont'd from p. 11)*

that are perpetrated about women with disabilities. We heard a little bit about that already. For example, there is a tendency to see women with disabilities as being either asexual or over-sexed. If they experience a sexual assault, there is the belief that they should recognize that at least they are getting some form of sexual attention and that is better than nothing.

Putting the whole issue of violence into a social or historical perspective, I think we really have to look at the issue of violence from the point of view of a theory of domination. When you look back over our legal history the law is replete with examples of situations where women have been relegated to a lesser status. We have to look at the reality that men have been given a position of privilege. I think if we are going to deal with this situation appropriately we have to acknowledge it and then try to correct the situation.

This leads me to the next issue, and this is our perception of equality. I don't mean to get too legalistic about it, but I think if we are going to talk about these issues we have to talk about them from the perspective of how we might achieve equality in the long run.

There has been a tendency to view equality from a very formal legalistic point of view. In other words, if we simply delete any reference to gender when we are talking about laws or policies or programs that this will make everybody equal. We don't talk about laws that per-

tain specifically to women, we talk about laws that pertain to people. Certainly that is a goal we need to strive for and I am not suggesting that we shouldn't. But I think we need to go farther than that.

I think when we just leave it at gender neutrality, what we sometimes get in the long run is equality with a vengeance. For example in Manitoba, the Manitoba Court of Appeal has declared that discrimination with respect to pregnancy does not constitute discrimination on the basis of sex. In other words, there are men and women and pregnant women. This is just so illogical. I think what we see happening is that women win rights such as maternity benefits, which are not available to men, and to use a formalistic approach men start arguing for maternity benefits. What can happen is that the benefits can be disbanded altogether because they tend to favour one group more than another.

We have to be very careful that we don't restrict ourselves in our understanding of equality. We need to look at the unique experiences of women - the fact that they do experience violence, for example. Then we need to develop laws which take that into account. We need to look at ways to ensure that women will not only receive equal opportunity, but will also have a share in the power that is out there. I will leave my comments at that. ♀

*(Excerpted from Ms Peters speech in "The Proceedings of COPOH's workshop on Disabled Women's Issues")*

## Safer City Public Meetings

The Safer City Task Force of the City of Vancouver invites you to participate in public meetings. The meetings are being held to allow citizens to share their concerns on safety and crime in your communities and to give recommendations for creating a safer city.

Three areas are being examined by the Task Force:

### Urban Design and Community Safety

Wed. March 11

Killarney Community Centre  
6260 Killarney Street

### Domestic Violence

Wed. March 18

Dunbar Community Centre  
4747 Dunbar Street

### Educational Institution Safety

Wed. March 4

Riley Park Community Centre  
50 E. 30th Street

Thurs. March 26

Hastings Community Centre  
3096 East Hastings Street

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874-SAFE  
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information



# Discarding the Shroud of Silence

by Diane Driedger and April D'Aubin, COPOH



Violence is a disability issue just as it is a women's issue. When Faced with abuse, women with disabilities have few resources to counteract the violence perpetrated against them.

Many individuals at Disabled Peoples' International Caribbean regional seminar in Trinidad in July 1990 which began to deal with violence, mentioned that abuse was occurring and that often whole communities were aware of the abuse. Some disabled men laughed and heckled a panel of women with disabilities discussing rape and violence against women at the same seminar. Clearly, this was a topic that both threatened and embarrassed the men.

It was only later in the workshops that they became more serious and admitted that it was happening to disabled women, but also to disabled men they knew. The disabled women were mostly quiet in the workshops as the men stated what they knew about abuse against women. When the women did have an opportunity to speak, they acknowledged that there was abuse against other disabled women that they knew. As a result of the session on violence, a resolution was passed that self-help groups of disabled people should offer support and legal information to disabled women known to be abused.

When women with disabili-

ties have the courage to appear in public, they are harassed in many developing countries. Harassment can vary from name-calling to violence in the street.

