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Persons with disability and their relationships issues

By Liz Dore

Liz Dore specializes in counselling and educating people with intellectual disability and/or Autism Spectrum Disorder. Liz has worked with this client group for twenty years, including education and training in employment, residential, legal, and recreation environments. It is this experience backed by qualifications in Special Education, Systemic Relationships Counselling and in Sexuality that informs her work. Liz is a clinical member of CAPA.

After the CAPA AGM on 26 October 2013 Liz Dore gave a presentation on counselling support to persons with an intellectual disability, their carers and family members. Liz provides relationships, sexuality and grief counselling using a combination of systemic, narrative, cognitive behaviour, mindfulness and solution focused therapies. No specific references were supplied as Liz has been teaching and counselling persons with disability for many years and most of her approaches and applications were creatively formulated through individual practical needs.

Liz explored difficulties a counselor may encounter when the client, a person with disability brings into the session an issue dealing with a relationship, including friendships, family and intimate sexual companionship. Often the usual social contract applies when expressing one's personal or sexual desires. However, at times the sexual desire expression may be uninvited and unwanted, either by the client or by others. For example, if the client approaches a stranger in a public place, then the act may be seen as an inappropriate behavior or harassment, with genital exposure, verbal harassment or other form of a behavior that is not welcome. In some cases such behavior by a person with disability may be seen as calling for a legal intervention (mostly through lack of knowledge about disabilities) but often it is dismissed as related to disability, or the person is referred for counselling and education to learn about aspects of his/her behavior that are inappropriate.

Whilst persons with intellectual disability often desire to engage in close relationships and intimacy like most other persons do, they may lack capacity to understand whether their attention is wanted and what is an appropriate way to express their feelings. This may be due to multiple factors, including the level of Intellectual disability, their earlier socialization, parenting and life experiences. Counselling usually focuses on developing social skills to maintain relationships and to cope with loss associated with them. A proactive approach which engages clients in appropriate and timely counselling is likely to increase confidence in forming relationships and satisfying sexual needs in a socially appropriate manner. Teaching about safe sex should be included with the social skills.

Therefore, counselling contents need to be tailored to meet the special needs of people with intellectual disability and Autism. These needs are established by assessing their past, present and desired future environment (hospital, group homes, family home) and exploring some memorable (positive and negative) events during those times. Clients are encouraged to express their feelings and are assisted to do that through the use of pictorial aids, drawing therapy and simple communication skills building exercises. Accessible grief counselling can assist people also in dealing with their disability, relationships ending or the death of people close to them.

Due to above complex factors, persons with disability are more vulnerable to abuse than others, and there is a higher incidence of sexual assault among people with intellectual disability, mostly as victims but rarely also as perpetrators (inappropriate touching or genital exposure). This would usually occur due to lack of knowledge or understanding of social contract and inability to read faces or body language for consent or reciprocity of feelings (emotional or sexual), including positive awareness of sexuality.

Liz demonstrated related ethical and practical difficulties through two case studies; the first one is discussed below:

“Female 40yo with intellectual disability lives on her own in a Department of Housing flat. She has a case manager who visits her. She also likes to maintain contact with her mother who lives some distance away with her partner (not client’s father). However, when she visits, her mother finds a reason to go out and leaves her with the stepfather. Client stated that her stepfather would ‘make her’ to have sex with him, for which he gives her money. This client stated she didn’t want to have sex with the step-father but she likes to get some money from him. When the client told her mother about the sexual abuse, she was misbelieved.”

Attendees of this presentation split into groups to discuss possible options: a/ reporting to the police (is this a crime or does this consist consensual encounter between two adults, considering the sexual behavior was allowed to be repeated?), b/ report to the FAHSIA case manager (which was done). Exploration of options brought many questions: if this situation was reported as a crime, what would the client learn for her future relationships? How would this impact on the relationship with her mother, which she didn’t want to lose? What form of relationships did she have in the past and did the present one follow a pattern? It was concluded that there was no crime per se to report (she repeatedly consciously allowed the sexual contact as she wanted the money). The counselling process needed to assist the client to gain her power, to become more assertive and to learn to make choices in her life and to pursue her decision. After about two years of counselling, this client obtained a kitten, which filled somehow the role of

touching and caressing. At some latter time she met a male with similar disability, with whom she did have an intimate sexual relationship (after learning differences between the role of an acquaintance, friend and lover and making her choices). She asked her new boyfriend for some financial support and stopped the contact with her step-father, while continuing the relationship with her mother and meeting her outside on a neutral territory.

Counsellor of persons with disability needs to be skilled in teaching social skills, boundaries, reading other persons' faces and making correct interpretations and assertiveness. For potential problem shooting, it is useful for persons to carry a card "I have an intellectual disability".... with phone number of Intellectual Disability hotline and Disability abuse hotline.

For further information and recommended reading, Liz suggested to contact her website www.relationshipsandprivatestuff.com for any further reading and references used in the presentation.