



# DAWN-RAFH Canada

DisAbled Women's  
**Network**  
Canada



**Réseau**  
d'action des femmes  
handicapées du Canada

[National Network](#)

[Mission Statement](#)

[History](#)

[Profiles](#)

[Special Initiatives](#)

[DAWNING Groups](#)

[Links](#)

[Current Events](#)

[Special NOTICES](#)

[Contact](#)

## Beating the Odds: Violence and Women with Disabilities

**Many issues had surfaced, but one stood out above the others. The issue is violence against women with disabilities.**

**Suddenly, it was everywhere. In the rural areas and in the cities, in the operation rooms and on the psychiatric wards, at home, on the streets - Women are at risk - and Women with disabilities are at greater risk.**

**Jacqueline Pelletier  
Report: Women with Disabilities  
Network meeting, June 20-23, 1985**

Indeed, it is everywhere. DAWN Canada: Disabled women's network of Canada began at that 1985 network meeting. We have been concerned about the issue of violence against women with disabilities ever since.

We included questions about violence in our 1988 General Study of the needs and concerns of women with disabilities, and we are now involved in a research project which focuses on violence, and which will result in the publication of a manual for use in transition houses and Rape Crisis Centres. For our original project, in 1988, we sent out 1200 questionnaires.

Among other questions on a number of issues, we asked some basic questions about the rape, assault, and abuse of women with disabilities. From the 245 women who responded, we learned that:

- 40% had been raped, abused, or assaulted
- 64% 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

A recent article in the 'Globe and Mail' (June 30, 1988) Announced "Sexual Violence seen as a National Crisis"

The results of our survey indicate that violence against women with disabilities is not only a crisis, it is an outrage and a disgrace.

The Graphs in the [Appendix](#) Demonstrate this.

[Graph 1](#): "Have you ever been abused, raped or assaulted:" (Appendix A tells us that out of our 245 respondents, 99 women (40%) had experienced violence.)

[Graph 2](#): (Appendix B) Illustrates that of those four women in ten who had experienced violence, three had known a kind of violence they defined as "Abuse". We did not define this term. We intended it to include all forms of violence other than overt rape and physical assault. These latter two forms of violence were less common, but still prevalent. (12 and 15% of respondents respectively.

DAWN Canada Board member Maria Barile is active in one of DAWN's affiliates, ACTION DES FEMMES HANDICAPEES DU MONTREAL, and did research for that organization. The questions she asked Quebec women with disabilities differed from those in the DAWN Canada survey. She asked about specific types of violence, rather than overall experience of violence, rape, or abuse. Her data shows that of the 96 respondents, 23% had been beaten, 20% slapped, 13% shaken, 23% kicked, 23% physically abused, and 26% sexually abused. (BARILE - 1988:87)

[Graph 3](#): "Violence before or after disability?" (Appendix C) shows incidence of violence before and after the onset of disability. For women disabled at birth, who are among those most subjected to violence, all violence occurs after onset. About one quarter of the respondents (26%) had been violated before disability and after onset as well. Nineteen percent had experienced violence before the onset of disability, but not after. We have no way of knowing whether the violence was a factor contributing to the onset of disability for any of these women, although, as will be discussed later in this paper, there are indications that this is often the case. Verbal abuse is even more frequent than overt violence. We asked women who filled out our questionnaire, 'Have you ever been verbally abused because of your disability?' Thirty-seven percent of our respondents checked off 'many times' as their answer. Another 27% answered 'seldom'. These categories are subjective; so is 'verbal abuse'. What may seem like a lot of verbal abuse to one person may seem like occasional teasing to someone else.

Because women with disabilities are prone to have low self-esteem, name calling and insults may be extremely devastating. The percentage of women who reported verbal abuse in our survey is remarkably close to Barile's. She asked, 'Have you ever been verbally abused (someone said things that made you feel uncomfortable about yourself)'. 66% of her respondents answered - Yes. (Barile 1988:7)

It should be noted that the question on the DAWN Canada survey did not ask about generic verbal abuse, but specifically about such abuse 'because of your disability.' Like racist remarks and sexist 'humour', verbal abuse is based on those aspects of ourselves that are stigmatized as 'different', and therefore of less value. It has

a strong negative impact on the person, attitudes and stereotypes about all women and all persons with disabilities. Verbal abuse makes equality harder to achieve.

### **Girls with disabilities:**

It is an understatement to say that girls with disabilities are frequent victims of abuse, assault and rape. All children are at risk of abuse. Girls are at greater risk than boys, and girls with disabilities are at more risk than non-disabled girls. (Sobsey 1988A:1)

Child abuse has become a leading cause of death among American children under three. (McGrath 1979:12) Physical abuse is common. When it is called 'discipline' it is legal, and accepted. Arlene Skolnick of the Institute at the University of California, Berkley, has written that:

The literature on battered children yields one major conclusion, there is no clear line of demarcation between battering parents and 'normal ones.' Nothing sets these parents off as a group in terms of social class, occupation, IQ, urban-rural residence, or psychopathology. All that research has found is a pattern of child rearing that is merely an exaggeration of the usual one. (Skolnick 1971:104)

We know that physical 'disciplining' of children can bring about disability; shaking infants is a major cause of developmental disability. (McGrath 1979:12) Abuse disguised as 'discipline' can also exacerbate existing disabilities. 'Joyce', a woman interviewed for the 1988 project, is one of fourteen children. Three of the siblings have cerebral palsy; Joyce is one of them. She could not explain the high incidence of the disability in the family, however, at another point in our interview she described her step-father's treatment of the children: "I think a lot of it was discipline, but it was, you know, too hard." It is unclear whether the brutality was linked to the disabilities, or even whether the disabled children were beaten more than the non-disabled ones. What is clear is that there was a high incidence of brutality, and of disability.

We are learning that sexual abuse of children is almost as universal as is physical abuse. The Report of the Committee on Sexual Offences Against Children and Youth, (1984:1-2) commonly referred to as the BADGELY Report after Chairperson Robin Badgely, concluded that one in every two Canadian females will be a victim of unwanted sexual acts at some time in her life; four out of five of us will have our first experience of such molestation before we reach the age of 18. Badgely's statistics include sexual threatening, unwanted touching, and exposure as well as more overt sexual acts; They are still alarming.

All children are at risk, but the odds against surviving childhood without experiencing abuse go up for girls with disabilities. Doucette's study for DAWN Toronto (Doucette, 1986) compared childhood abuse, both physical and sexual, in a sample of 30 disabled women with abuse and a control group of 32 non-disabled women. She found that physical abuse was twice as common among the disabled participants (67% to 34%). Sexual abuse was also higher among girls with disabilities; 47% had been victims, compared to 34% of the non-disabled.

Barile asked her respondents 'How old were you when the abuse occurred?' Most were very young. Thirty percent were under 12 years old, and 31% were under eighteen. Abuse of women in their twenties was low (6.6%), but 30% experienced violence during their thirties. Incidence during the forties was also low. However, the majority of the women who filled in Barile's questionnaire were young; only 10% of her respondents were over 45 years old. (Barile 1988:2)

Dick Sobsey states in a recent study that:

People with disabilities are more likely to be subjected to sexual abuse and assault than their non-disabled peers. The exact degree of risk appears to be at least 150% of that for individuals of the same sex and similar age without disabilities. (Sobsey 1988A:1)

[Graph 4](#): "Rate of Violence and age at disability" (Appendix D), based on the results of DAWN Canada's survey, depicts the relationship between age at onset of disability and incidence of violence. 53% of respondents who were disabled at birth or who developed their disability in early childhood, had been victims of assault, rape or abuse; This compares with a reported rate of 32% for respondents who became disabled 5-10 years ago. Or more than 1 year ago. Because the group of women who developed disabilities less than five years ago is small, the graph is somewhat misleading. Only 11 women whose disabilities are recent answered the question. Six of them had known violence. Because this sample is so small compared to the 95 women with early onset disabilities, 50 of whom had experienced violence, more importance should be placed on the high incidence of abuse of women who have had disabilities since childhood. Because our 1988 study was a general survey and asked only a few questions about violence, we do not know how old our respondents were when they were violated. That question is included in a Questionnaire now being circulated for a new survey, which will focus on violence against women with disabilities and access to transition houses.