In times of modern conflict, as in the recent Gulf War, women and children are the most vulnerable. While the men are off fighting, the women are often subject to the bombing of civilian populations, raping and pillaging by invading soldiers and the continuing struggle to feed and survive with their

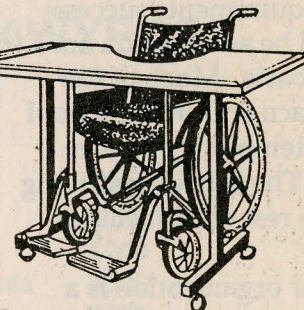
children. In times of war and armed conflict, women with disabilities are even more vulnerable. Often, when fleeing a war zone, families are slowed down by a disabled member and there is the temptation to leave them behind.

In addition, once refugee camps are reached, it is difficult to find countries that accept the family for resettlement because of the presence of the disabled person. And since women are viewed as less valuable anyway,

(continued on page 23)

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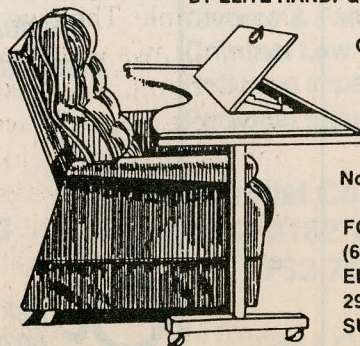
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(Letters, cont'd from p. 2)

is attempting to make the School more accessible to persons with disabilities—both in terms of program criteria and physical space.

After an extensive analysis of our programs, we have determined that the nature and philosophy of the programs is such that we can accommodate individuals depending on the nature and extent of the disability and the program the student desires.

The School stresses the utilization of the strengths and abilities of the individual. As the emphasis is on individual skills, the person with a disability who is considering a degree in the Fine and Performing Arts or a minor in the arts, may find that our programs could be ideal. The likelihood of a student with a disability to fulfill particular program requirements successfully would be assessed on an individual basis. Much of the physical space within the School for the Contemporary Arts is accessible. The School is striving to make the rest of its facilities accessible.

As your organization is a contact for persons with disabilities, I would like to leave you with my name and number as contact for information on what we can offer.

I would be pleased to speak with anyone who may be interested in pursuing our programs. I can be reached at 291-4352 or 291-3363.

SINCERELY,  
LINDA HEGLAND  
ACCESS COORDINATOR  
SCHOOL FOR THE  
CONTEMPORARY ARTS  
BURNABY, BC



## Protecting Our Children: Issues and Action

Protecting children is one of the most important responsibilities of a society. Deciding how best to support families while protecting children involves looking at many of our most fundamental values.

The Honorable Joan Smallwood, Minister of Social Services, has appointed a 10-person panel to consult with British Columbians and to prepare a public report on its findings. The report will provide a framework for new child protection legislation that will respond directly to the needs of today's children and families.

If you would like to make a written submission and speak about it at one of the public meetings, please send one copy of your submission to the Community Panel, Child Protection Legislation Review, Parliament

Buildings, Victoria, BC, V8V 1X4. Public meetings will be held in the following communities.

Cranbrook	March 5
Chilliwack	March 17
North Shore	March 21
Victoria	March 31
Nanaimo	April 2
Dawson Creek	April 7
Fort Nelson	April 9
Vancouver	April 15
Vancouver	April 16

If you do not have a written submission, but would like to speak at a public meeting, please book a time by calling toll-free 1-800-663-1251, 8:30 - 4:30 Monday - Friday.

You can also receive a copy of the discussion paper, *Protecting Our Children, Supporting Our Families*, by calling the above number. ♀

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# The Reality of Ritual Abuse: A Survivor's Experience

by Amethya

I have been known by people in the disabled consumers' movement to be an articulate oral deaf woman, one who is a self-confident, knowledgeable, and assertive advocate.

