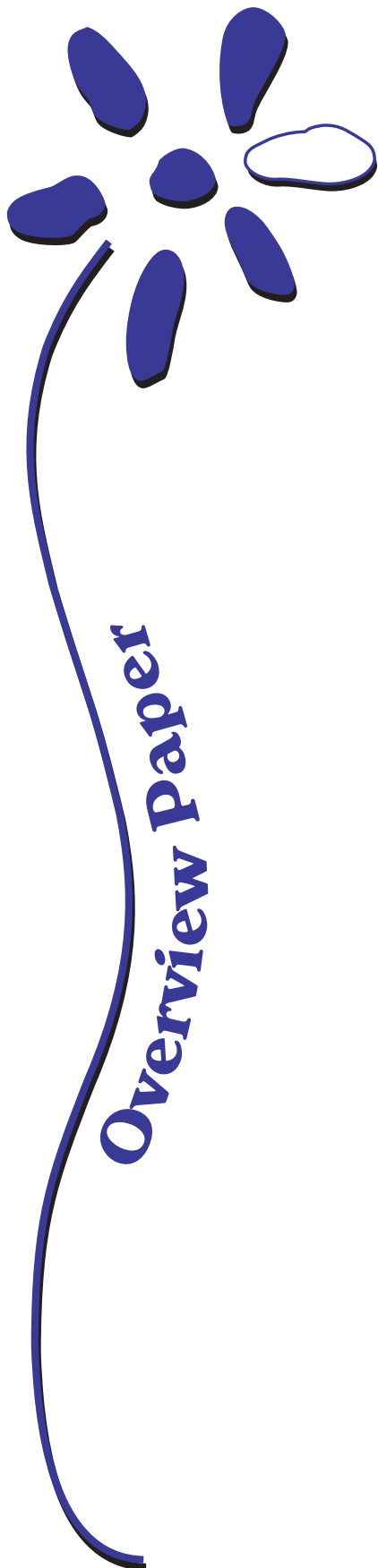




Family Violence and People with Intellectual Disabilities

National Clearinghouse on Family Violence



Intellectual Disabilities

People with intellectual disabilities have unique needs with regard to information processing. The disability may affect learning, memory, problem solving, planning and other cognitive tasks. Individuals with intellectual disabilities vary widely in their abilities, and definitions of intellectual disability differ; however, there is agreement that a person has an intellectual disability if there are limitations affecting several areas of cognitive function to a degree that interferes with the demands of daily life. Because the demands of daily living may vary, for some individuals a diagnosis of intellectual disability will be made at certain times and in specific situations, but not in others. For example, many children are identified as having intellectual disabilities only after they enter school, where there is a strong focus on cognitive skills. However, some of these children will adapt well and will not be considered to have a disability after leaving school.

Prevalence

Approximately 1% to 2% of Canadians have been given a diagnosis of intellectual disability. Of these, about 90% have mild disabilities. The disability may be congenital – the individual is born with it – or it may be acquired, through accident or disease. The cause remains unknown in approximately 50% of all cases.¹ Intellectual disabilities cut across the lines of racial, ethnic, educational, social, and economic backgrounds, but many adults with intellectual disabilities live in poverty as a result of limited incomes.²

Related Terms

Several terms have been commonly used to refer to intellectual disability, including *cognitive impairment*, *mental challenge*, *mental handicap*, and *mental retardation*. In the United Kingdom, the term *learning disability* typically refers to intellectual disability, but in North America, the term is used to refer to different and more specific disabilities, such as dyslexia (specific difficulty with reading). As defined by the Learning Disabilities Association of Canada, learning disabilities occur only in “individuals who otherwise demonstrate at least average abilities essential for thinking and/or reasoning. As such, learning disabilities are distinct from global intellectual deficiency.”³

The term *developmental disability* is sometimes used interchangeably with intellectual disability, but usually refers to a wider class of disabilities that begin in childhood and have lifelong effects.