We did not request information about other psychological abuse in the questionnaire, but heard of it from women we interviewed. Surrounding a child with violence, which she cannot control, but for which she may feel responsible, can be as damaging as physical blows. Joyce told me about her feelings of fear and powerlessness when her step-father battered her mother:

We used to live on a farm. We had a really hard life. My parents... nothing but fighting, that's all they did. When he got cranky or angry, he used to take it out on her. It was hard for us kids. I used to cry myself to sleep more nights, I'm telling you. I remember one night I woke up, they were fighting, he was hitting her. I screamed, "Leave her alone." Dad had her down on the bed. I was going to take something and hit him, but I was just a kid you know  
(From a transcript of Interview)

Children with disabilities may need more care than non-disabled children; they may also cost more money. Parents may have unreasonable expectations of them. Such things can add to parents' frustrations but these factors do not cause abuse. Awareness of the stress parents undergo and their frustrations give us

some understanding of abuse and underlines the need for social supports for parents of children with disabilities.

## Multiple Abuses and Multiple Disabilities

Sadly but predictably, it seems that the multiple disabilities make us multiply more vulnerable. Among the women who returned the DAWN Canada Questionnaire, those with more than one disability reported violence more frequently. To examine this, we grouped women according to the standard seven categories of disability: Mobility; Hearing Impaired / Deaf; Visually impaired / Blind; Developmentally Disabled; Learning Disabled; Psychiatrically Disabled; and Hidden Disabilities.

The results are shown in [Graph 5](#): "Violence by Type of Disability" (Appendix E). The rate of violence for women with a single type of disability varied greatly. For women with an aural or a visual disability, it was 22%, but samples were small (9 women in each category). Samples were also small, but rates were high for women with single psychiatric or hidden disabilities alone. Sixty percent, or three out of five women with psychiatric disabilities had known violence. Four of the six women (66%) with one hidden disability had been victims. The largest number of women (118) with one disability were mobility impaired; 37% of them had experienced violence.

It has been noted elsewhere (Senn 1988) that women who are developmentally disabled are vulnerable to violence. Our findings bear that out of four women with single, developmental disabilities reported violence. IN addition, seven of the women with multiple disabilities who experienced violence have developmental disabilities. That means that 11 of the 18 women with developmental disabilities in our sample (61%) experienced rape, abuse, or assault. That figure may still be low; some 'respondents with developmental disabilities did not fill in their own forms, and may have been reluctant to admit victimization to the person who filled in the form for them'. Given that it is our intimates whom abuse use, illustrated in [Graph 6](#): 'Who abused, raped or assaulted you?' (appendix F), it is possible that those who assisted with the questionnaire also committed the violence. Sixty respondents, (one quarter of our sample) had two types of disability (eg. mobility and visual, or developmental and aural). 27 of them (45%) had been abused, raped or assaulted. Thirteen women had disabilities in three categories; eight of them had experienced violence. Only three women had more than three types of disability. All had been victims of violence; one had been raped, another abused, the third abused and assaulted.

Multiple disabilities also seem to correlate with multiple experiences of violence. [Table 1](#): "Type of abuse by type of disability" (appendix J) correlates type of disability with type of abuse because of the many types of disability and the type of violence. Multiple possible combinations of types of violence experienced, it is hard to decipher. It is included for the benefit of researchers and others interested in more detailed information. It is derived from data that show, among other things, that of the ten respondents who had been abused, assaulted, and raped, five had double disabilities and three had triple disabilities. The other two had mobility impairments. Two women had been raped and assaulted; both had two disabilities. Twelve women had experienced both abuse and rape; Four had two disabilities, one had three, and another more than three. Admittedly, the samples are

small, but the trends are worthy of more detailed investigation.

### **Disability caused by Abuse:**

If disability leads to abuse, so may abuse lead to disability. As Trudy Don of the Ontario Coalition of Transition Houses remarked in her address to the conference on 'Changing Patterns of Health and Disease among Canadian Women' (Ottawa 1988) 'Women become disabled by being beaten through the normal state of being married'. Thirty-seven percent of our respondents who were violated named their spouses, or ex-spouses, as their assailant. (see [graph 6](#)) Twenty-six percent reported violence both before and after they became disabled. No doubt there is some overlap, between these groups. In some of these cases, the violence could have exacerbated or brought on the disability.

Obviously, repeated beatings can be disabling, both physically and psychologically. Transition house workers in the Yukon told me they see women disabled by battery - one lost the use of an arm, others have become agoraphobic from the abuse. From my own experience in a former marriage, I know that knocks on the head can bring on epilepsy.

Davies (1979, quoted in Sobsey 1988:5) found abnormal EEG readings and active epilepsy in three to four times as many incest victims as in a matched control group. The worker I interviewed at the St. John's Transitional House had more anecdotal evidence:

I'm thinking of a woman who recently found out that she had ... umm... some sort of a brain tumour that was probably a result of blows to the head. I can't think of any serious physical disabilities that come to mind. There's a woman on staff I'm thinking of who was a victim at one time, and that's where her epilepsy probably developed from and now, where this other problem is stemming from. It's not something that you notice unless you have got a new life together and are observant enough to be able to say, 'That's why.' I mean, to many women it is just one of the things that happens to you, and it's not pointed out as 'Gosh, this is what happened to me because of the abuse,' You know. It's just one more thing, right, it's taken in stride.

She went on to make a link that is subtle, but important. I remember the very first woman who came through this house. She ended up finally after some years getting her life sorted out, being on her own, and then she died, shortly after, of cancer. And you sort of think, well, you know, all those years of abuse and struggle and I mean - those would break down your body system and make you more vulnerable to diseases. We don't know enough about that either.

(From transcript of tape made during the interview)

We certainly don't. However, we do know that many, if not most, disabilities are exacerbated by stress. In the 1988 DAWN Canada survey, we did not ask whether violence caused a disability, or exacerbated an existing one; those questions are included in the questionnaire now being circulated for the current survey. However, we got some anecdotal data from the 1988 questionnaires as well.

One respondent answered the question, 'What is your disability?' with, 'Shotgun wound to her left leg.' Under the section on violence against women, she told us that her spouse was her assailant, and that he received a jail term of three years for the shooting. Her sentence will be much longer. She can no longer work, because her job required her to be on her feet all day. Now, her leg is in a full-length cast and she must use a wheelchair and crutches. She is supporting herself and her two school-aged children on an income of less than \$10,000 a year, her stipend from the criminal injuries fund.

## Who Abuses Us:

[Graph 6](#) tells us those women with disabilities experience violence at the hands of those they should be able to trust, their husbands, boyfriends, and parents. Their caregivers, neighbours and relatives. Spouses and ex-spouses are the most common assailants: 37% of the women were victims of wife abuse; 15% had been abused by parents; one woman had been abused by her son. Only 28% of the women who reported violence said the perpetrator was a stranger. Barile's results vary somewhat, her respondents were younger and less likely to be in relationships than the women in our survey. Comparisons are difficult because different age breakdowns were used. However, 56% of DAWN Canada's sample were under 40, and 12% over 55 years old. Seventy-three percent of Barile's respondents were under 35. Only 3% of women in her sample were married. Seven percent were divorced, and 83% single. In the Quebec study, mothers were the most frequent abusers (26%), whereas only 15% of the women surveyed for DAWN Canada had been abused by a parent of either sex. Following mothers, Barile's respondents named a husband, boyfriend/lover or male caregiver as perpetrator; 16.6% named a perpetrator in one of these categories.

Our respondents had had a lot more opportunity to be abused by a spouse. 22% were in a relationship, 20% separated or divorced, 4% divorced then remarried, and 3% widowed. Only 43% were single. If we combine Barile's 16.6% who were abused by husbands with the 16.6% who experienced violence at the hands of lovers or boyfriends, we get 33% somewhat closer to the 44% which is our combined total for 'spouse' and 'boyfriend/date' (37 + 7). (Barile 1988:8).

Sobsey (1988A) found fewer familial abusers (30%) and a higher incidence of abuse by caregivers (27%) than either our surveyor Barile's. Again, the differences no doubt represent Sobsey works a great deal with differences in the sample. Severely disabled people, more of who would be more dependent on caregivers than the women in our sample. However, a similar violation of trust is demonstrated in all three studies.

## Response to the violence.

[Graph 7](#): "Did you report the incident (s)?" (Appendix G) indicates that less than half of those respondents who experienced violence reported it. Still, 43% is twice as high as the 20% rate reported by Ryerson (Quoted in Sobsey 1988 B:2). The fact that reporting was not defined in the questionnaire, as well as the type of sample may contribute to this. Ryerson referred only to reporting to "Police, Community Service Agencies, or other authorities." In our survey, 'Reporting' included telling parents, a teacher, a doctor or a spouse about

the incident. Refer to [Graph 8](#): 'Who did you report the incident(s) to?' (appendix H) for more details. Only 29% of the reports involved the police. As [Graph 9](#): 'Use of women's shelters and services' (Appendix I) shows, almost as many reports were made to doctors, care-givers, counsellors, teachers and hospital officials (grouped as 'Professionals and Caregivers 'Prof/Cgiver' for Graph 9) and to parents, as were made to police.

