

2-1-2001

Sexual assault in the lives of adults with an intellectual disability: a community response

Julia Wolfson

Recommended Citation

Wolfson, Julia (2001) "Sexual assault in the lives of adults with an intellectual disability: a community response," *ADR Bulletin*: Vol. 3: No. 6, Article 3.

Available at: <http://epublications.bond.edu.au/adr/vol3/iss6/3>

This Article is brought to you by [ePublications@bond](mailto:epublications@bond). It has been accepted for inclusion in ADR Bulletin by an authorized administrator of [ePublications@bond](mailto:epublications@bond). For more information, please contact [Bond University's Repository Coordinator](#).



ADR and community development

Sexual assault in the lives of adults with an intellectual disability: a community response

Julia Wolfson

The story ...

It is the mid 1990s in post-apartheid South Africa, buzzing with an ethos of social renewal, truth and reconciliation. In a rural community service for people with an intellectual disability a woman, Judith, is raped by Robert, a man with an intellectual disability who resides in the same community.

Historically, sexual violence in the lives of vulnerable people such as Judith has been met with disbelief, blame, 'smoothing over' or silencing. Thus, they often carry deep seated trauma on physical, emotional and spiritual levels.

This trauma exacerbates existing communication difficulties, such as a lack of verbal skills and difficulty reflecting upon experiences, and often rules out traditional ways of responding to rape like reporting, making a statement and being considered a reliable witness in court. Fearful of retribution and of losing the care they depend upon, people with an intellectual disability rarely report crimes to appropriate authorities, and when they do they are often ridiculed or disbelieved. Poor detection, reporting and prosecution therefore contribute to repeat offences.

As such, the criminal justice system is ill equipped to meet the needs of people with an intellectual disability, who face multiple barriers in seeking help from institutions of public protection. This makes the area ideal for ADR interventions.

Paulo Freire, social activist and educator, worked during the 60s and 70s with impoverished land workers in Brazil, supporting them to develop literacy skills as a tool for raising awareness about their social, economic and political oppression. His praxis is a cornerstone of critical theory,

which asserts that the central task of education is to question the assumptions and boundaries which form the world we know on individual, social and political levels, as a means towards individual transformation and social reform. Freire called this ongoing process of questioning and change 'conscientisation'. The central question weaving through his praxis is an exploration of the relationship between literacy, liberation and learning as a catalyst for action.

Freire's methodology is a three phase investigation that begins with asking questions to determine the problem or question under discussion. This is known as the naming stage. The reflection stage seeks to understand or explain the situation through a process of decoding. The third stage is called the action stage; it explores what can be done to bring about change through action.

The process is underpinned by the notion that overcoming oppression can only be done by the oppressed themselves reflecting and acting upon the world in order to transform it. The role of the educator is to practice co-intentional education through committed involvement together with learners, rather than pseudo-participation (1972:44). Freire's method is itself an ADR process. It provides, arguably, a more appropriate and effective response than the criminal justice system to sexual abuse and human rights violations for all, including adults with an intellectual disability. It requires the skilled, active role of the educator — or co-learner — as a companion to the learners, walking beside them and supporting them to design their own learning and shape their own environment. This process stimulates a ➤

'[Freire] asserts that the central task of education is to question the assumptions and boundaries which form the world we know on individual, social and political levels, as a means towards individual transformation and social reform.'

➤ vigour for self-determining and self-regulating cultural and community renewal. The method of Freire, consistent with the aims of the ADR movement, utilises practical steps towards a more compassionate society, based on a mutual process of negotiating consensual agreements and decisions for the unfolding of the capacities of all individuals, including those with intellectual disabilities.

This article looks at the use of this methodology in resolving conflict.

The naming stage

Following the rape, we interview Robert and Judith separately. He is removed from the home where he and Judith reside. She is distressed, and feels the abuse to be her fault because she didn't stop him from coming into her room. She had done exactly what he told her. She is worried that her parents might be angry, yet she longs to tell them and receive their comfort and support.

Upholders of the old culture react: how can you know she is telling the truth? She is a pathological liar. How can you subject this poor man with a developmental disability to the humiliation and shock of a police interrogation or punishment? He is not responsible for his actions, she asked him for it. What will become of him? It is a sign of failure for the organisation to let on that this happens here. We must be strong, and not show our weakness by going 'outside' for help. What is wrong with the way we've always done it?