Other Disabilities

People with intellectual disabilities often have other disabilities. For example, epilepsy and cerebral palsy occur approximately 8 times as frequently among people with severe intellectual disabilities as they do in the general population. Impaired vision and hearing are also more common among people with intellectual disabilities. Emotional or behavioural difficulties may also be present.⁴

Although severe intellectual disabilities usually result in patterns of behaviour and communication that are noticeably atypical, mild intellectual disabilities often go unnoticed in most situations.

Family Violence

Family violence refers to deliberate harm, intimidation or coercion in the context of a close personal relationship. Gross neglect of a dependent person may also be considered a form of family violence when it results in predictable harm or risk. A flexible definition of “family” is needed to recognize the realities of contemporary living conditions for many individuals, including those with disabilities.⁵

In addition, closely associated phenomena, such as financial exploitation or emotional abuse, are sometimes discussed as forms of family violence. Older children and adults with intellectual disabilities are much more likely to be dependent on care givers than individuals of the same age without disabilities. Some depend on others for intimate personal care.

Violence in the context of these close care giving relationships is probably best understood in the context of family violence. Many children and adults with intellectual disabilities live in group homes, nursing homes, and other congregate living environments. Violence that occurs between two residents of the same congregate living environment is also best understood as a form of family violence.

Varieties of Violence

Although a relation between some forms of family violence and intellectual disabilities was well documented by the 1960s, much remains to be learned about its nature and extent. Some areas of family violence (e.g., child abuse) have been studied much more than others (e.g., domestic violence).

Child Maltreatment

Many researchers identified the relation between child abuse and intellectual disability in the 1960s. For example, Elmer and Gregg reported that 50% of the children whom they examined at follow-up after abuse had intellectual disabilities.⁶ Although many studies had small samples or methodological limitations, research repeatedly found excess numbers of children with disabilities among those who had been abused and excess numbers of abused children among those with disabilities.

The first large-scale, well controlled study undertaken supported this association. It found that children with disabilities were at least 1.7 times as likely to experience some form of maltreatment as other children.⁷ A more recent large-scale cohort study found that children with intellectual disabilities were 3.7 times as likely to experience neglect, 3.8 times as likely to experience physical and emotional abuse, and 4.0 times as likely to be sexually abused.⁸ Children with additional disabilities (e.g., intellectual *and* behavioral disabilities) were even more likely to experience maltreatment.

Institutional abuse is characterized by extreme power inequities, is collective in nature, and is hidden from the public.⁹

Smaller care facilities that are less isolated from the community are believed to reduce some of the risk associated with institutions, but they do not eliminate it.

Institutional Abuse

Although most people (children and adults) with intellectual disabilities live in typical families, they are more likely than those without such disabilities to live in hospitals, nursing homes, and other congregate care environments. These environments often become the setting for endemic abuse. In a review of institutional abuse, the Law Commission of Canada found the following:

The fact that physical and sexual abuse was common in many institutions intended to protect, nurture and educate young people reflects a tragic breach of trust by those who were abusers. It is an indictment of the supervisory processes in place at those institutions. And it is a damning commentary on the casual attitude that we took towards the children we placed in residential facilities.¹⁰

The Law Commission report focused on children, but institutionalized adults suffered similar kinds of maltreatment.

Although institutional violence is sometimes considered to be separate from family violence, this distinction may not be useful for those who live much of their lives in institutional or quasi-institutional settings. In addition, there is no firm line that separates family from institutional care. Rather, there is a continuum of living situations (e.g., natural families, foster care, group homes) that blend various mixtures of family and institutional characteristics.

Neglect

Neglect is different from other forms of violence in that it is an act of omission, but it is one of the most common and most devastating harms done to people with intellectual disabilities and others who are dependent on care givers.^{11,12} Neglect may involve failure to provide medical care, protection, or the necessities of life. Emotional and educational neglect can also result in serious harm. For example, some parents have difficulty establishing a strong bond with a child who has a disability. The emotional distance of parents increases the risk of learning and behaviour problems in these children.

