



Family Violence and People with a Mental Handicap

Information from...

The National Clearinghouse on Family Violence

What does it mean to have a mental handicap?

A person who has a mental handicap¹ generally tends to learn slowly and may also have a limited ability to learn. This limitation may be present at birth or may be acquired early in life. The presence of this disability may or may not cause difficulty in coping with the demands of daily life.

Because of the difficulty in gathering statistics about this population, the exact number of people in Canada who live with a mental handicap is not known. However, prevalence rates range from one to three per cent of the population.²

It is estimated that from 30 to 87 per cent of individuals with a mental handicap have associated conditions requiring some level of attention. Up to 30 per cent may have epilepsy or cerebral palsy. In addition, sensory, speech and language, behavioural and psychiatric needs can be associated with mental handicap.³

There is a great range of abilities among people who have been labelled mentally handicapped. While as a group they may share certain characteristics and experiences, the variety of their responses, feelings, learning styles and needs is as broad as it is for the rest of the population.

Facts about how people with a mental handicap live

- The majority of adults and children with a mental handicap live with their families, in group homes or in apartments or houses either with friends or by themselves. Approximately 30,000 people with a mental handicap live in institutions, nursing homes, chronic care hospitals, and private institutions.⁴
- Only 28.9⁵ per cent of people with a mental handicap of working age have gainful employment compared to the general population, of which two-thirds are gainfully employed.
- Over 93 per cent of people with a mental handicap have a yearly income of under \$10,000.
- Children who are mentally handicapped often attend special schools or special classes in regular schools. However, many people believe that all children can benefit from being in integrated settings where they can learn from and about one another. There is a growing trend toward the integration of children with a mental handicap into regular classrooms in many communities in Canada.
- Because of their disability, people with a mental handicap are often not valued and respected by others. While attitudes towards people with disabilities are changing, people with a mental handicap are often both poor and socially isolated.

What do we mean by family violence?

Any abuse or neglect which occurs where people live or when they are in the care of others is considered family violence.⁶ Because people with a mental handicap may depend on a variety of individuals for care, “family” is understood to include not only parents, spouses and other relatives, but also friends, neighbours and caregivers. Caregivers can include attendants, homemakers, counsellors, doctors, nurses, or group home workers. Family violence includes violence in typical family settings, as well as in alternative situations like group homes, foster homes, institutions or service settings. It involves a violation of trust and an abuse of power.

In spite of changing attitudes towards people who are disabled, people who have a mental handicap continue to be vulnerable to various forms of violence. They are often seen to be powerless and “good victims”. Many people think that people who have a mental handicap will not report abuse, or that if they do, they will not be believed. This can make people with a mental handicap more likely targets of violence.

People with a mental handicap can be at particular risk for the following forms of violence:

- Emotional and verbal abuse

Because there is still considerable prejudice against people with a mental handicap, they are often subjected to emotional and verbal abuse.⁷ Often people with a mental handicap are dependent on caregivers. Research has shown that dependency on caregivers puts people at greater risk of abuse.⁸ The imbalance in power between a person with a mental handicap and his or her caregiver can put the individual with a disability at risk of psychological or emotional abuse.

- Neglect

Neglect includes the failure to provide the necessities of life, the withholding of the necessities of life, emotional neglect, and the failure to seek needed medical attention. When people with a mental handicap live in institutions or are reliant on caregivers for the necessities of life as well as for their emotional well-being, they may be at risk of neglect. Children with disabilities who are removed from their family of origin due to inadequate supports may also be at risk.⁹

- Assault (including sexual assault)

Under Canada's **Criminal Code**, a person commits an assault when, without the consent of another person, he or she applies force

intentionally to that other person, directly or indirectly. Threatening to use force against another person without his or her consent is also considered assault.¹⁰ Assault may be physical or sexual. A sexual assault is an assault committed in circumstances of a sexual nature which violate the sexual integrity of the person. Assault may occur in a variety of settings. While there have been few statistical studies about physical assaults against people with a mental handicap, a number of studies indicate that people with a mental handicap are highly vulnerable to sexual abuse.¹¹ One study suggests that people who are disabled face a 150 per cent greater risk of being physically and sexually assaulted than the non-disabled population.¹²

- Mistreatment

Mistreatment has been defined as "the use of medications, isolation or use of physical or chemical restraints which harm or are likely to harm the person".¹³ Aversive therapies (such as physical restraints, cattle prods, spraying lemon juice in the mouth, "time-out" isolation, etc.) are sometimes used to control the behaviours of people who have a mental handicap.¹⁴ People with a mental handicap can be at risk of mistreatment through the use of these techniques as well as through the over-use of psychotropic drugs and tranquillizers to alter behaviour.