But the groundswell is stronger. The issues surrounding two individuals ripple out into the whole community and beyond.

Foundational truths have lost their vigour as social scaffolding in our time. Now groups are required to muster the will and commitment to wrestle our way towards human agreements. Emery (1993:100-122) describes the importance of negotiation and agreement among peers for sustainable personal, social and structural change. We are attempting a different approach to conflict among people who need extra support with communication and learning. We believe their situation is no different to that of any human being in having the right to control the pathway of their healing. We want to find ways for

them to negotiate their own resolution, and support them to uphold it.

We form a referral group to navigate the process of re-educating towards a culture of non-violence and openness to sexuality. The silence is broken and the need to talk is insatiable. We create safe and supportive dialogue spaces for people to work through the complexity of issues, memories and traumas that the event has triggered.

The first phase of dialogue is geared towards every person and group directly involved and affected by the rape. This includes support for Robert, Judith and their respective families. Family members soak up the invitation to talk. We find ourselves listening to anguished stories of previous abuses to their loved ones that have never been talked about, layered with guilt, grief and shame.

Residents living with Robert have a need to understand why he is suddenly gone. We create a forum for this close knit group to share their reactions and questions. Judith is a vivacious woman in her early thirties. Now, she does not want to go to work, she cannot eat. She wants to lie in a dark room. The group works together to find ways of supporting her in day to day living.

It helps her to talk to a trusted friend regularly but she is not ready to meet Robert for a long time. Some months later, she is ready to tell him that what he did to her was wrong. She wants him to know what he put her through, what it felt like. She listens while he says sorry and asks her to forgive him. She is not ready to be friends again. He accepts this. Both are supported through this encounter by a person of their choice.

For the first weeks, we meet with Robert every day. During these conversations he is gradually able to come to terms with the meaning of his actions and experience what it might be like to walk in the shoes of Judith. The process is slow. He does not have a conceptual framework for coming to terms with issues of power and sexuality, other than some vague notion that it is 'bad'. He has flashbacks of his own childhood abuse. As a small boy, unable to attend the local school because of his disability, he would play for hours in the dust behind his father's truck depot. Ever trying to please adults and be a 'good boy', he remembers how ➤

'We are attempting a different approach to conflict among people who need extra support with communication and learning. We believe their situation is no different to that of any human being in having the right to control the pathway of their healing. We want to find ways for them to negotiate their own resolution, and support them to uphold it.'



'We need to talk about what is important to us, what we value about ourselves, each other and our community. We need to make agreements with each other that we will keep, and work out what we will do if we break our agreements. The collective silence is over.'

➤ he was repeatedly sexually assaulted by one of the workers behind a large tree. He has never told anyone before.

Robert's girlfriend of many years, Susan, has feelings of bewilderment, anger and betrayal to work through. We accompany her through her process.

The residents of another community household are asked if they are willing to invite Robert to live with them. A series of conversations enable them to explore their responses. It is important for the group to have an understanding of what it will mean to provide support for Robert, and to have the option to refuse. Susan lives in this household.

After long discussions, the group decides to invite Robert to live with them. We offer them support to develop dialogue between themselves. Within a safe learning environment, they begin to talk about their sexuality. This means learning a new vocabulary for parts of the body, feelings and sensations, and developing protocols for discussing intimate issues without hurting each other. We explore the borders between social and personal boundaries. As recipients of care, they have been subject to constant scrutiny and surveillance for most of their lives. The concept of personal space is hard to grasp if yours is consistently invaded by well-meaning carers, family members and professionals. They are learning a language that has hitherto been denied them — they are naming their own world.

Such conversations are seldom possible with words alone. We break down concepts into images that people can recognise from their own experience — Freire calls this decoding. We use many forms of communication such as gesture, movement, tone, silence, drama, signs, symbols, pictures; anything we can think of that helps people to tell their story, name their experiences, make themselves understood, and feel heard and believed.