All of these perceptions are true. However, this is one of the few things about me that I was able to reveal to the world for most of my life. I have used my deaf identity as a tool of denial of who I really am and of my background/life. In other words, I have attributed all of my problems (i.e. not happy, low self-esteem and self-worth, feeling "different") to my deafness. A small part of this is true, yes, but a much greater part was due to a terrifying secret that I have hidden from the world:

I am a survivor of ritual abuse.

Ritual abuse is defined by Star Dancer as:

"any repeated, systematic mistreatment that is perpetuated in the name of an ideology. This abuse may be mental, physical, emotional, spiritual or sexual, and frequently combines all of these elements in an attempt to condition every aspect of the victim's humanity toward that ideology" (*SurvivorShip*, p.1 VIII #3 March 1991).

The ideology used in my ritual abuse experiences was that of a satanic cult which involved both sides of my family, as well as a much larger cult group. My abuse began at less than one month of age until my early twenties, in settings ranging

from the home, to churches, beaches, woods, warehouses, and so forth. My perpetrators did not care whether I was deaf or not, all they wanted was an object to abuse. I have, for the most part, come to terms with the fact that the abuse would have happened anyway. This has been very difficult to do, since it was part of my denial system that abuse only happens to hearing people.

Soon after my abuse began, with increasing levels of violence, I split into many parts in

order to survive. This is otherwise known as multiple personalities. Developing my multiplicity was my defense mechanism in response to the ritual abuse that I suffered. My being a multiple enabled me to block out awareness of my abuse experience by creating another personality to take over a particular incident if the other existing personalities were not able to handle that incident. Therefore, I/we were able to lead several lives: that of "non-

(continued on page 20)

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## BC Transit

The Vancouver Regional Transit Commission (VRTC) has announced a 1992/93 handyDART operating budget of \$13,989,372. Some of the recommended service enhancements include expansion of handyDART service by 75 thousand hours to 400 thousand annual hours and extra service for Independence 92, a major international event that will bring disabled community leaders from around the world to Vancouver in April.

The regional handyDART fleet will increase to 186 vehicles by March 1992 and it is proposed that another 27 vehicles be added in 1992/93, for a total of 213.

In order to address future custom transit needs in a comprehensive way, the public will be invited to take part in a number of forums during the coming year. Some of the issues to be discussed are: how much service is enough?; what choices are there and what do they cost?; what can the community afford? and how should handyDART relate to the regular transit system?

People with disabilities who took an active role in the creation of handyDART 11 years ago will also be invited to take part. This will allow for reflection on what community aspirations were then, what has been achieved, and what needs to be done in the future.



Accessible transit arrived in Richmond in December 1991, with the introduction of seven wheelchair and three scooter accessible routes.

The Richmond routes that will be accessible are:

- 401 One Road/Vancouver
- 402 Two Road/Richmond Exchange/Vancouver
- 403 Three Road/Vancouver
- 404 Ladner Exchange/Airport
- 406 Railway/Vancouver
- 407 Gilbert/Vancouver
- 408 Garden City/Richmond Exchange/Vancouver

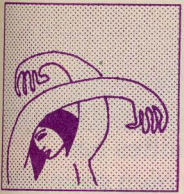
The wheelchair and scooter accessible routes introduced in Richmond complete Phase II of BC Transit's accessible plan. Passengers who ride on three-wheeled scooters are now being carried on all accessible BC Transit routes.

The BCCPD sends warm wishes and thanks to all those individuals and organizations who are working toward equality rights for women and we encourage everyone to join in the celebrations on

## International Women's Day March 8.

(Don't forget to wear green!)





## New Program Serves Young People with Disabilities

by Linda Graham, McCreary Centre Society

It is a sad fact that all young people in our society are not safe from sexual abuse. Children and youth with disabilities are no exception. In fact, they may be more vulnerable to sexual abuse than their peers.

Reliance on many caregivers, marginalization and isolation, special communication needs, and lack of sexuality education—to name just a few—are factors that may put these young people at risk. This vulnerability has less to do with the nature of disabilities than with societal attitudes and the circumstances under which many young people with disabilities live. Recent research on sexual abuse of children with disabilities has generated increasing interest in how to prevent such abuse.