Assault

Although physical abuse of children with intellectual disabilities has received considerable attention from researchers, physical assault of adults with intellectual disabilities has received relatively little attention. Nevertheless, the information that is available suggests a serious problem. An Australian study found that men and women with intellectual disabilities were 2.9 times as likely to experience physical assault as other adults.¹³

Intimate Partner Violence

Violence by spouses and other intimate partners is a problem of unknown proportion for people with intellectual disabilities. A few studies, however, suggest that this can be a common and serious problem. Some people who have severe and multiple disabilities are less likely to date or marry than others of the

same age and sex. Domestic violence and dating violence may be less common among those who, as a group, are less likely to have intimate relationships.

More individuals, however, have mild or moderate intellectual disabilities and are much more likely to have intimate relationships and marry. Some of them appear to be particularly vulnerable to intimate partner violence. Individuals who have previously been abused or neglected as children may have low or negative expectations of their adult relationships. Therefore, they may be overly tolerant of maltreatment by an intimate partner. Social isolation, dependence upon their intimate partners, poverty, and other factors commonly found in this group may make it much more difficult to escape partner violence. In some cases, spouses with intellectual disabilities may fear that if they leave their partner, they will be considered incompetent to care for their children and lose custody. For some individuals, an abusive relationship may seem preferable to none at all.

People with intellectual disabilities often marry and have children. Many do so with unquestionable success. Others struggle and experience serious problems as husbands, wives, or parents. Although an intellectual disability can be one factor in such difficulties, it is often only one of several. Many of these individuals spent their own childhoods in institutions or in a series of foster homes;¹⁴ many were abused and neglected. Because of these factors, they may have had little opportunity to observe and learn from healthy family relationships.

Sexual Assault

Wilson and Brewer found that Australian women with intellectual disabilities were 12.7 times as likely to be sexually assaulted as women in the general population.¹⁵

Stimpson and Best interviewed Canadian women with a variety of disabilities and found that 73% had experienced some form of violence and, of those, 96% had experienced sexual violence.¹⁶

Sobsey and Doe found that women with disabilities who were sexually abused often had difficulty accessing treatment services.¹⁷ Section 273.1 of the Canadian Criminal Code addresses important issues regarding valid consent to sexual activity by people with intellectual disabilities. When an individual may have severely impaired communication or judgement, he or she may be considered “incapable” of valid consent. Similarly, a vulnerable person of any age may not give valid consent to a care provider who is in a position of authority and trust.

Homicide

There has been minimal research on homicides of people with intellectual disabilities. Early indications, however, suggest that death by homicide is a common occurrence for people with intellectual disabilities. The rate of filicide, the killing of children with or without disabilities by their parents, has increased substantially in Canada since 1994, while the general homicide rate has decreased.^{18,19} A number

of those filicides have included the killing of children with disabilities.

Connections

Research has clearly demonstrated a connection between violence and disability.

Violence as a Cause of Disability

Violence is a significant cause of intellectual and other disabilities, but the extent of its role may have been drastically underestimated.

For example, recent studies suggest that, in many cases, neurological disabilities arising from shaken-infant syndrome become apparent only a year or more after hospital discharge. As a result, the proportion of children with long-term disabilities resulting from shaking has been significantly underestimated.²⁰ Recent research has also shown how the extreme stress associated with violence can produce biochemical changes that damage brain structure and function.²¹

Extremely high levels of stress among women who experience physical or emotional violence during pregnancy may also increase the chances that their children will be born with disabilities. The biochemical changes associated with extreme stress have been shown to reduce uterine blood flow and may also cross the placenta and directly affect the developing nervous system.²²

