

# capa THE Quarterly

Issue One 2011  
ISSN 1835-937X

## Therapy and the **Body**



capa

The Counsellors  
and Psychotherapists  
Association of NSW Inc

Journal of the Counsellors and Psychotherapists Association of NSW Inc

# Therapy and People with Disability

Liz Dore

## Universal feelings

The desire to love and be loved, whether as a friend or an intimate companion, is a drive that defines a person in a way that no disability ever can. People with a disability have the right, like everyone, to form relationships and have positive sexual experiences. People with disability want to be considered attractive, have a partner and sexual fulfillment. They face the same issues as other people when it comes to body image and relationships, but may also have additional barriers to overcome. Therapy can help, if tailored to their needs.

People with physical disability often suffer from some grief associated with the limitations of their body. This may be a necessary focus of some counselling sessions.

Many have a specific desire to find a partner without a physical disability. This may be due to a silent prejudice they have about themselves and people with disability in general. For others, it is for practical reasons, such as it being easier to go out, having independence as a couple and being able to coordinate sex more easily.

Questions I sometimes pose to these clients include: "I'm curious about what you would do if someone you shared an interest with and you found attractive, but had a physical disability, were to ask you out? Are you looking for a partner that will also be your carer? How would you feel if someone you were interested in said she or he liked you but didn't want to go out with you because you had a disability?"

I don't believe that people with disability should all partner with others with disability, but I do believe that if prejudices underlie their wish to date someone without a disability it should be challenged. A prejudice against people with disability may be, although not necessarily, a reflection of their own negative self-esteem and body image.

## Situation-appropriate thinking

I have an interest in working with people with intellectual disability and

autism. In the past, people with these disabilities have been referred to as 'eternal children'. This perpetuates the myth that they don't have sexual feelings like their peers without disability. The majority of people with disability (with some exceptions) go through puberty at a time similar to their peers and therefore have similar feelings and attractions. It's important for families and therapists to consider the age of the person and to refer to positive peer role models.

I have heard parents and teachers say "but he's got the mind of a 7-year old", when my male client is 17, has been through puberty, has hormones raging, and is staring at and commenting about the breasts of a girl in his class. We need only to read the papers to know that having a higher IQ does not necessarily mean a man makes good decisions about whom he should touch or ask out and when. People with disability need to have their desires respected while being supported to develop relationships appropriately and safely.

The clients referred to me are considered vulnerable and are often overly protected, but they also have a right to the dignity of risk. They have additional barriers to having a relationship, but it is best that they have the support to be able to develop one.

I have met couples with intellectual disabilities who are successfully dating. One male client said, "I want to get married, but Mum and Dad are getting in the way."

I have also had clients who have been in abusive situations that may have been avoided had they been supported to develop relationships with peers. These include one male in his thirties who was groomed by a staff member into believing she was his girlfriend and that they were lovers. He was left damaged and confused when she was sacked (for another reason). Other clients have ended up having sex in toilets. This may have been avoided had they had a welcoming environment at home.

I have seen a married couple in their

fifties who, after a long and successful sexual relationship, had negotiated that it was okay for him to go to see a sex worker, as she had had an operation and no longer wanted sex. "I don't mind if he goes to the Night Worker. I just don't want to have any more sex." This was their solution, but it can be one that staff or families sometimes have an issue with.

The Sex Worker Outreach Project is a network of registered sex workers who have been offered disability awareness training. The organisation People With Disability has a list of those registered and a wealth of information on disability resources and services.

## Raji: a case study

I worked with Raji, who has an intellectual disability, over 12 sessions regarding grief and relationship issues. Her father brought her to me because she had gradually stopped speaking and was having difficulty relating to other people at work and in social activities.

In the first ten minutes of the first session, I suspected she was grieving for her mother, who had died when Raji was in her mid teens. Her grief had been compounded by another death in the family. Over time, and after two counsellors (one who didn't think she was grieving and the other who said she couldn't work with someone who wouldn't speak), Raji stopped speaking altogether.

I used approaches that have been adapted from systemic, narrative and emotion-focused therapies. Raji likes to write, so together we used a diary, life story and emotional expression pictures and worksheets. I entered into a counselling journey with her, including her father in the first and final ten minutes of each session. She expressed feelings of sadness regarding her mother's death and of excitement about planning her 30<sup>th</sup> birthday party. By about the ninth session she began speaking.

One of Raji's goals is to have a boyfriend. Due to her vulnerability and barriers to forming relationships,



I suggested and followed through with an assessment of relationships and sexuality knowledge, and she attended a Relationships and Private Stuff workshop for further education.

If a client with an intellectual disability has been referred for sexuality issues, I often use the Assessment of Sexuality Knowledge (ASK) to determine the client's level of knowledge and understanding of relationships. This is useful if there is possible past sexual abuse, as a client will often disclose in response to standard assessment questions. It also assists us to develop counselling goals.