The relatively high reporting rate may also reflect the fact that our respondents are not as isolated as are many women with disabilities. Over half (52%) of our respondents are members of disabled consumer groups; 41% were members of women's groups; 32% were members of DAWN. Thus, the majority are women who would have sources of information and support. Also, obviously, women who have a means to communicate with us. As Sobsey notes, people 'who experience significant communication deficits would be unlikely to report abuse, particularly if not specifically asked.' (1988A: 6).

Reporting did not necessarily mean getting help, or gaining validation. In most cases, it didn't. We asked women who had experienced violence, 'was the incident dealt with satisfactorily?' Most of them told us it had not been. Only 27% answered 'yes' to this question; 31% answered 'no.' 17% were 'not completely' satisfied, and, 10% answered that they were not believed.

### **Reasons for not reporting:**

The most common reasons women gave for not reporting were fear (64% of women who said they did not report the abuse) and dependency (55%). One woman wrote, 'I was threatened.' These reasons are similar to those given by women without disabilities who are victims of violence. We know that, 'assaulted - women keep their abuse to themselves for two reasons: Fear and Shame. (Support Services for Assaulted women, undated)

Fear of retaliation may be well-founded; a husband may beat them for reporting, a stranger may return to violate them again, again, fear and dependency can be linked. Reporting a husband often means loss of financial support. Reporting a service provider can mean loss of services. This fear was evident in the reluctance of some members of the disabled community in Calgary to support a woman who was sexually assaulted by a Handi-bus driver in the fall of 1988.

Three women who didn't report said, ' I was a child at the time.' Children who are abused, particularly incest victims, fear 'breaking up the family.' In such cases, it is often the victim, rather than the abuser, who is removed from the home for her 'protection.' Many girls with disabilities have been threatened with institutionalization. For them, the fear of banishment is very real.

Women with disabilities, who are violated by a spouse, as 37% of the violated women in our survey were, face other barriers to disclosure. Financial dependency is real and poverty may seem an equally unhappy alternative to battering. Emotional dependency is also real.

Most battered wives are reluctant to break up the marriage. They blame themselves; Three women told us they didn't report because, 'I felt it was my fault.' They blame alcohol. They hope he will change. They do not want to deprive the children of their father. They are reluctant to admit that they have failed in what many still see as a woman's duty, 'keeping the marriage together.' A woman may rationalize her current situation, 'He only beats me when he's drunk, or when he thinks I am being lazy; I'll just try harder,' and she stays.

As females, we are raised to be 'nice'. As individuals with disabilities, we are taught to be compliant (Sobsey 1988B: 6). We grow up with a lack of self-esteem that makes us easy prey for men who want a woman who will be a virtual slave to them. Such men may have grown up as victims of abuse and now it is their turn to inflict it. The story that 'Janet' told during a taped group interview illustrates many of real and apparent shackles that enslave disabled victims of abuse. Other excerpts from this story were included in the first paper in this series '[Who do we think we are: Self Image and women with Disabilities](#)' (Ridington 989A).

Janet says; "Shortly after we were married, my husband raped me a few times, but the raping I went through was pretty severe. That's when he had me at gunpoint."

'Sonya', another member of the group, asked for clarification: "That's when you were married to him? You mean you refused to make love and he..."

Janet's answer makes clear that the episode was a brutal, violent rape. "No, no, no. His sisters both had been raped and were left with children to bear. And because I was not raped like they were, he wanted me to be raped also."

Sexual assault confirms feelings of worthlessness. Husbands like Janet's usually verbally abuse us as well. They tell us, over and over, that we could not survive without a man. We come to believe the repeated message, 'You can't leave me, no other man would ever want you.' We become incapable of conceptualizing an independent life. In Janet's case, there were both psychological and physical barriers preventing her from leaving. I asked Janet whether she tried to get help from anyone. She answered:

"Yeah, oh yeah, and when I was with him it was hard to get help. People knowing, after seeing his behaviour and everything - people knew, but there was nothing they could do because he was that violent. And if they tried to rescue me from the house, he had two loaded rifles in the house. And it wasn't until he was hospitalized that they could take the guns away, and get rid of the, and hide them on him. And he's not, by the police now, he's not allowed to be near a firearm, or anyone who has any firearms.

(From the transcript of the meeting)

Janet's response reflects many of the barriers that face all battered women and are exacerbated for battered women who have disabilities. Reporting or seeking help may bring more violence as a result. Those who might help fear that the violence will be turned against them. They also feel powerless.

Five women, or 12% of those who did not report, said that they had 'no one I trusted to tell,' isolation, lack of support services, and no knowledge of viable alternatives make leaving even more terrifying; How can a woman who needs help to get up in the morning, look after herself and her children without a partner? Where will she live?

For women who have children, there is an additional demon to face: The fear that they may lose their children. That terror is well grounded. Many women with disabilities do lose their children. In what they see as 'the best interests of the child' Judges may decide that a parent who has no disability, even an abusive parent, is more capable of caring for a child than is a woman with a disability. Until the necessary community supports for mothers with disabilities are in place, such judgements will continue to be made. It is true that women with disabilities who gain custody of their children will not find parenting simple and easy. As is discussed in another of our companion papers, [The Only Parent in the Neighbourhood](#) (Ridington 1989 B) Single mothers who are disabled face great difficulties. For some of us, the barriers seem so insurmountable that even a husband's abuse of our children is less scary than the unknown world in which we would have to mother alone. 'Clare' is blind and seemed to discount the extreme nature of her husband's physical and sexual abuse, her husband is an alcoholic. When her two daughters were two years old and five months old, he threatened to kill himself, and her and the girls as well. When the kids were three and four, he fondled them. The Child Protection Branch was contacted. She feels they over-reacted.

"They treated it like rape - I couldn't see what was going on but I would have heard screams if he had penetrated them. They just picked their brains to see if they could lay charges." (From notes made during the interview)

Clare is sure of the details; "The kids demonstrate things for me, so I know what happened." Now she is separated from her husband. He is allowed to come for supervised visits but he doesn't like supervisors. She misses him and finds it hard to cope alone.

For any of us, independence is hard earned. For some of us, it seems unattainable. Women with the courage to attempt new lives should be getting encouragement from other women with disabilities but this is often not evident. Because of our own insecurities, we may be jealous of a friends' hard-won freedom and judgemental of her rather than supportive.

The other members of Janet's group seemed to doubt her when she said she had been unable to escape. On the tape, Sonya asked, 'Did you ever ask yourself, why did you put up with stuff like that?' Janet's answer was graphic.

Yes I did, but it's hard to explain. A lot of people ask me why I put up with it. I wasn't trying to put up with it. I was a prisoner. There's a big difference. I was a prisoner in my own home."

It didn't end there. 'Doreen', another group member demanded, 'why were you a prisoner, though?' Janet gave her another clear answer.

He had a 308 rifle loaded, and a shotgun loaded, and if I left the house he was going to track me down and kill me. I couldn't do a thing about my situation.

Doreen had told the group that her husband battered her, 'after the accident, when I was not myself,' but now she seemed to hold Janet responsible for her experience. She continued:

Regardless of who the person is, and regardless of what disability that person may have, whether it be subtle, very obvious, in between, whatever, I think that every individual - bar some instances - has enough common sense, so that they can see what is happening, and they can get themselves out of that situation before it becomes life-threatening. I'm saying, you should know that beforehand, and if you've already experienced that kind of thing then -

Janet continued to defend herself. In doing so, she addressed issues that are important to any understanding of violence against women, and particularly pertinent for women with disabilities who are abused.

But you cannot always be that way. Where a woman has been burnt, and abused, and everything else, and been lonely for a long time, you can't say that.

Indeed you cannot. Janet had been in an accident as a teenager and had been labelled and abused as a consequence of the head injuries she received. Her husband seemed to want her. He seemed to give her the love she wanted. She is not at fault for wanting to be loved. Nor is she wrong to have feared a rapist who had a gun. The point is not whether or not Janet would have been shot. The point is that she believed she would be, and that no one would help her escape. The disbelief and defensiveness some group members show in reaction to Janet's story demonstrate that we have a lot to learn about acknowledging and overcoming violence. We cannot help each other until we examine the oppression that we are subject to and which we subject others.

### **Access to Support Services:**

Battering lowers self-esteem: So does disability. The self confidence of disabled victims of violence is doubly jeopardized. Reporting takes confidence in your own experience, certainty that your vision of reality is valid. It can be the prelude to encounters with the judicial system that require stamina and courage. This is an ordeal for any woman, one in which she will require informed support.

Feminists realized over fifteen years ago that women needed support to get out of violent marriages, or to overcome the trauma of rape. Women with disabilities could benefit even more from such services than our non disabled sisters do. But they are less available to us. In the early 1973s, the Women's Movement began developing transition houses and Rape Crisis Centres to provide that support.