Disability Influences Risk

Many theories have been developed to explain how disability influences risk. For example, the routine activities model, commonly used in criminology, suggests that people with disabilities are at increased risk because their activities often place them in contact with those who are likely to offend and in environments where violence is likely to take place. Sobsey and Calder's multi-factorial model includes factors such as cultural attitudes and beliefs that crimes against people with disabilities are less serious and more easily excused.²³

The direct effects of disability are related to impairments and are highly specific to the individual and the circumstances. For example, an individual who cannot walk or drive may find it harder to avoid or escape from a dangerous situation. An individual who cannot talk or use a telephone may find it more difficult to call for help or seek advice. An individual with limited knowledge or impaired judgement may find it more difficult to recognize danger or plan a defence. These direct effects clearly increase the risk for some people with disabilities, particularly those with severe disabilities.

Risk Factors for Both Violence and Disability

In some cases, other causal variables may increase the probability of both disability and violence. For example, families with significant alcohol abuse problems are at greater risk of family violence and of having children with intellectual disabilities. In this case, some association

between violence and disability is produced indirectly by this third factor.²⁴

Implications

Risk Reduction

Because people with intellectual disabilities are at risk of victimization, they need access to risk-reduction programs, including personal safety training and sex education programs. Service providers involved in educational and rehabilitative programs should ensure that training facilitates choice-making and the development of assertiveness skills to defend against violence, while avoiding the teaching of compliance.

Prevention efforts must not focus solely on the individuals they are intended to protect. Families need to be supported in developing positive and healthy relationships with their family members with disabilities. Service systems must employ safeguards to prevent the employment of predatory offenders or high-risk individuals as care givers. They must fully recognize their active obligation to provide safe environments.

Programs providing services to people with disabilities must carefully screen, train, and supervise staff. Providing positive role models and good working conditions that are conducive to proper care may be as important as confronting abusive care givers and eliminating them from the care giving professions.

Intervention

Treatment programs, shelters, victim services units, and other resources for people who have experienced violence must become more accessible to people with intellectual disabilities. Making programs accessible first requires a policy that welcomes all people who need the service, regardless of the nature or extent of their disabilities. Second, agencies must establish procedures for making individualized accommodations to existing services according to the needs of those requiring services. Finally, because people with intellectual disabilities have traditionally been excluded from many of these services, it is essential to let them and their families know that the services are available.

Reforms of law and law enforcement policy have made significant progress in the last decade. For example, amendments to the *Canada Evidence Act* and *Criminal Code* took effect in 1998, changes that clarified the duty of courts to accommodate witnesses with special needs and to allow alternative forms of communication in identifying the accused. In addition, these changes allow adults with an intellectual or physical disability who have difficulty communicating to give evidence through videotape, and they establish a specific offence of “sexual exploitation of a person with a disability” by a person in a position of trust or authority.²⁵

In addition, some provinces have enacted legislation designed to combat violence against people with intellectual disabilities and other vulnerable populations. This legislation provides protection for those who report abuse and establishes the responsibilities of agencies to prevent abuse to clients.

These initiatives in federal and provincial legislation provide specific support to protection and law enforcement efforts. Equally important, they provide a statement of intent to social agencies, law enforcement agencies, the courts, and society as a whole that violence against people with disabilities will not be tolerated in a civilized society.

Research

Much more research is needed to clarify the relation between violence and disability. Research on the risk of violence for adults with disabilities is particularly important, since most of the current information comes from small-scale, methodologically limited studies.

In addition, the current research that shows a strong association between disability status and the experience of violence does not tell us the nature of the connection; further research is essential to clarify this. We need to determine how many intellectual disabilities are the result of violence, how much risk to personal safety is increased by a disability, and how other factors may connect violence and disability.

Finally, research is needed on the practical applications of prevention and treatment programs. Although there has been development towards making prevention and treatment programs more accessible to people with disabilities, those developing the programs need more evidence from research about the most effective approaches. Prevention and treatment programs need to be physically accessible for people with intellectual disabilities who have mobility impairments, and they should provide information at a level that is

clear and can be understood by people with intellectual disabilities.