The need for appropriate services for young people with disabilities who have been sexually abused has also been the focus of growing concern. Imagine when a child with special communication needs has been sexually abused... imagine how difficult it would be for that child to disclose, to be understood and believed, and to get the right kind of help.

At the McCreary Centre Society in Vancouver (a non-profit society that undertakes projects on youth health issues), a province-wide project on sexual abuse and young people with disabilities has been underway since October. The purpose of the project is to examine needs

in this area and provide direction for a permanent program including:

- a registry of professionals with expertise in disabilities and sexual abuse/sexuality;
- a resource library containing print and non-print materials on disabilities, sexual abuse and sexuality; and,
- protocols for investigating sexual abuse allegations in licensed community care facilities when young people with disabilities are involved.

Operating under a 12-month contract with Child and Youth Mental Health Services, B.C. Ministry of Health, the Sexual Abuse and Young People With Disabilities Project is funded under the provincial government's inter-ministry Sexual Abuse Interventions Program. Many individuals and organizations, including the BCCPD, are devoting their time to assist in the development of the project.

We will question people with disabilities, parents of children with disabilities, and service providers on what they feel is needed to prevent sexual abuse and to respond appropriately when sexual abuse does occur.

In addition, hundreds of agencies across B.C. are being contacted in an effort to identify professionals who have expertise in disabilities and sexual abuse/sexuality issues. The end result

will be a registry of qualified individuals who are available to provide a range of sexual abuse/sexuality services—assessment, counselling and treatment, preventive education and training or consultation.

An extensive search is in progress for materials on disabilities and sexual abuse/sexuality for the resource library. Key resource materials will be summarized in an annotated bibliography for use by service providers and others with an interest in this area.

Last but not least, protocols, guidelines and policies related to sexual abuse investigations are being collected and analysed. The development of special needs investigative protocols will be undertaken in collaboration with appropriate government ministries as well as knowledgeable people in the field.

What will happen when the project finishes in September? One of the objectives of the project is to find a more permanent home for the registry and resource centres. We'll keep you posted.

In the meantime, any information you have concerning sexual abuse and disabilities would be appreciated. Please write to Linda Graham, Project Director, Sexual Abuse and Young People with Disabilities Project, The McCreary Centre Society, c/o Sunny Hill Hospital, 3644 Slocan Street, Vancouver, B.C. V5M 3E8. ♀



*(Ritual Abuse, cont'd from p. 17)*

abused" children/teenagers/adults (whose roles were to carry on the family lie that no abuse occurred in our family), student, athlete, child prostitute, etc.

Since we were able to cover up our abuse experience so well, it unfortunately has made it difficult for people to believe that we were still able to graduate from university, and to be actively involved in the women's movement and the disabled consumers' movement. In other words, to have appeared to be "unaffected" by the horrendous abuse. People would say, "Where is the evidence? Where are the dead bodies?" Our perpetrators have been very clever in hiding evidence. The cult is a very sophisticated underground operation which networks with other cult groups, in both urban and rural areas.

As unimaginable as it may seem, ritual abuse does happen, more frequently that people wish to believe. There are times when we our Selves wonder, "Can people really be this violent?" The answer shows itself ever so clearly in our body, visual, and feeling memories which are so strong that it is impossible for us to have imagined the experiences.

We have experienced torture, sadistic sexual abuse, electrical shocks, child and adult prostitution, pornography films and pictures. Other experiences involved brainwashing, drugs and cannibalism. We were also forced to witness rapes, torture and deaths of other victims. We were often forced to "choose" who will be killed—us or the other victim. Our perpetrators brainwashed us to believe that we deserved to be punished for

the deaths of others. One such punishment that we suffered was to lay in the coffin with the dismembered parts of the victim.