The reflection stage

We feel the need to move the process into the community. We wonder how to address the social structures and practices that perpetuate violence. We begin with a formal village community meeting which

everyone is asked to attend. About 100 people come, mostly people with an intellectual disability. It is time to talk publicly about the drama cracking open the shadowlands of the community. We want to seize the moment and harness it as a decisive turning point in the life and culture of the community. We want the voice of resistance to interpersonal violence to ring out among us. We want to acknowledge that people have suffered awful things in the past, and we are sorry that we did not understand how to protect them. We want to demonstrate that the new way means that it is OK to talk about painful things that have happened; that is part of the healing.

And we need to do more. We need to sit together and imagine what kind of future we want to create. How will we act and treat each other in our community? What will we tolerate and what will we not accept? We need to talk about what is important to us, and what we value about ourselves, each other and our community. We need to make agreements with each other that we will keep, and work out what we will do if we break our agreements. The collective silence is over.

On entering the community hall, men are asked to sit on the right and women on the left of an aisle. A workshop-style conversation between the men and the women begins. Responses are documented on the whiteboard in picture symbols or words so that everyone can follow the process visually.

The women are asked, 'What qualities do you enjoy, respect and admire in the men?' Responses reflected gender stereotypes, such as: strong; help you out when you need it; can drive a tractor.

The men are asked, 'What qualities do you enjoy, respect and admire in the women?' Responses reflected gender stereotypes such as: pretty; they can cook, sew buttons on your shirt, clean the house.

The women are asked, 'What qualities or actions of the men do you not like, or do you find difficult?' Tentatively at first, and then with greater confidence once one or more have spoken, they express their dislikes, such as: 'I don't like it when X pinches me on the bottom' or 'I don't like it when Y makes me kiss him at work'. ➤

➤ The men are asked, 'What behaviours of the women do you find difficult?' Responses ranged from: 'I don't like it when A flirts with B in front of me' to 'I don't like it when C says yes and then says no.'

Lively discussion develops across the room. There is a palpable sense of wonder; first embarrassment and caution, then clamouring to have a say. A new experience: permission to talk openly and honestly together about the most interesting subject in our lives! The topic of boundaries comes up. I ask, 'Would anyone like to come out the front and demonstrate for us how close you can come towards a person without invading their personal space?'

Silence; then, like a bolt from nowhere, Robert is standing out the front. He walks towards me, across the room and stops about a foot in front of me holding up his hands in a 'stop' gesture. He turns to the assembly. 'Friends,' he says, 'I know what it means to invade personal space, believe me. I have learned that I have done something very wrong. I promise I will never do it again. It is bad. It is like a poison inside me and I have to get that poison out. I have given that poison to other people and I am very sorry to you all. I want to take back that poison. If you have poison inside you, you have to talk about it with someone who can help you. We have to work together and not hurt each other.'

Robert returns to his seat. A new kind of silence moves through the assembly — a wave of relief. The unspeakable has been given a voice. Robert has made transparent his own struggle for healing and in so doing has led the way for all of us in our collective transition. Judith's story is validated. The community is her witness.

We formulate agreements and create a code of behaviour. Solutions come from the people. They are naming and reflecting upon their own experiences about dignity and violation; power, sexuality and safety; the need to feel wanted and belong; the need to be recognised. What will we do if agreements are broken? A cacophony of voices offers suggestions. The oppressed are creating new conditions for their own environment, liberated from a submerged subculture. We invite members of the referral group to stand. 'These are the people,' we

say 'who you can come to if you need to talk, even if your story happened a long time ago.'

Many conversations follow. We listen to stories about the past, but also about terrible violations occurring in our midst. We waste no time in putting our new agreements into practice. We offer a support group for men with offending sexual behaviours. Seven men agree to attend, nearly 10 per cent of residents with disabilities. We follow the same process — naming, dialogue, reflecting and forming agreements for action. The new pathway is becoming imprinted into the social culture.

As we speak with one person after another we recognise how chronic illnesses, behavioural problems and intractable conflicts between people are only symptoms. We can no longer shrug them off as part of a disability. We have come face to face with the outcome of prolonged trauma. The implications of listening and believing require actions that challenge our moral rhetoric and complacency.

The action stage

We formalise an organisational procedure for responding to disclosures of abuse and fears for safety. Counselling with skilled professionals is offered. Family members want to participate in the healing process. Some residents ask for a forgiveness process. If both parties are willing, we support them with this.