Coalition

Leadership in the effort to understand and prevent violence against people with intellectual disabilities comes from a range of organizations and individuals in Canada and other countries. Governmental and non-governmental organizations that address family violence have played valuable roles. Organizations that advocate for people with disabilities, such as the Council of Canadians with Disabilities (CCD), DisAbled Women's Network (DAWN) Canada, and the Canadian Association for Community Living (CACL), have also contributed to improved recognition of the problem and risk-reduction efforts. International human rights groups, such as Amnesty International and Human Rights Watch, have had increasing involvement with specific issues.

Summary

This overview paper provides basic information about family violence and people with intellectual disabilities. Both children and adults with intellectual disabilities are more likely to experience violence than people without these disabilities. Violence can take many forms. The high rates of violence experienced by people with intellectual disabilities result partly from the fact that violence causes disabilities and partly from society's response to disabilities, which often

increases the risk of violence. In addition, factors such as substance abuse may increase the risk of both violence and intellectual disability in families.²⁶

Recent legislative changes at the provincial and federal level reflect an attempt to respond to the increased risks for people with all types of disability. More research is needed to better understand how violence and intellectual disability are connected.

References

1. D.K. Daily, H.H. Ardinger, and G.E. Holmes, "Identification and Evaluation of Mental Retardation," *American Family Physician* 61, 4 (February 2000):1059-1067.
2. The Roeher Institute, *Personal Relationships of Support Between Adults: The Case of Disability* (Downsview ON: The Institute, 2001).
3. Learning Disabilities Association of Canada, *National Definition of Learning Disabilities* (Ottawa: The Association, 2002).
4. M. Batshaw, ed., *Children with Disabilities* (Baltimore: Paul H. Brookes Publishing Company, 1997).
5. J.H. Medalie and K. Cole-Kelly, "The Clinical Importance of Defining Family," *American Family Physician* 65, 7 (2002):1277-1279.
6. E. Elmer and G.S. Gregg, "Developmental Characteristics of Abused Children," *Pediatrics* 40, 4, Part I (1967): 596-602.

7. S.B. Crosse, E. Kaye, and A.C. Ratnofsky, *A Report on the Maltreatment of Children with Disabilities* (Washington: National Center on Child Abuse and Neglect; Contract No: 105-89-1630, 1993).
8. P.M. Sullivan and J.F. Knutson, "Maltreatment and Disabilities: A Population-based Study," *Child Abuse & Neglect* 24, 10 (2000): 1257-1273.
9. D. Sobsey, *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* (Baltimore, MD: Paul H. Brookes, 1994).
10. Law Commission of Canada, *Institutional Child Abuse – Restoring Dignity: Responding to Child Abuse in Canadian Institutions* (Ottawa: The Commission, 2000).
11. D. Sobsey, 1994.
12. Sullivan and Knutson.
13. C. Wilson and N. Brewer, "The Incidence of Criminal Victimization of Individuals with an Intellectual Disability," *Australian Psychologist* 27, 2 (1992): 114-117.
14. S.D.M. Kelley and A. Sikka, "A Review of Research on Parental Disability: Implications for Research and Counselling Practice," *Rehabilitation Counselling Bulletin* 41, 2 (1997): 105-121.
15. Wilson and Brewer.
16. L. Stimpson and M. Best, *Courage above all: Sexual Assault Against Women with Disabilities* (DAWN: Toronto, 1991).
17. D. Sobsey and T. Doe, "Patterns of sexual abuse and assault," *Sexuality and Disability* 9, 3 (1991): 243-259.
18. M.L. Dalley, *The Killing of Canadian Children by a Parent(s) or Guardian(s)* (Ottawa: RCMP, 2000).
19. O. Fedorowycz, "Homicide in Canada – 2000," *Juristat* 20, 9 (2001):17.
20. D. Sobsey, "Exceptionality, Education, and Maltreatment," *Exceptionality* 10, 1 (2002): 29-46.
21. C. Bonnier, M.C. Nassogne, and P. Evrard, "Outcome and Prognosis of Whiplash Shaken Infant Syndrome: Late Consequences After a Symptom-Free Interval," *Developmental Medicine and Child Neurology* 37, 11(1995): 943-956.
22. J.D. Bremner, "Does Stress Damage the Brain?" *Biological Psychiatry* 45, 7 (1999): 797-805.
23. D. Sobsey and P. Calder, *Violence against people with disabilities: a conceptual analysis*, (Washington DC: National Research Council, 1999, Unpublished).
24. Sobsey (2002).
25. Criminal Code of Canada. §153.1(1) Sexual exploitation of a person with a disability. 1998, c.9, s.2
26. Sobsey (2002).