Our offenders fed our feelings of terror and pain, our fear of life and death. We never knew whether we were going to be the next victim to be tortured to death or burned at the stake. Our offenders brainwashed us to believe that we did not deserve to live because we were evil, or the child bride of Satan. They only wanted us to feel pain in our body, never pleasure. One way of doing this was to electrically shock or torture us immediately after being gently held by one of them. As soon as we began to feel pleasure of physical affection, we would be abused. Therefore, living or staying present in our body without pain or fear has always been a foreign concept to us.

We have been in therapy for a couple of years, a part of which involves learning to be more connected to our body and to allow our body to feel the pain and trauma of the abuse. We have also been able to have feelings that we never were allowed to express before: to cry, to grieve over the deaths of the other victims, including one who was our best friend; anger; and, to more freely feel terror. Since most of our alters did not know each other prior to therapy due to amnesia barriers, a big part of our healing process has been to getting to know each other, to learn and recognize each other's experiences.

Healing is not just about remembering our abuse experiences, it involves weaving our strengths together and celebrating them. The alter who was

primarily responsible for being an advocate on issues concerning people with disabilities has shown society her own strengths and skills. Now is our time to show society, the rest of our strengths that have remained hidden out of fear for so long.

Yes, we were ritualistically abused, but we survived. Now we do not want to *just* survive, we want to celebrate life and live the kind of loving life that we so rightfully deserve. However, we can not do this alone. We need people to believe our experiences and those of other survivors of ritual abuse.

Ritual abuse has existed for hundreds of years and society can no longer deny the extent of its existence. The disabled consumers' movement has a very important role to begin addressing and acknowledging ritual abuse in its work on violence against persons with disabilities. It is only then that society, including the disabled consumers' movement, can work together to stop all forms of violence. ♀

*(see Resources on opposite page)*

If you treat a person as she appears to be, you make her worse than she is. But if you treat a person as if she already were what she potentially could be, you make her what she should be.

Goethe





# Resources

by Amethya

*Note: The following is not an exhaustive list, and is not a recommendation or endorsement. It is recommended for any survivor of ritual abuse to use a post office box and a pseudonym to receive mail. It is also wise for survivors not to reveal home address or phone numbers to anyone they do not know very well.*

## Books

- Chase, Truddi  
"When Rabbit Howls". New York: E.P. Dutton, 1987
- Kahaner, Larry.  
"Cults that Kill: Proving the Underworld of Occult Crime. N.Y.: Warner Books, Inc., 1988
- Marron, Kevin.  
"Ritual Abuse: Canada's Most Infamous Trial on Child Abuse". Toronto: McClelland-Bantam, Inc., 1988
- Scheiber, Flora Rheta.  
"Sybil". Chicago: Henry Regenry Co., 1973
- Spencer, Judith.  
"Suffer the Child", N.Y.: Pocket Books, 1989
- StarDancer, Caryn.  
"Returning to Herself: Poems of Restoration." California: H.P.L. Publishing. P.O. Box 305 Kelseyville, CA 95451

## Organizations

- TRAANS (The Ritual Abuse Awareness Network Society)  
P.O. Box 29064 Delamont Station  
1996 West Broadway  
Vancouver, BC V6J 5C2  
(604) 731-5243

Offers support to survivors of ritual abuse; publishes a newsletter; has an extensive bibliography of articles which the organization will photocopy and mail out.

COMA (Counsel on Mind Abuse)  
40 St. Clair East, Suite 203  
Toronto, Ontario  
M4T 1M9  
(416) 944-0080

Has a mandate to counsel, educate and research. They deal with all different kinds of cult abuse, including ritual abuse.

Education Dissociation  
The Muskoka Meeting Place  
Box 2242  
Gravenhurst, Ontario  
(705) 687-7686

They offer education and consultation about multiple personality and other forms of dissociation.