Transition houses give shelter, counselling, and information to abused women. Workers assist residents

through necessary court procedures and in other tasks necessary to reintegrate their lives. Residents begin to overcome their feelings of guilt, and to recognize that the violence was not their fault, but rather the result of societal factors. They start to gain self-esteem (Ridington 1978).

Most Rape Crisis Centres, like Vancouver's WAVAW/RCC (Women Against Violence Against Women/Rape Crisis Centre) offer "rape victims support, accompaniment to court, information and advocacy services." (Ridington 1982:104) Although they remain poorly funded, Transition Houses and Rape Crisis Centres are now well established across Canada. Since women with disabilities are vulnerable to violence, these services should be available to them. However, only 10% of our respondents who stated they had been victims of violence went to Rape Crisis Centres or Transition Houses ([see graph 9](#)). Only half of that small number (5 women of the 99 who experienced violence) was accommodated. One woman who had been raped met with a Rape Crisis Centre Worker at an accessible location, away from the inaccessible centre.

Perhaps some of the women were victims of violence prior to the establishment of these women's services. Others may live in remote areas where no women's services exist. Eleven percent of the women who reported violence stated that no transition house or Rape Crisis Centre is available.

Yet even when these services are available to other women, the majority are not available to many women with disabilities. Five women, the same number as the number of women who used women's services, said that they were not accommodated because the Transition House or Crisis Centre was not accessible. Most women's services offer no special facilities for women with disabilities. They have not made accommodating women with disabilities a high priority. They have done very little to make women with disabilities aware of their services and to make themselves accessible to us.

Women's services operate on a small budget and tend to be located on old houses or unused office space donated by Governments or Service Agencies. Rape Crisis Centre are in buildings without elevators. Transition houses have staircases and most of the bedrooms are up at least one flight. Few have telephone devices for the Deaf (TTY's) or staff who know American Sign Language. Our current survey will give more exact information on the difficulties encountered by women with Disabilities who attempt to use women's services and the manual to be produced as a result of the project will give suggestions for overcoming these problems.

Transition House workers work hard in conditions of constant stress. It is understandable, if not acceptable, that some crisis intervention workers seem to regard women with disabilities as an added aggravation. One mentioned a woman who had slept on the couch because she couldn't get up to the bedrooms. She 'bothered other residents.'

Some workers are trying very hard to accommodate us. I spent two hours talking with a worker at a transition house in St. John's Newfoundland. Excerpts from this interview show that while physical accessibility is the main problem, there is also a need for support services to enable women with disabilities to get the service received by women without disabilities.

Right now, there's a woman staying with us who is Deaf and who needs interpreting services, and that has been a real problem. We do have access to Interpreting services, but we had a situation that developed where we needed an interpreter - A Crisis - and we needed someone during the night to interpret, to interpret with the police - It was a serious incident, anyway, turned out there was someone who used to be on staff with us who could interpret, so she came in on an emergency basis. But, I mean, it is very difficult getting people when you need them because there just aren't enough interpreters. There just aren't enough. The services are just not there. (From transcription of tape of interview)

Workers at the St. John's House tried to facilitate access for women with mobility impairments to a centre that is "actually two houses that are connected, and it has staircases, four levels of stairs. The bathrooms are on the second and third floors." They had someone come in and do an assessment. They got an estimate to put in a lift, for the outside of this house, so women in wheelchairs could get in the front door. We thought "Well, that's a first step, at least women could get some initial counselling and go to a support group. They applied to Social Services for the money, but didn't get it. There is a demonstrated need for a new house. Like most other houses, St. John's cannot keep up with the demand for services. If they get a house, they will work with women for change, The St. John's - based group of women with disabilities, to ensure that it is accessible.

In June 1988, the Federal Government announced a \$40,000,000 program to address the causes and effects of family violence. Six federal departments share the money. Canada Mortgage and Housing Corporation (CMHC) is spending \$22,200,000 to create new shelters for battered women and their children. Community groups are applying to CMHC for funds to set up new shelters by building new Transition Houses, or buying and converting old buildings to that use. However, as Shirley Masud pointed out in her article in DAWN Canada's newsletter 'Thriving', there is nothing in the program that specifically addresses the problem of accessibility. The Honourable Stewart McInnes, in a letter to DAWN B.C., stated that CMHC will 'give priority to new houses that serve the special needs of disabled women, and native, immigrant and rural women.' Renovation of existing shelters was not mentioned. (Masuda 1988: 4)

When services are accessible, women with disabilities use them. The Seattle Rape Relief Development Disabilities Project reported that it dealt with over 300 disabled victims of sexual abuse in a two and one-half year period ending in 1984 (McPherson 1984). No such outreach project exists in Canada; However, we would welcome one.

In her survey, Maria Barile asked "Which organization(s) should respond to the needs of women with disabilities in case of sexual or physical assault?" 40 percent of her respondents checked off 'Women's Centres (Health/Assault)' and 50% opted for 'Women's Shelters.' In comparison, only 26% of the surveyed women thought 'Hospitals' should respond. (Barile 1988:3)

Women who have speech, hearing and/or visual impairments, women with developmental disabilities and women with multiple disabilities can have difficulty attracting help, resisting during sexual assault and/or difficulty in identifying their assailant. Women with disabilities often have very few resources and may have had

little opportunity to understand the justice system. Because women's services are inaccessible to us, we are among those who are least likely to have the support of skilled Crisis Workers after an assault and throughout a court case. Without the support of skilled workers, reporting can be as devastating and as traumatic an experience as the violence itself.

Disabled victims of violence who do come in contact with the justice system can expect to find it confusing and unsympathetic. Law enforcement officers may be difficult to reach. Police departments may not have a TDD. If one does exist, it may not be plugged into the Emergency System. Nothing is simple. A battered wife must apply for a whole series of court orders: First, a non-entry order to prohibit a husband from entering the home and an interim Custody order for the children; Later, a maintenance order and a final custody order. If an assault charge is laid, it leads to court appearances, cross-examination and possible reprisals. Women must have access to the legal system and abusers must not be left to violate us again or to abuse other women. However, legal proceedings are complex and women who undertake them should know what they are getting into and have support while going through the courts.

Courts and Legal Aid services may be located in buildings without wheelchair access. Crown counsels may refuse to consider charges 'well-founded' if the victim is not articulate, well dressed and 'credible' in their eyes. Most crown counsels are men. Some may take the attitude that women with disabilities are not sexually desirable and that the victim should be glad someone 'paid attention to her.' (McPherson 1984) Only 27% of the women who reported violence felt that it had been dealt with satisfactorily. Our forthcoming study will delve more deeply into the question of reporting, support for victims, and follow up.

## Legal Issues

Assault, including sexual assault, is an abuse of power. Sex between an adult and any child, whether she is disabled or not is assault because of the imbalance of power involved. If the adult is a parent or caregiver, there is also a betrayal of trust. IN any sexual act where one participant is in a position of power over the other, true consent cannot be given. Sexual activities should be entered into voluntarily, without coercion, intimidation, or pressure. Consent or the lack of it distinguishes sexual intimacy from sexual assault. This is a complex question with regard to women with severe disabilities, for women who are institutionalized, women who are dependent on others for personal care, and women who have been given no education about sex, the issue of consent is problematic. They may not have enough information to be able to distinguish a touch that is necessary for hygienic reasons from an abusive touch. They may be dependent - emotionally, financially, and physically on their abuser.

In 1988, amendments were made to the criminal code. Prohibiting sexual contact between a young person and someone in a position of trust. However, such measures don't deal with the problem of women who, due to their disability, remain to a greater or lesser extent, dependent on others throughout their lifetimes. Obviously, dependency makes it difficult to refuse sexual activity, and to lay complaints against a sexual abuser. If a woman has once consented, albeit not in free will, a 'sexual history' with that abuser begins accumulating.

When a woman finally gains strength or has support to rid herself of the abuse, this history could work against her. Reporting means that she will have to appear in court, face her abuser, and in the case of sexual assault, perhaps defend herself against accusations regarding 'any previous sexual activity' with the accused. This presents an overwhelming hurdle.

Since 1983, there has been some protection for victims built into the criminal code. Testimony regarding the sexual history of the victim with persons other than the accused has not been allowed. However, this gives no protection to victims who have been abused by the same person - a spouse, a father, a care giver - over a long period of time. The limited protection we now have is being challenged in two cases that will be heard simultaneously by the supreme court in late 1989. DAWN Canada has participated in consultations with the women's advocacy group, LEAF (Legal Education and Action Fund), which is intervening in these cases

*Regina V. Seaboyer and Regina V. Gayme.* <sup>2</sup>

True consent must be informed consent. Many women with disabilities receive little sex education, or none at all. In a society where only perfect, young bodies are seen as 'sexy', women whose bodies do not meet that criteria may be seen as unattractive and therefore not in need of information on sex, but women with disabilities do have sex, with consent and without it.