Suggested Reading:

Bailey, A., O. Barr, and B. Bunting. "Police Attitudes Toward People with Intellectual Disability: An Evaluation of Awareness Training," *Journal of Intellectual Disability Research*, 45 (2001): 344-350.

Biklen, D., and P.L. Schein. "Public and Professional Constructions of Mental Retardation: Glen Ridge and the Missing Narrative of Disability Rights," *Mental Retardation*, 39, 6 (2001): 436-451.

Burke, L., C. Bedard, and S. Ludwig. "Dealing with the Sexual Abuse of Adults with Developmental Disability Who Have Impaired Communication: Supportive Procedures for Detection," *Canadian Journal of Human Sexuality*, 7, 1 (1998): 79-91.

Civjan, S.J. "Making Sexual Assault and Domestic Violence Services Accessible," *Impact* (Feature Issue on Violence Against Women with Developmental or Other Disabilities,) 13, 3 (2000).

Crosse, S. B., E. Kaye, and A.C. Ratnofsky. *A Report on the Maltreatment of Children with Disabilities*. Washington: National Center on Child Abuse and Neglect, Contract No: 105-89-1630, 1993.

Curry, M.A. "Abuse of Women With Disabilities," *Violence Against Women*, 7, 1 (2001): 60-79.

Elman, E.R. "Disability Pornography: The Fetishism of Women's Vulnerabilities," *Violence Against Women*, 3, 3 (1997): 257-270.

Ericson, K.I., and N.B. Perlman. "Knowledge of Legal Terminology and Court Proceedings in Adults with Developmental Disabilities," *Law and Human Behavior*, 25, 5 (2001): 529-545.

Furey, E.M., J.M. Granfield, and O.C. Karan. "Sexual Abuse and Neglect of Adults with Mental Retardation: A Comparison of Victim Characteristics," *Behavioral Interventions*, 9, 2 (1994): 75-86.

Griffiths, D., and Z. Marini. "Interacting with the Legal System Regarding a Sexual Offence: Social and Cognitive Considerations for Persons with Developmental Disabilities," *Journal on Developmental Disabilities*, 7, 1 (2000): 76-121.

Hingsburger, D. "The Ring of Safety: Teaching People with Disabilities To Be Their Own First-Line of Defense," *Developmental Disabilities Bulletin*, 22, 2 (1994): 72-79.

Kebell, M.R., and C. Hatton. "People with Mental Retardation as Witnesses in Court: A Review," *Mental Retardation*, 37, 3 (1999): 179-187.

Keilty, J., and G. Connelly. "Making a Statement: An Exploratory Study of Barriers Facing Women with an Intellectual Disability When Making a Statement About Sexual Assault to Police," *Disability & Society*, 16, 2 (2001): 273-291.

Khemka, I. "Increasing Independent Decision-making Skills of Women with Mental Retardation in Simulated Interpersonal Situations of Abuse," *American Journal on Mental Retardation*, 105, 5 (2000): 387-401.

Kvam, M.H. "Is Sexual Abuse of Children with Disabilities Disclosed? A Retrospective Analysis of Child Disability and the Likelihood of Sexual Abuse Among Those Attending Norwegian Hospitals," *Child Abuse & Neglect*, 24, 8 (2000): 1073-1084.