In what was to be her final session, Raji wrote her birthday speech, including her feeling of sadness that her mother could not be there and thanks at the love her father had shown her. Her father spoke to me by phone after the party to report that Raji read her speech confidently, while many shed silent tears of sadness and relief.

I didn't expect to hear from Raji or her father again, and therefore put her file in storage. However, Raji's Dad rang a few weeks later to request counselling for his daughter regarding recent sexual abuse.

I was angry with the perpetrator and sad that Raji has been abused and taken advantage of. The counselling and education she had received did not prevent the sexual assault, but maybe it influenced the fact that she had the words to describe the violation by a man she knew, and that her father had the trust and confidence to believe her. Raji now faces the difficulty of following through with legal proceedings without losing her voice again.

### Sexual Abuse and disability

A media release following the ABS 2005 first national safety survey reported: "In the 12 months prior to the survey it was found that 1.6% of women (or 126,100 women) and 0.6% of men (46,700 men) experienced sexual violence (includes being threatened or assaulted)" (Australian Bureau of Statistics 2006).

A South Australian study conducted

in 1989 of 158 adults with intellectual disability found that they were predictably more vulnerable, and that sexual assault occurred at a rate 10.7 times that of the average population (Wilson & Brewer 1992).

People with disability are less likely to report a sexual assault, and when they do, they are less likely to be believed. Three of my clients have disclosed sexual abuse by staff members. Each was tricked into believing that the staff member wanted a relationship with them. One said the staff member had showered and washed the sheets after each incident. If someone discloses abuse to me, I always believe them and generally limit my questions to, "What happened? Who did this? When did it happen?" and "Where did it happen?" and I write down as much detail as possible.

When I was interviewed by police regarding this last case, the officer said that maybe my questions led my client to make up this story. This case did not proceed to court. Counselling for grief and depression followed.

Good relationships are possible. The workshops I conduct on Friendship and Dating Skills have benefited some people who have had difficulties understanding social rituals. In these workshops there are opportunities to practice conversation skills, and discuss relationship development and dating tips. There is also a practical component where participants are asked to invite someone to the local coffee shop. After attending a workshop, one man with Aspergers returned 3 months later to say he had been taking it in turns to ring a young woman; they had been dating and he now wanted to know when to kiss on the lips.

In spite of the high incidence of the violation of the bodies and minds of people with disability, I have witnessed the development of a number of positive relationships. One of my In spite of the high incidence of the violation of the bodies and minds of people with disability, I have witnessed the development of a number of positive

relationships. One of my clients with intellectual disability made a follow-up appointment in order to inform me of a current relationship issue, and of the fact that their parents were getting in the way of them moving in together.

Another couple I interviewed, for the Family Planning *Love and Kisses* DVD, openly discuss their relationship of nine years. Louise explains that they do kiss and cuddle on the lounge at night. They also have sex if they both want to, but not if she's tired or if her partner has a bad back. It's this type of respectful relationship that many people with and without disability could learn a lot from. ♦

Notes: Names and scenarios have been changed to protect the privacy of clients.

### References

- Centre for Developmental Disability Health Victoria, Monash University Victoria, 2004. 'Assessment of Sexuality Knowledge (ASK Tool)' <http://www.cddh.monash.org/assets/ask-order-form.pdf>Centre
- Murray, S & Powell, A 2008. 'Sexual Assault and Adults with a Disability: Enabling Recognition, Disclosure and a Just Response', Issues Paper 9, Australian Centre for the Study of Sexual Assault. [http://www.aifs.gov.au/acssa/pubs/issue/acssa\\_issues9.pdf](http://www.aifs.gov.au/acssa/pubs/issue/acssa_issues9.pdf)
- Pilkington, N 2008., 'People With Disability and Sexual Assault: A review of the literature', Family Planning NSW, Ashfield
- Australian Bureau of Statistics 2006 'First national personal safety survey released today: ABS, Media Release 10 August 2006 [www.abs.gov.au/austats/abs@.nsf/mediareleasesbytitle](http://www.abs.gov.au/austats/abs@.nsf/mediareleasesbytitle)
- Wilson, C. & Brewer, N. 1992, 'The incidence of criminal victimisation of individuals with an intellectual disability', *Australian Psychologist*, 27:714-26
- DVDs of interest are *Untold Desires* featuring stories from people with physical disability and *Love and Kisses* including drama and interviews with people with intellectual disability, available from FPNSW Healthrites Bookshop ([www.fpnsw.org.au/bookshop](http://www.fpnsw.org.au/bookshop)). For other resources and information about workshops for people with disability and professionals see [www.relationshipsandprivatestuff.com](http://www.relationshipsandprivatestuff.com)

*Liz Dore has worked for over twenty years with people with disability in education, employment, residential, legal rights and in recreation programs. She has experience in sexual and reproductive health promotion and professional education. Liz has a Degree in Special Education, Graduate Diploma in Systemic Counselling and numerous sexuality certificates which inform her Relationships and Private Stuff work. Liz now has ten years' experience counselling and providing training in relationships and sexuality to people with intellectual disability and autism spectrum disorders, family members and professionals.*