We encourage people to seek help if agreements are broken. Tony, a man with a history of offending behaviours, wants to talk. He made Shirley pull down her pants and he knows it was wrong. Shirley is his girlfriend. She wants to tell her story. We ask her, what would she like to happen? She wants him not to do it again, but she wants to stay his friend. We write down what Shirley wants. We write down what Tony agrees to do and not to do. They each choose a support person to witness the agreements. Each one signs with a mark 'X'. The witnesses sign. The agreement is filed. Tony and Shirley both receive a copy to keep. We make a date to review how Tony is managing with the agreement and how Shirley feels about it.

Over the months, our agreements file grows. Our group of witnesses grows. Unwittingly, we are creating a social ➤

'We have come face to face with the outcome of prolonged trauma. The implications of listening and believing require actions that challenge our moral rhetoric and complacency.'



➤ network of support throughout the community as more and more people join the process. We are all learning to negotiate consensual agreements about sexuality, relationships and safety. Our process reinforces Freire's view that

'authentic reflection' cannot exist independent of action. People must also act to transform the reality which has determined their massification (1973:20).

Praxis of Freire

With no previous signposts to rely upon, we were guided in our process by a belief that every human being, regardless of disability, has the capacity to experience, learn and create his or her own future. Later I discover that our attempts to address conflict and trauma in a socially empowering way share values and principles for practice with the work of Paulo Freire.

According to Freire (1972) oppression occurs when one party exploits or hinders the pursuit of self-affirmation of another. The oppressor brings lack of confidence in people's ability to think, to want and to know. The oppressed have a magical belief in the invulnerability of the oppressor. One party prevents others from engaging in a process of inquiry — this he calls violence.

People with an intellectual disability are particularly vulnerable to acts of violence and oppression through systemic and institutional policies and attitudes which cause them to be treated as a homogenous group with no individual needs or desires and ensure that they remain in a state of passive compliance. A power imbalance in relationships frequently results in abuse by people in authority. Lack of education is a major factor in abuse between people with disabilities who are victims of the same oppression.

The learning

In Australia, human rights for all people are embedded in legislation. Although there is a multitude of policies and resources to support people with an intellectual disability in exercising their human rights, their lived experience is a far cry from the rhetoric. The benevolent model of community care and empowerment is created by experts and imposed upon managers and staff of

services who are supposed to implement it. The approach defies the very process it seeks to activate. There is little recognition of the need for action as an outcome of conscientisation — that is, renewal of awareness and dialogue among the people themselves.

Through the use of a series of facilitated community meetings, a group of people who are marginalised and devalued by society learned to name the circumstances of their own world in the sphere of sexuality, relationships and abuse. They developed literacy skills as a tool for awareness about their circumstances, and engaged in dialogue as a means for reflecting and taking action. The process promoted empowerment and healing, not only for Judith as victim and Robert as perpetrator, but also for the community as a whole. ●

Julia Wolfson, Facilitator, Mediator and Acting Co-ordinator, Intellectual Disability Rights Service of NSW (02) 6260 6539. <jwolfson@bigpond.com>.

Bibliography and suggested readings available on request

Carmody M 'Invisible victims: sexual assault of people with an intellectual disability' (1991) *Australia and New Zealand Journal of Developmental Disabilities* 17(2) 229 at 236.

Chenoweth L 'Violence and women with disabilities: silence and paradox' (1996) *Violence Against Women* 2(4) 391 at 491.

Emery M *Participative Design for Participative Democracy* Centre for Continuing Education Canberra 1993.

Falzon C *Foucault and Social Dialogue* Routledge New York 1998.

Freire P *Education for Critical Consciousness* Sheed and Ward London 1973.

Freire P *Pedagogy of the Oppressed* Penguin London 1972.

Mindell A *Sitting in the Fire: Large Group Transformation Using Conflict and Diversity* Lao Tse Press Portland 1995.

Thompson D and Brown H *Response-ability: Working with men with learning disabilities who have difficult or abusive sexual behaviour: A manual for staff and managers*. Pavilion Publishing Ltd Brighton 1998.

'... we were guided in our process by a belief that every human being, regardless of disability, has the capacity to experience, learn and create his or her own future.'