What research has been conducted on violence against people with a mental handicap?

There has been relatively little research conducted on violence against people who have a mental handicap in Canada.¹⁵ The small body of existing research, supported by a substantial amount of anecdotal evidence, suggests that people with a mental handicap are particularly vulnerable to the various forms of violence mentioned above.

What makes people with a mental handicap more vulnerable to violence?

A number of factors in the lives of people with a mental handicap make them more vulnerable to violence:

● Effects of segregation

Segregation, whether in education, employment or housing, means that people have limited opportunities to participate in ordinary social settings and to meet people. This increases dependency on family members and service providers for support and advocacy. The isolation and loneliness in which many people live may leave them longing for any expression of care and intimacy. This can make people more vulnerable to sexual assault and emotional abuse.

● Lack of decision-making power

Often people with a mental handicap are thought to be unable to make decisions affecting their well-being. They are rarely given the information they need to make decisions, and frequently decisions are made on their behalf. For example, people with a mental handicap are rarely provided with information about their own sexuality. This limits their ability to report incidences of sexual abuse.

● Lack of self-esteem

When people are not given enough opportunities to make decisions about their own lives, they may not develop a strong sense of self-esteem. In addition, people may feel that they have failed when they cannot adapt themselves to fit social norms and they experience rejection from others. Self-blame may reinforce patterns of being a victim which may leave people with disabilities at risk for abuse.

● Lack of access to community-based services

People with disabilities often do not have access to community services available to the non-disabled population. When people do not obtain the support and services to which they are entitled, they are more likely to continue to be victims of abuse.

- Poverty

Lack of access to financial resources also contributes to violence. Because people with disabilities may have very limited financial resources and little choice with regard to services, they may continue to live in environments which leave them vulnerable to violence. They may be unable to leave a violent relationship due to a lack of money and accessible housing. Without options, people may continue to live with caregivers or in service settings where they are abused.

- Representation within the culture

Positive images of people with a mental handicap are rare in popular media. People with a mental handicap are likely to be portrayed as dependent, oddly different or victims of unfortunate circumstances. The reinforcement of negative stereotypes such as these can suggest that people with a mental handicap are “easy prey” to violent attacks and that they would not be believed if they reported an abusive situation.

What can you do to make it less likely that a person with a mental handicap will be a victim of violence?

Many changes are needed to reduce the vulnerability of people with a mental handicap to violence. Listed on this page are some of the actions you can

undertake to make it less likely that people with a mental handicap will be subject to the various forms of violence discussed above:

as a parent:

- be aware of the increased risk of abuse faced by children with a mental handicap. Believe and support those who tell about abuse
- seek help to address or prevent abuse
- provide information to children that can help protect them from abuse
- encourage the development of relationships between children with disabilities and those who are not disabled.

as a service provider:

- become aware of and sensitive to signs of abuse¹⁶
- develop accessible family-violence prevention workshops
- work with community services (such as rape crisis centres, police stations, and transition homes) to make their services accessible to people with a mental handicap¹⁷
- develop and enforce protocols to deal with abuse in your services

as an educator:

- ensure that family violence prevention courses are integrated in the curriculum

- ensure that schools, community colleges and other educational institutions are accessible to people who have a mental handicap

as a member of the community

- be aware of the risks faced by people with a mental handicap and encourage the development and promotion of prevention programs in the community
- support advocacy by and with people who have a mental handicap both in the community and in institutional settings
- join your local Association for Community Living, People First chapter, or Citizen Advocacy group

as an employer

- provide employment opportunities in your organization for people with a mental handicap.

Where to go for help:

If you or someone you know or care for is being abused, get in touch with your local child welfare agency, provincial/territorial social services department, police, hospital or rape crisis centre.

Ask for help and make sure you get it.

Suggested Reading:

Asch, Adrienne and Fine, Michelle. *Women with disabilities: Essays in psychology, culture and politics*. Philadelphia, PA: Temple University Press, 1988.

Garbarino, James, et al. *Special children special risks: The maltreatment of children with disabilities*. New York: Aldine de Gruyter, 1987.

MacPherson, Cathy. *Responding to the abuse of people with disabilities*. Toronto, ON: Advocacy Resource Centre for the Handicapped (ARCH), 1990.

Maksym, Diane. *Shared feelings: A parent guide to sexuality education for children, adolescents and adults who have a mental handicap*. North York, ON: The Roeher Institute, 1990.