Specific, clear sex education which includes information on how to avoid unwanted contacts should be made available to all women with disabilities. Special programs should be designed for women with specific disabilities: for example, information on tape and/or in braille for women with visual disabilities, and in a simple graphic form for women with developmental disabilities.

Women with disabilities must be protected against abuse and sexual assault. However, we must take great care not to deny 'the right' of women with disabilities to enjoy and express their sexuality. That right has been denied far too often. Women with disabilities have been sterilized against their will, and have been given dangerous drugs like depo-provera to control their reproductive capacities.

Historically, women with developmental disabilities have been denied the right to sexual expression. The old section 148 of the Criminal Code, which restricted them from consensual sexual activity, was not repealed until 1983. People working with sexually abused individuals with intellectual impairments have stressed the importance of assessing ability to consent on an individual basis. (Senn, P. 64)

### **Other forms of abuse:**

We have limited this discussion to overt acts of violence, because the questions on our survey were directed to such overt acts. But we recognize that violence against all women takes many forms, and has broader ramifications. As Yvonne Peters said during a coalition of Provincial Organizations of the Handicapped (COPOH) workshop on violence and disabled women in 1987:

Violence against women does not just apply to physical violence such as domestic abuse or rape. It also includes sexual harassment, the objectification and exploitation of women by the media, pornography, the over-medication of women, the lack of control by women of their own bodies, and the exclusion of women from institutions of power, wealth and status. (Peters 1978)

In truth, women with disabilities may escape one abusive situation only to enter another. For others, the alternative to abuse may be poverty and isolation - which are simply more subtle forms of abuse.

All women deal with subtle; and not so subtle, abuse every day. The effects of stereotypical images of women and of disabled people on women with disabilities were discussed in '[Who Do We Think We Are: Self-Image and women with Disabilities](#)' (Ridington 1989A), the first paper in this series.

In its most obvious form, such stereotypes become manifest in pornography which specifically advises men to seek out women with disabilities as victims, because they are less able to resist. I recently completed three years as Chair of the B.C. Periodical Review Board. In that job, I reviewed 3,000 'men's sophisticated' magazines. All portrayed women in contorted and restrictive poses, wearing garter belts and spike heels which impede their freedom to move. All gave the message that women really want to be raped; that when we say 'No', we really mean 'Yes.' (Ridington 1989) Many detailed accounts of coercive sex involving women with disabilities.

'*Hustler*' continually carries cartoons and jokes about the disabling and dismemberment of women. The most frightening example is the one in which *Hustler's* publisher, Larry Flynt, recommends that men look for young girls with developmental disabilities to rape, 'because they won't be able to tell what happened.' (Cited in Senn 1988) Our 1988 questionnaire did not contain items about medical abuse of women with disabilities, the violence that occurs 'in the operating rooms and on the psychiatric wards,' yet women told us about it. One cited rape at the hands of examining doctors. Many others told us of over-medication and wrongful medication that caused pain and was, in some cases, life threatening. We will investigate this further in our current research. We also hope to get information on psychiatric malpractice, the abuse of psychiatric patients that has been described by Nemiroff and by ex-psychiatric patients. (1985)

## **The Responsibility of the Women's Movement**

For almost twenty years, the 'second-wave' of the Canadian Women's Movement has been working towards true equality for women. We have worked to overcome sex role stereotyping and abusive images of women. We have heightened public awareness of violence against women, and established services for victims of that violence. We have struggled to come to terms with racism within the women's movement. But Feminists are only just beginning to recognize that no woman can achieve security and equality until all women - including women with disabilities - are safe and equal. Sobsey has noted that, 'it is often not the disability that appears to increase risk; it may be society's treatment of that disability that increases risk.' (1988B:6) We see it as the responsibility of the women's movement to join us in changing society's treatment of abused women with disabilities. Feminists should begin by ensuring that all their organizations, events and services are

completely accessible to all women.

Trudy Don concluded her talk to the aforementioned 1988 Conference with these words; "We need affordable housing, good day care, adequate welfare. Otherwise, we can't offer women safety and an adequate life." Her words pertain to all Canadian women. But for women with disabilities, those things are both essential and ephemeral. Adequate, affordable, accessible housing is disappearing from our cities as expensive condominiums displace rental apartments. Child care that provides for the needs of mothers with disabilities, and the means to transport children to centres that offer that care, remain a dream for most of us. Welfare rates and pensions for persons with disabilities keep many of us in poverty and anxiety. We will never know the true extent of violence against women with disabilities, nor even that against all women, until we can offer an alternative to violence; A safe life without pain and degradation.

## Recommendations

The following resolutions were carried unanimously at the annual General Meeting of DAWN Canada on Monday, March 27, 1989:

1. That DAWN Canada demand that girls and young women with disabilities have access to high quality sex-education materials and that, whenever and wherever possible, these materials be designed to take into account the needs of girls and women with every type of disability.
2. That DAWN Canada demand that all monies allocated for the establishment of Transition Houses or the expansion of existing Transition Houses be conditional on the houses being totally accessible to women with all types of disabilities; and that DAWN Canada and/or its designated affiliates be consulted prior to action regarding accessibility.
3. That DAWN Canada continue to support LEAF (Legal and Action Fund) in its efforts to intervene successfully in the cases of *Seaboyer V Regina* and *Gaymen V. Regina*.
4. That DAWN Canada demand that all Rape Crisis Centres, Court Services, Crisis Centers and Police Stations and all other 'support services' be accessible to women with all kinds of disabilities.
5. That DAWN Canada encourage all its members and its affiliated groups to participate in assertiveness training and in self defence courses. Such courses should be designed for women with disabilities in consultation with DAWN Canada or its designated affiliates.
6. That DAWN Canada demand that all Rape Crisis Centres, Court Services, Crisis Centers and Police Stations and all other 'support services' collect and make available to the public, statistics regarding requests for assistance by women with disabilities.

## Notes:

Shirley Masuda and I were in Calgary at the time. We read reports of the incidents and discussed the issue with several members and representatives of Disabled Consumer Groups. While several were concerned and supportive of the victim, many felt that the matter should be kept quiet. A typical remark was 'most of those drivers are really good guys, we need the service, we shouldn't let one little incident put the system

in jeopardy."

These two cases involve challenges to Criminal Code Amendments passed in 1983, which prevent defense counsel from interrogating complaints in sexual assault cases about their sexual history with anyone other than the accused. Seaboyer and Gayme are claiming that the provisions limit their rights to a free trial, and are thus unconstitutional. DAWN Canada has consulted with LEAF on this issue, and strongly supports their stand. If the amendments are struck down, it will make it even more difficult for women with disabilities, particularly women with severe developmental or multiple disabilities to press charges in sexual assault cases.