## Newsletters and Other Periodicals

- TRAANS Newsletter  
See previous listing of address.  
A newsletter for survivors of ritual abuse.
- MPD Reaching out  
c/o Public Relations Department  
Royal Ottawa Hospital  
1145 Carling Avenue  
Ottawa, Ontario  
K1Z 7K4  
A newsletter published by and for people with multiple personality. Many contributors are ritual abuse survivors.
- Survivorship  
3181 Mission Street #139  
San Francisco, CA 9410

*The uniqueness of  
art and people  
are similar.  
Both are judged.  
The imperfections  
of both  
as perceived by  
some as flaws  
are seen by others  
as part of  
the whole  
and a complete beauty  
in its  
entirety.*

- Tracy Moore

A newsletter on "survival of ritual abuse, torture and mind control."

## Audio Tapes

- Ritual Abuse: Focus on Healing, a one-day event sponsored by Education Dissociation on June 16, 1990; tapes available from: Audio Archives International Inc.  
100 West Beaver Creek, Unit 18  
Richmond Hill, Ontario L4B 1H4  
Four tapes about ritual abuse with a focus on healing and treatment issues.
- Esther Cancellia  
P.O. Box 292673  
Kettering, Ohio 45429  
A survivor herself, she offers tapes for survivors and mental health professionals. ♀

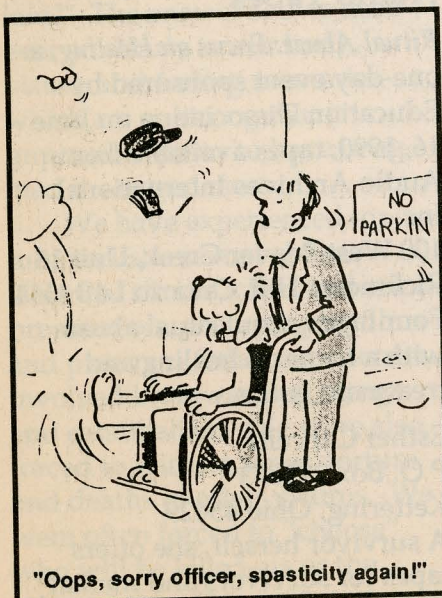


## UBC Project Receives Grant

The Architectural Institute of B.C., the B.C. Paraplegic Association and the UBC School of Rehabilitation Medicine have received a Health Initiatives for Persons with Disabilities Grant from the Scientific Advisory Committee of the British Columbia Health Research Foundation.

Few architects who specialize in accessible design are available in B.C. and most teaching materials are dated or inappropriate. The project will produce an annotated bibliography and a self-directed program of study, and serve as a foundation for research on functional design, development of instructional aids, workshops and multidisciplinary activities.

A Steering Committee of knowledgeable individuals—most of whom have a disability—will provide overall guidance for the project.



"Oops, sorry officer, spasticity again!"

From John Mythen's "Claude MS-ing Around"; used with permission of the artist



## Adapted Fitness Programs

Adapted fitness programs are run jointly by the Vancouver Board of Parks and Recreation and individual community centre associations. These programs have been developed for adults who have neurological impairments and are able to function in a community setting. Classes consist of activities specifically developed to maintain and improve motor function. Instructors are B.C.R.P.A. certified with experience and interest in adapted fitness.

The classes take place in a relaxed atmosphere and are self-paced to allow each participant to work at his or her own level. Instructors emphasize the important components of fitness in every class: cardio-vascular conditioning, muscle toning, stretching, coordination and balance, and relaxation.

### General Information

- Programs are subject to change without notice
- Referral from a physician or physiotherapist are required for all programs
- Fees are approximate; nominal membership fees may be required at each centre
- Dates (start and finish) of programs vary; please contact the community centre involved.
- Facility Access Cards do not apply to adapted programs except the Percy Norman