Riddington, Gillian. *Beating the "odds": violence and women with disabilities*. Vancouver, BC: DAWN Canada, 1989.

The Roeher Institute. *The language of pain: Perspectives on behaviour management*. North York, ON: The Roeher Institute, 1988.

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 vols.) North York, ON: The Roeher Institute, 1992.

The Roeher Institute. *The right to control what happens to your body*. 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.

Sobsey, Dick. *Disability, sexuality and abuse: An annotated bibliography*. Baltimore, MD: Paul H. Brookes, 1991.

Stimpson, Liz, and Best, Margaret. *Courage above all: Sexual assault against women with disabilities*. Toronto, ON: DAWN Toronto, 1991.

Endnotes

1. Other terms which may be used to describe a person with a mental handicap include: intellectually impaired, developmentally delayed, and developmentally disabled. Being labelled mentally handicapped is different from being labelled mentally ill. The latter implies emotional, psychological, nervous or mental health conditions.

2. For more information about the prevalence of mental handicap and other conditions associated with mental handicap, see **The Epidemiology of Mental Retardation**, Health Canada, 1988. Available from the Minister of Supply and Services Canada. Cat. No. H39-113/1987E.

According to the **Health and Activity Limitation** survey conducted by Statistics Canada in 1991, 4.2 million Canadians – 15.5 per cent of the population – reported some level of disability. This includes sensory, mobility, agility and other

unspecified disabilities (such as a learning disability, mental health condition, and mental handicap). From **The Daily Statistics Canada**, October 13, 1992, Statistics Canada.

3. Statistical information from **The Epidemiology of Mental Retardation, Report of the Working Group**, 1988. Published by Health Canada, p.23.

4. Approximately 15,000 people live in psychiatric institutions or facilities for people with mental handicaps. See Richler, Diane, “Emerging Realities – The Case for Community Living – The Case Against Segregation”, in **Abilities**, Spring 1991, p.19.

Approximately 15,000 people live in nursing homes, chronic care hospitals or private hospitals. See **Statistics Canada Health Reports: Residential care facilities**, 1989, 1 (1), Table 11.

5. The figures for persons with a mental handicap were calculated using data from the **Health and Activity Limitation Survey** carried out by Statistics Canada in 1986. The figures for the general population were based on census data and were taken from **An Economic Profile of Persons with Disabilities in Canada**, prepared for the Department of the Secretary of State of Canada by David P. Ross and E. Richard Shillington, 1990.

6. For information about family violence and women with disabilities, see the National Clearinghouse on Family Violence fact sheet on **Family Violence Against Women with Disabilities**, February 1993.

7. For many people, being called “retarded”, for example, feels abusive, given the negative connotations this word has in our culture.

8. Health Canada, Family Violence Prevention Division, **Family Violence, Situation Paper and Backgrounders**, 1991. p.7.
9. For a discussion of what puts children with a disability at special risk for neglect and abuse, see **Special Children Special Risks: The Maltreatment of Children with Disabilities**, by James Garbarino *et al.* (New York, N.Y.: Aldine De Gruyter, 1987).
10. Stimpson, Liz, and Best, Margaret. **Courage above all: Sexual assault against women with disabilities**. (Toronto, Ont.: DAWN Toronto, 1991), p.9.
11. Estimates of the sexual abuse of girls under the age of 18 range from 39 to 68 per cent; estimates of the sexual abuse of boys under the age of 18 range from 16 to 30 per cent. From **Vulnerable: Sexual abuse and people with an intellectual handicap**, p.11.
12. Sobsey, Dick, **Sexual offences and disabled victims: Research and practical implications**, *Vis-a-Vis*: A national newsletter on family violence, 6 (4), Winter 1988, p.1.
13. Fulmer, T., "Elder abuse", in **Abuse and victimization across the life-span**, ed. M. Straus, (Baltimore: John Hopkins, 1988).
14. For a discussion on the use of aversive conditioning techniques to modify the behaviour of people with a mental handicap, see "Aversive Conditioning: Necessity or Failure?" by Tim Stainton, in **The Language of Pain: Perspectives on Behaviour Management** (North York: The Roeher Institute, 1988), pp. 15-34.
15. Studies of note include those by Sobsey (cited above), Gillian Riddington of DAWN Canada, Stimpson and Best, DAWN Toronto, and The Roeher Institute (see above, **Suggested Reading**).
16. For information about signs of abuse, as well as workshop material for community services, see **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** (North York: The Roeher Institute, 1992).
17. *ibid*

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