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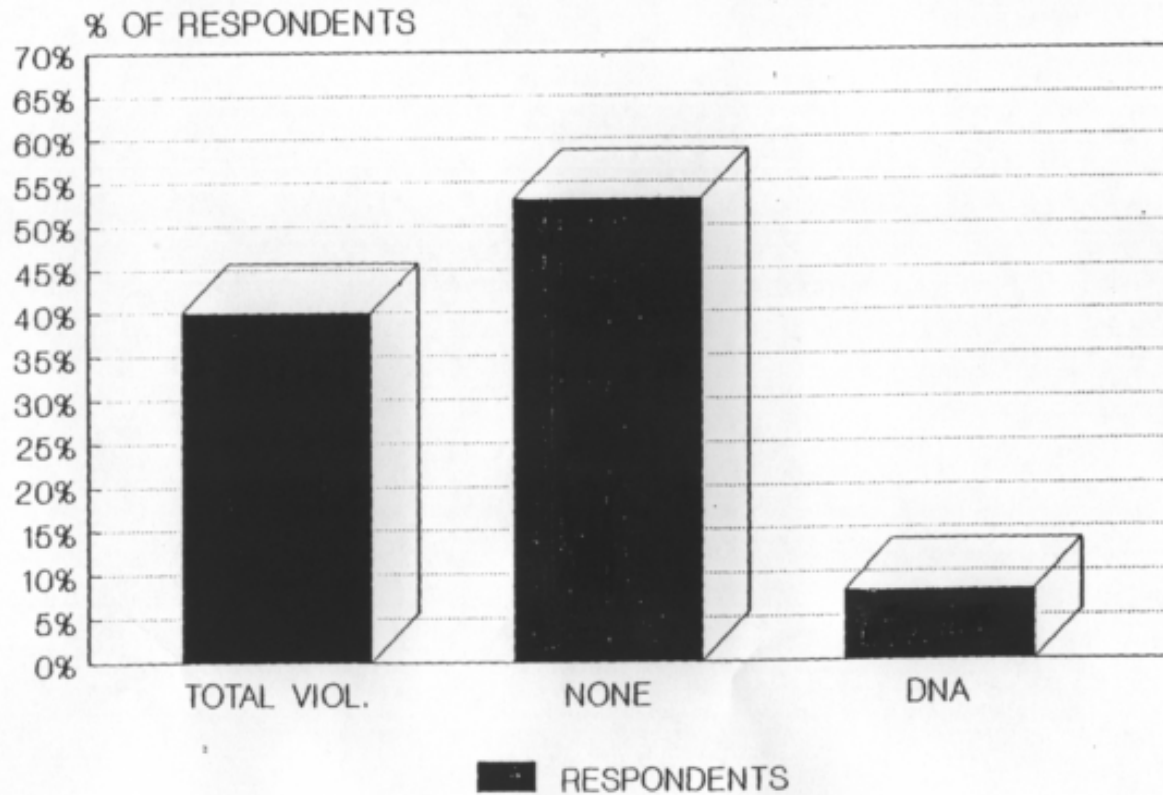
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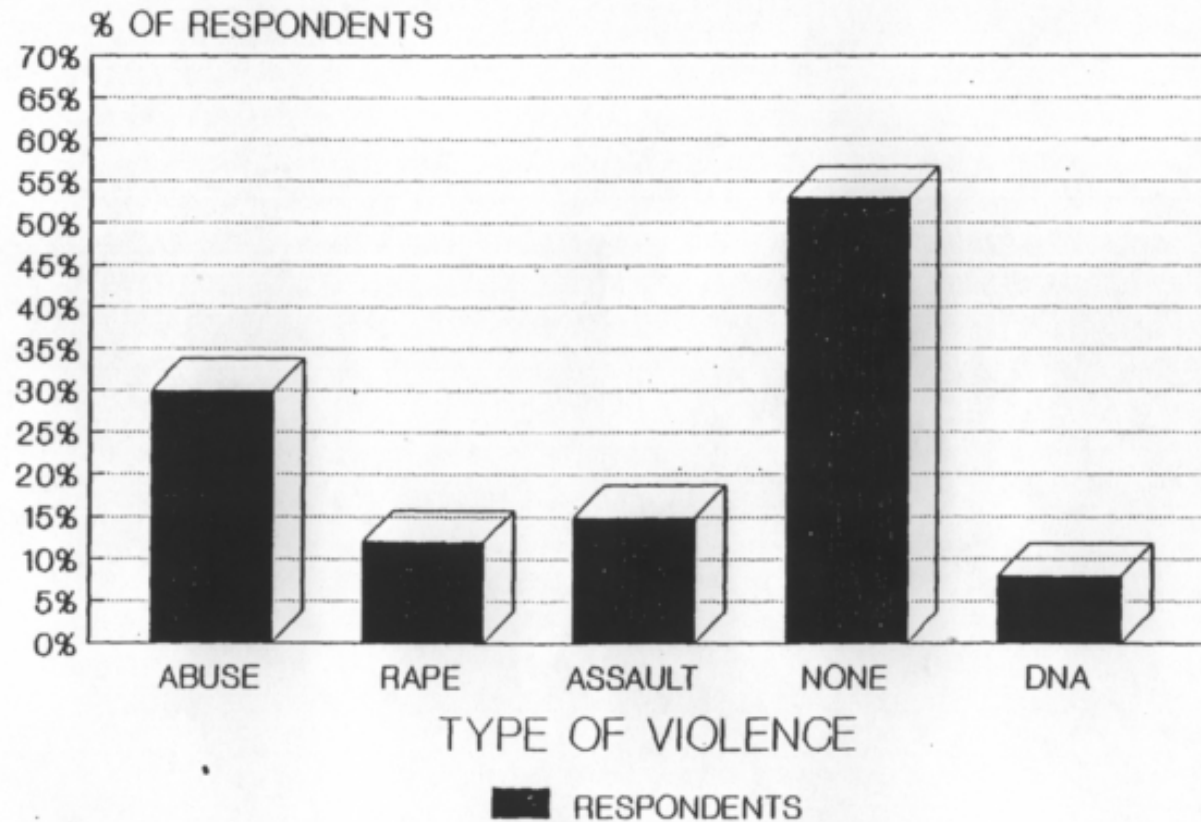
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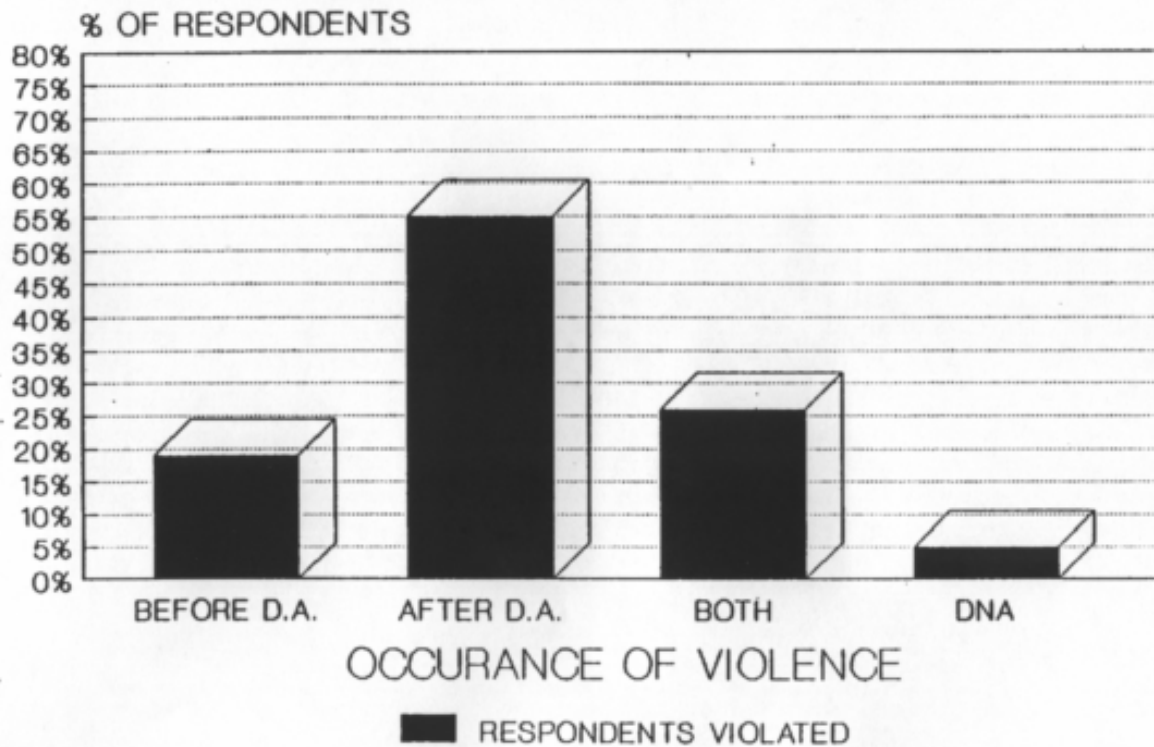
# #1: HAVE YOU EVER BEEN ABUSED, RAPED OR ASSAULTED?