- Lepofsky, M.D. "The Latimer Case: Murder Is Still Murder When the Victim Is a Child with a Disability," *Queens Law Journal*, 27 (2001): 319-354.
- Mansell, S., and D. Sobsey. *Counseling Victims of Sexual Abuse with Developmental Disabilities*. Kingston, NY: NADD, 2001.
- Mansell, S., D. Sobsey, and R. Moskall. "Clinical Findings in Sexually Abused Children With and Without Developmental Disabilities," *Mental Retardation*, 36 (1998): 12-22.
- McAfee, J.K., J. Cockram, P.S. Wolfe. "Police Reactions to Crimes Involving People with Mental Retardation: A Cross-cultural Experimental Study," *Education and Training in Mental Retardation and Developmental Disabilities*, 36, 2 (2001): 160-171.
- Nettelbeck, T., and C. Wilson. "Criminal Victimization of Persons with Mental Retardation: The Influence of Interpersonal Competence on Risk," *International Review of Mental Retardation*, 24 (2001): 137-169.
- Neve, L. "Barriers to Counseling for Sexually Abused Disabled Women," *Women's Therapy*, 18, 1 (1996): 75-85.
- Newman, E., S.R. Christopher, and J.O. Berry. "Developmental Disabilities, Trauma Exposure, and Post-traumatic Stress Disorder," *Trauma, Violence, & Abuse*, 1, 2 (2000): 154-170.
- Orellove F.P., D.J. Hollahan, and K.R. Myles. "Maltreatment of Children with Disabilities: Training Needs for a Collaborative Response," *Child Abuse & Neglect*, 24, 2 (2000): 185-194.
- Richards, D., S. Watson, and R. Bleich. "Reporting a Sexual Assault for People Who Have a Developmental Disability. Guidelines and Practices," *Journal on Developmental Disabilities*, 7, 1 (2000): 130-141.
- Riddington, G. *Beating the "Odds." Violence and Women with Disabilities*. Vancouver, BC: DAWN Canada, 1989.
- The Roeher Institute. *No More Victims: Manuals to Guide the Police, Social Workers and Counsellors, Family Members and Friends, and the Legal Profession in Addressing the Sexual Abuse of People with a Mental Handicap* (4 volumes). North York, ON: The Roeher Institute, 1992.
- The Roeher Institute. *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*. North York, ON: The Roeher Institute, 1988.
- Saxton, M., et al. "'Bring my scooter so I can leave you' – a Study of Disabled Women Handling Abuse by Personal Assistance Providers," *Violence Against Women*, 7, 4 (2001): 393-417.
- Sobsey, D. "Violence" In *Encyclopedia of Disability and Rehabilitation*. Edited by A.E., Dell Orto and R.P. Marinelli. New York: Simon & Shuster MacMillan, 1995, 743-748.
- Sobsey, D. "Faces of Violence Against Women with Developmental Disabilities," *Impact*, 13, 3 (Fall 2000): 2-3, 25.
- Sobsey, D., W. Randall, and R.K. Parrila. "Gender Differences in Abused Children with and Without Disabilities," *Child Abuse & Neglect*, 21, 8 (1997): 707-720.

Sobsey, D., et al. *Violence and Disability: An Annotated Bibliography*. Baltimore: Paul H. Brookes Publishing Company, 1995.

Sorenson, D. "The Invisible Victims," *Impact*, 10, 2 (Summer 1997): 1, 26.

Strickler H.L. "Interaction Between Family Violence and Mental Retardation," *Mental Retardation*, 39, 6(2001): 461-471.

Teicher, Martin H. "Scars that Won't Heal: The Neurobiology of Child Abuse," *Scientific American*, (March 2002).

Westcott, H.L., and D.P.H. Jones. "Annotation: The Abuse of Disabled Children," *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40, 4 (1999): 497-506.

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