pool program

- All adapted programs are G.S.T. exempt

Champlain Heights Community School

Wed. 6:30-7:15 pm

Wednesday Workout  
438-4041

False Creek Community Centre

Mon. 6:15-7:17 pm

Wheelercise  
665-3425

Kensington Pool

Mon./Wed./Fri. 1:30 - 2:00 pm

Range of Motion Class  
327-9041

Marpole Oakridge Community Centre

Mon. 10:30-11:30 am

Adapted Fitness  
327-8371

Percy Norman Pool

Mon. 1:30-2:00 pm

Range Motion  
876-8804

Riley Park Community Centre

Mon./Thurs. 2:30-4:00 pm

Adapted Fitness  
879-6222

Stan Stronge Pool

Tues. 3:45-4:15 pm

Wed. 6:30-7:00 pm

Thurs. 8:00-8:30 pm

Range Motion  
321-3231

West End Community Centre

Fri. 11:00-Noon

Adapted Fitness  
689-0571





## Discover SCUBA!

The Pacific NorthWest SCUBA Challenge Association invites you to come out and experience the exciting world of Scuba diving in a controlled and safe environment. Join them for an Open House at the Lord Byng pool on Saturday, April 25th at 8:00 p.m. They will have instructors experienced in teaching physically challenged divers on-hand and will be offering Free Introductory lessons to anyone who is interested.

If you wish to participate, or want further information, please feel free to contact Chuck Scott at 322-1766 or Harry Buchholz at 526-1828. ♀

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(Discarding the Shroud, cont'd from p. 15)

the family may be further tempted to abandon a disabled woman in order to better its chances of immigration. Countries such as Canada are very strict about not wanting refugees with disabilities.

Genital mutilation, or female circumcision as it is sometimes termed, affects some 75 million women. While the highest incidence of genital mutilation occurs in Africa and the Middle East, cases have been reported in Australia, Brazil, Pakistan, England and the Soviet Union. These practices are sanctioned by a variety of religions (such as Coptic Christians, an Ethiopian Jewish sect, Fellasha, some Islamic sects and various tribal religions).

Practitioners marshal a multiplicity of justifications for the mutilation: cleanliness,

prevention of promiscuity, insurance of female virginity at marriage.

These difficulties translate into permanent disability. In some cases, women are rendered sterile and therefore unmarriageable because they cannot bear children. The trauma of the circumcision operation can also lead to mental disability.

#### Strategies for Change

In 1983, Nigerian women, many of whom were disabled by female circumcision, organized to end this and other practices which endanger women's lives. These women work through the Women's Centre in Eket, Nigeria. Disabled Women's Affairs Committee has been active since 1985 and, in 1990, an international organization was founded, the World Coalition of Women

with Disabilities. In many developing countries, disabled women are only beginning to come together to discuss their problems to strategies for change.

As Helen Levine explains, "The point in sharing one woman's experience, any woman's experience, is to get the commonalities in every woman's life, to link personal and political in the service of change." Self-help organizations are educating disabled women and encouraging them to take a stand against violence and abuse both as individuals in their personal lives, and as groups lobbying for justice for disabled women in society.

#### The Disability Rights Movement

Just as threatening men and  
(continued on page 24)



## From the Cradee to the Rain

*From the Cradee to the Rain*

*The Cradee is in the stars*

*The Cradee is in the earth*

*The Cradee makes the Rain*

*and breathes the leaves*

*green*

*The Cradee moves your chest*

*to breath*

*in the rhythms the*

*Cradee revolves*

*And you can hear the Cradee*

*in shells*

*Voices should be soft and*

*roll over your tongue*

*So listen to the rain.*

*The Cradee is not your body*

*in the streets*

*but you can smell*

*it in the trees*

*And if you learn to listen*

*to the Cradee*

*and watch the life*

*changing*

*You will know to find*

*the safest way.*

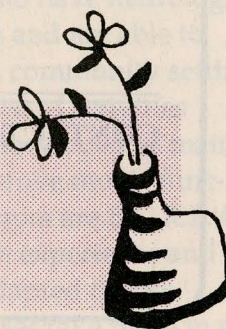
*The Cradee makes you*

*carry the Sun thought*

*on your back*

*in the summer*

*you can think the way*



Drawing by Claudia Burke

*your thoughts have*

*changes in the sun*

*the heat*

*your body*

*The dryness and smells*

*your nose*

*Sometimes you look for rain*

*When the leaves fall*

*the Cradee is taking*

*a deep breath*

*if you watch the patterns*

*and colour you will*

*understand how thoughts*

*come and go*

*And the feelings your*

*mind feels*

*the rain comes.*

*-Claudia Burke*

(From Visions of Flight; printed with permission of the author)

(Discarding the Shroud, cont'd from p. 22)

women equally does not necessarily promote gender equality, the identical treatment of all women will not advance the equality of minority group women—elders, disabled women, lesbians.