# #2: HAVE YOU EVER BEEN ABUSED, RAPED OR ASSAULTED?

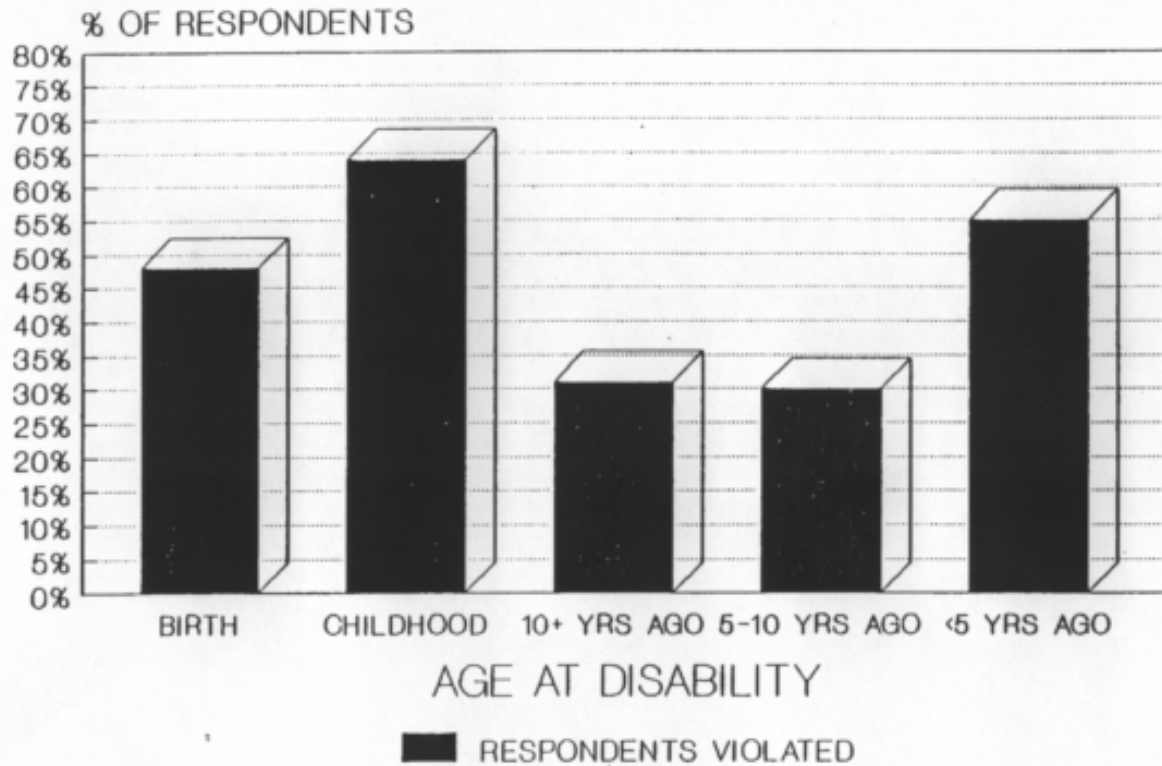


# #3: VIOLENCE BEFORE OR AFTER DISABILITY?



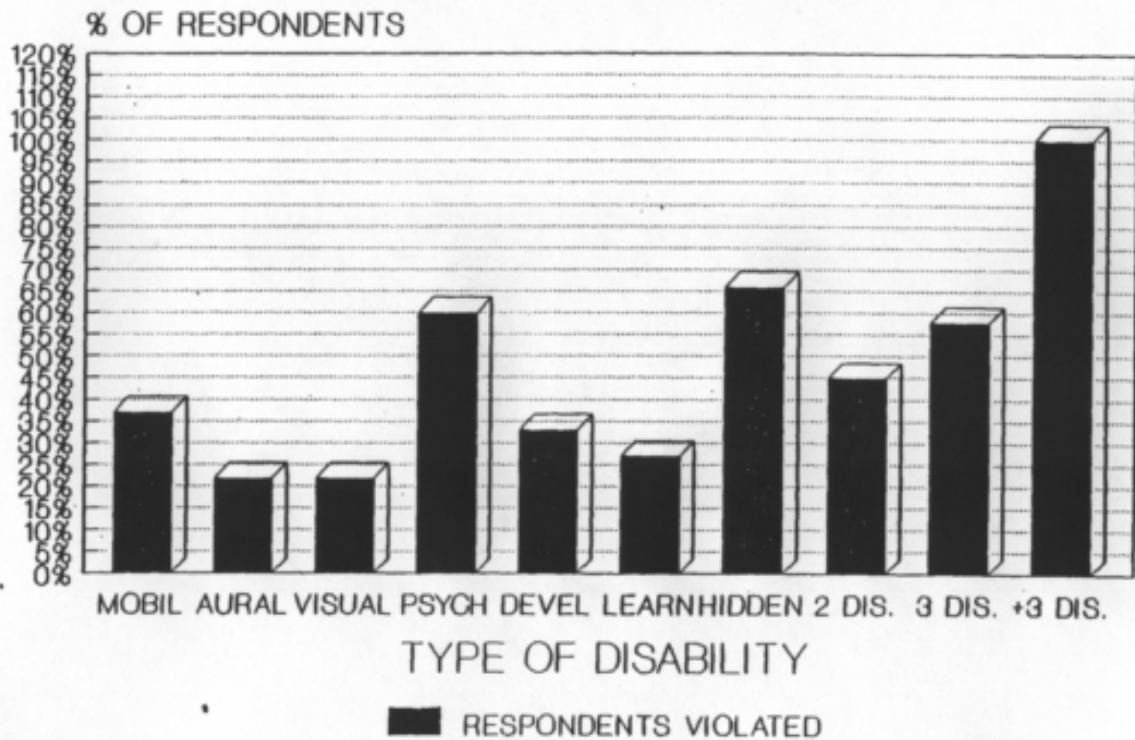
Violence Experienced = 99 of 245 (40%)

# #4: RATE OF VIOLENCE & AGE AT DISABILITY.



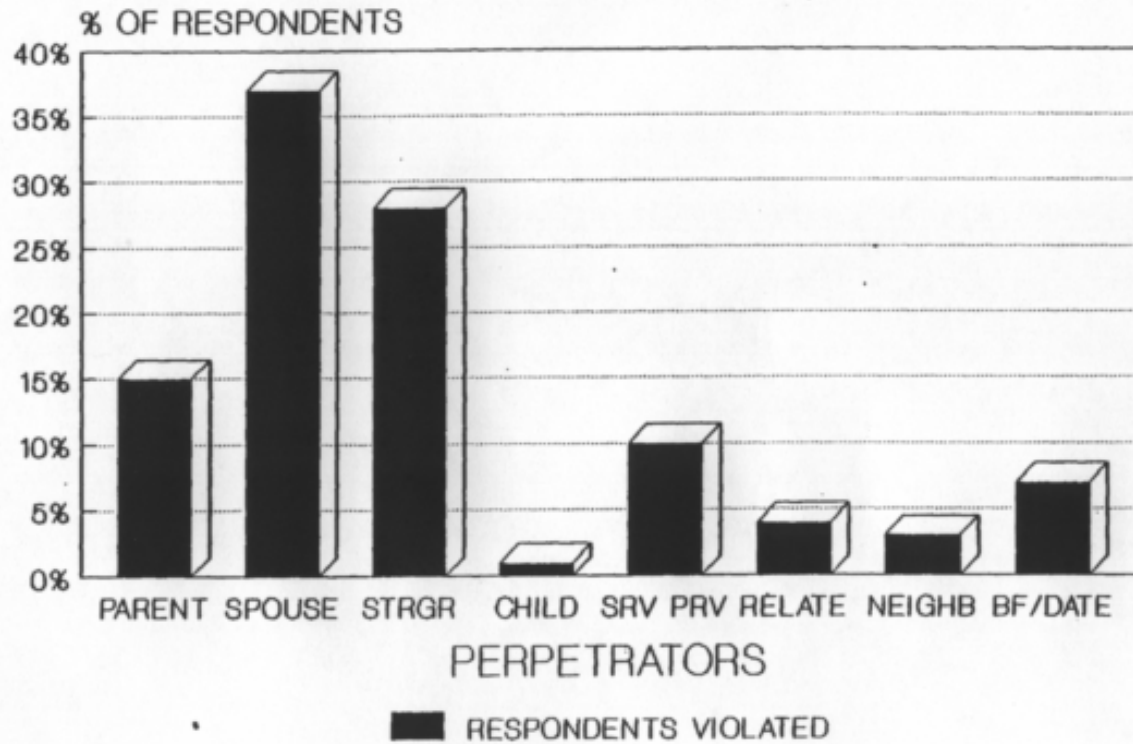
Violence Experienced = 99 of 245 (40%)