The unique life experience of women with disabilities must be reflected as feminists promote changes in the judicial, medical and social services systems to address violence against women, if these are to truly meet the needs of all women. Services without access provisions, for example, are of little use to women with disabilities.

The disability rights movement has been urging the following changes to improve services to disabled women who are survivors of violence: increased funding to crisis services to

ensure access provisions and the inclusion of provisions such as line item budgets; education by disabled persons of workers in all violence-oriented programs on disability issues; better access in medical emergency facilities; and, improved information and referral services to programs which specialize in services for disabled women.

If international organizations, particularly women's development organizations, are not actively reaching out to women with disabilities, they are maintaining the powerlessness, isolation and invisibility which contribute significantly to the problem of violence faced by these women.

It is time that western development organizations review their programs and

services to ensure that access provisions are made and that disabled people, with a particular emphasis on disabled women as one of the most marginalized groups in society, are being targeted in planning.

The disability rights movement is working globally to develop partnerships with other sectors of society to eradicate the barriers which prevent the full participation of people with disabilities.

Women's organizations and development organizations are encouraged to work with the disability rights movement on the issue of violence as it affects women with disabilities. ♀

(Excerpted from Discarding the Shroud in Canadian Women's Studies Vol. 12, Number 1)



## TRANSITION is published by the TRANSITION Publication Society

The BCCPD is a province-wide, non-profit organization run by and for people with disabilities. We are an umbrella group representing all people with disabilities. The BCCPD is an affiliate of the Coalition of Provincial Organizations of the Handicapped (COPHO) and Disabled Peoples' International (DPI).

The BCCPD mandate is to provide advocacy, lobbying and information-sharing on behalf of individuals and groups with disabilities. Our many activities include:

- designing special projects to research and provide education on specific disability issues
- lobbying all levels of government on policies and attitudes which effect disabled persons
- promoting public awareness of the needs and abilities of people with disabilities, through projects, conferences and the media
- sharing information and self-help skills with disabled individuals and groups
- individual and group advocacy for people with disabilities
- serving on government committees and panels

**The BCCPD depends on member support.** Your membership or donation will allow us to continue acting as a voice for people with disabilities throughout B.C.

## Your Membership is Valuable

The strength of the Coalition comes from membership support.

Will you join the Coalition today and help build the voice for people with disabilities?

As soon as you begin your membership, you'll enjoy a number of benefits:

- a free year extension of your TRANSITION subscription. BC's only magazine offering a critical analysis on issues related to disabilities.
- an invitation to our highly successful annual dinner celebration and an opportunity to network with people from the government,

funding groups, business and other agencies.

- an organization that can lobby the government on behalf of people with disabilities—too many helping agencies depend on government funding and fear funding cuts. They need an independent advocate like the Coalition to lobby for their interests.
- policy research and development on areas of concern to you.
- membership voting rights and an opportunity to direct the issues and the policies that the Coalition works on.

### Membership Acceptance Form

I accept your invitation to join the BC Coalition of People with Disabilities.

Please arrange for my full membership benefits.

#### Individual memberships: sliding scale

- ☐ \$5-15 Low Income
- ☐ \$25 Regular
- ☐ \$100 Sustaining member
- ☐ \$500 Patron

☐ *New Membership*    ☐ *Renewal*

#### Group Memberships

- ☐ \$30 Self-help
- ☐ \$60 Associates

Memberships and donations over \$10 are tax-creditable.

**We thank you for your support.**

☐ I want to include a donation to help further the Coalition's work \$\_\_\_\_\_.





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