# #5: VIOLENCE BY TYPE OF DISABILITY.



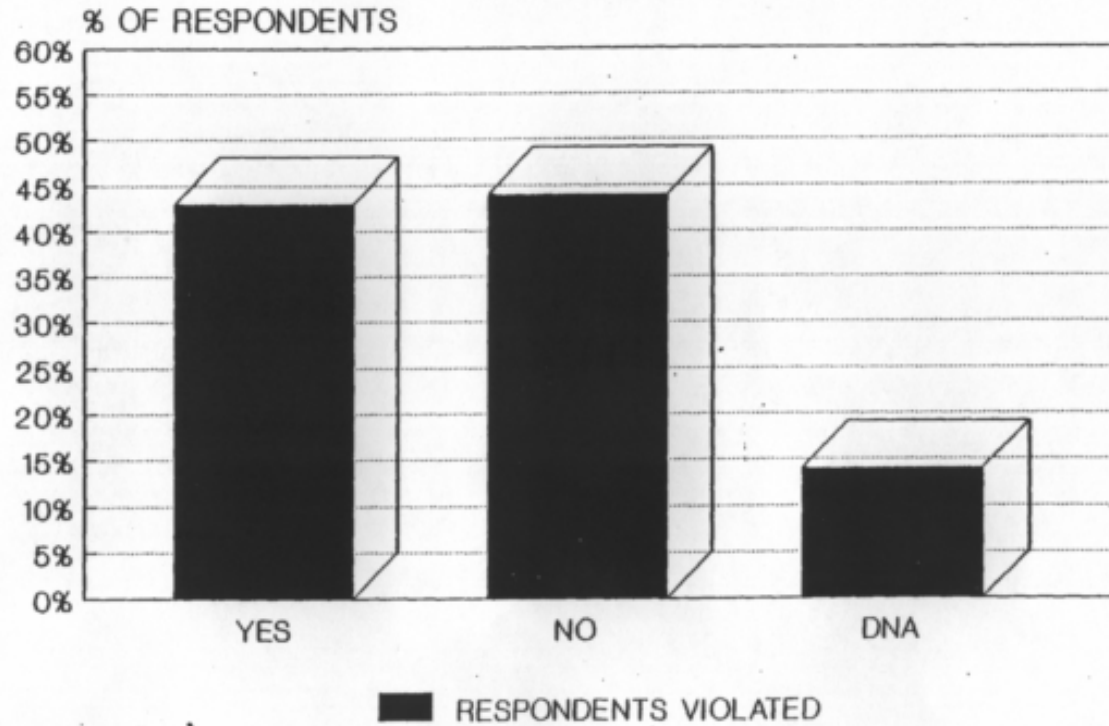
Violence Experienced = 99 of 245 (40%)

# #6: WHO ABUSED, RAPED OR ASSAULTED YOU?



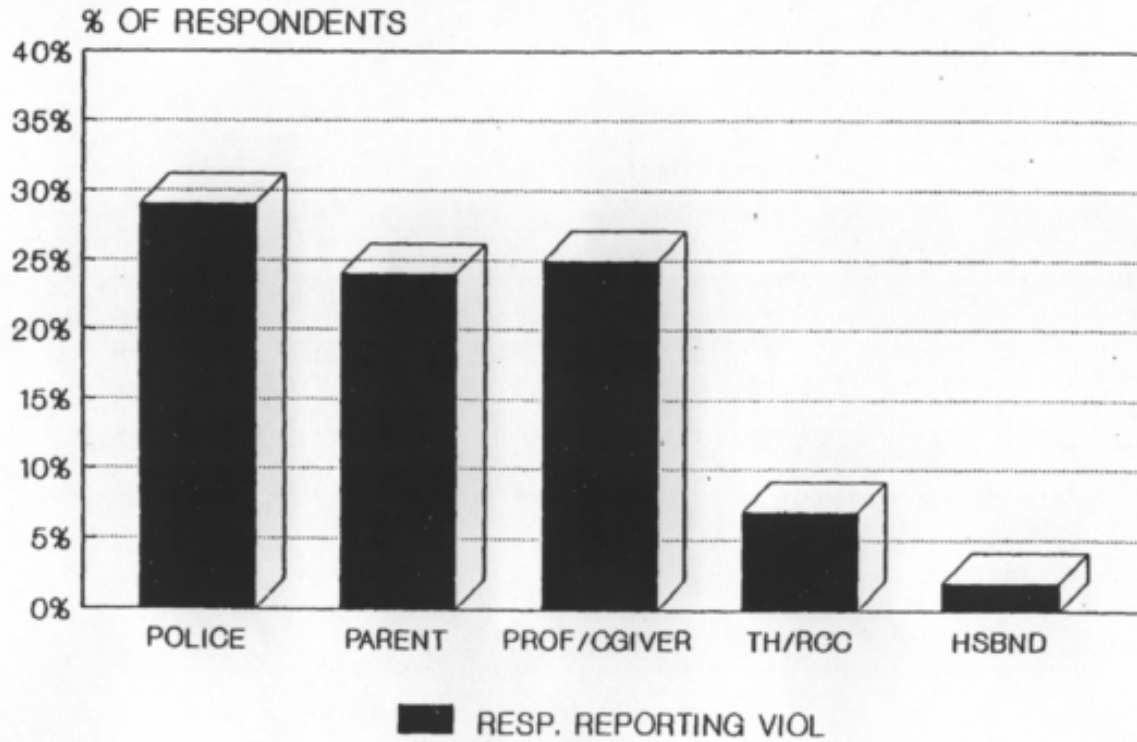
Violence Experienced - 99 of 245 (40%)

# #7: DID YOU REPORT THE INCIDENT(S)?



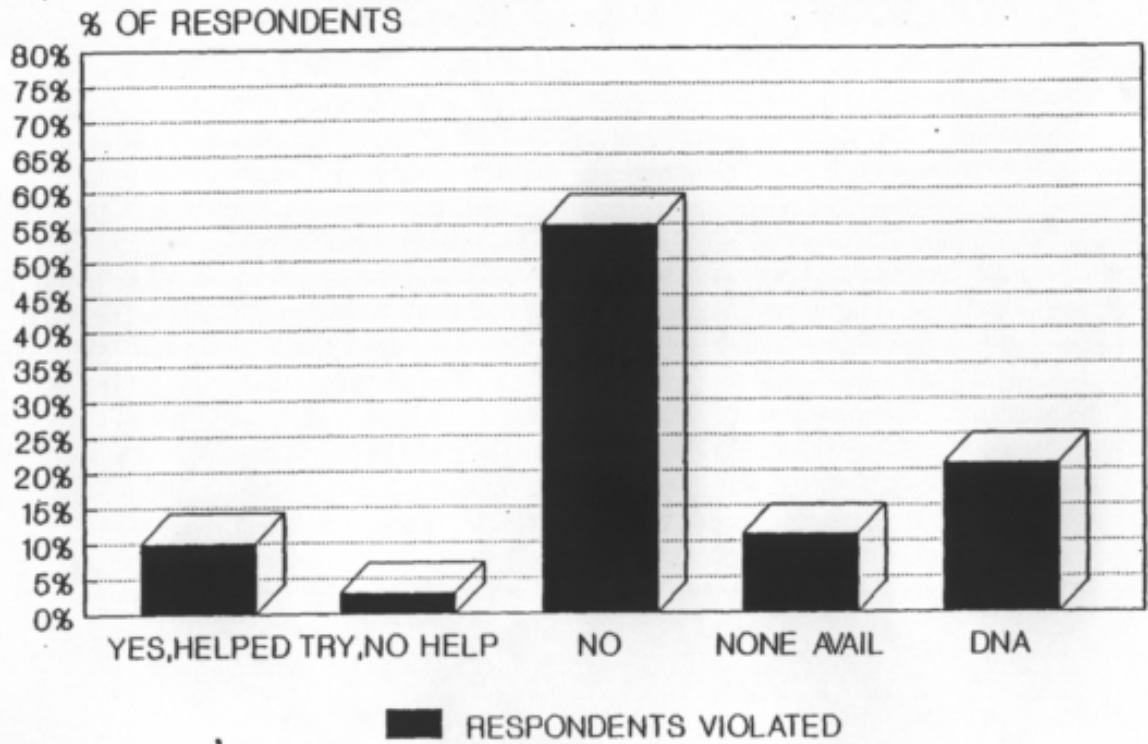
Violence Experienced = 99 of 245 (40%)

# #8: WHO DID YOU REPORT THE INCIDENT(S) TO?



% is of those resp reporting incident

# #9: USE OF WOMENS SHELTERS AND SERVICES.



Violence Experienced = 99 of 245 (40%)

TABLE I: TYPE OF ABUSE BY TYPE OF DISABILITY

TYPE OF VIOLENCE REPORTED BY # OF WOMEN	MOBILITY	AURAL	VISUAL	PSYCH	DEVEL.	LEARNG.	HIDDEN	2DIS.	3DIS.	+3DIS.	Total
ABUSE only	22	0	1	2	3	1	2	10	1	1	43
RAPE only	5	1	0	0	0	0	1	1	1	1	10
ASSAULT only	6	0	0	0	1	0	0	3	1	0	11
RAPE/ASSAULT	0	0	0	0	0	0	0	2	0	0	2
ABUSE/ASSAULT	4	1	0	1	0	0	0	4	1	1	12
ABUSE/RAPE	5	0	1	0	0	2	1	2	0	0	11
ABUSE/RAPE/ASSAULT	2	0	0	0	0	0	0	5	3	0	10
-----											
# VIOLATED	44	2	2	3	4	3	4	27	7	3	99
-----											
NO VIOLENCE	74	7	7	2	8	8	2	33	5	0	146
-----											
TOTAL	118	9	9	5	12	11	6	60	12	3	245
-----											
% VIOLATED	37%	22%	22%	60%	33%	27%	66%	45%	58%	100%	

Overall violence experienced = 99 of 245 (40%)

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