A narrative response to violence and abuse in an accommodation setting for people with cerebral palsy

by Natalie Morton

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Abstract

This paper describes the use of narrative ideas in response to violence and abuse in an accommodation setting for people with cerebral palsy. There had been reports of verbal and physical abuse between residents, and staff reported feeling unequipped to respond to these behaviours. A community assignment approach (White, 2005) was adopted, using externalising and re-authoring maps, definitional ceremonies and documentation to support rich double-storied identity description. This case example demonstrates how this approach supported the mobilising of individuals and a community to respond to concerns about abuse and violence and increase community wellbeing.

Key words: disability; cerebral palsy; community assignments; collective; abuse; violence; narrative practice

Background

Residential care facilities for adults with disabilities can be environments in which people risk being subject to abuse and violence from staff and other residents. Eighteen per cent of people with disability report having been victims of physical or threatened violence. An international study (Hughes et al., 2012) demonstrated that adults with disabilities are one and a half times more likely to experience violence than those without a disability. A Senate Community Affairs References Committee report (2015, p. 279) recognised that 'where people with disabilities live and the cultures of the organisations which provide services, in particular residential services, are significant factors that impact on risk of violence, abuse and neglect'. Barriers that impede the addressing of violence in these settings include a lack of knowledge about how to respond, silencing and secrecy around the violence and communication barriers due to physical disability (Freire, 2005; Yoshida & Shanouda, 2015).

The setting

After incidences of violence in an accommodation service, I was invited to facilitate a professional development session for staff.

The accommodation service, located in Sydney, Australia, was providing residential care for 30 residents with cerebral palsy, many of whom had associated conditions, including epilepsy, intellectual disability, and communication, vision and hearing difficulties. Cerebral palsy is a lifelong condition diagnosed before 5 years of age. It is caused by a brain injury, and uniquely effects people according to the location of the injury in the brain (Cerebral Palsy Alliance, 2015). Residents used wheelchairs for mobility and various communication systems. Many residents had lived most of their lives in residential care settings. Many of the staff had worked in the same setting for over 40 years.

Applying a sociopolitical lens to this context

To engage with this request, I needed to reflexively consider questions of power relations, histories of care, discourses of disability, violence and abuse and my professional privilege:

- How might I address the issues of violence in a way that would be accessible to staff and residents, with consideration for communication differences, cultural diversity, language barriers and intellectual abilities?
- How might I support this community to locate a response to abuse and violence that addresses the larger context, rather than focusing on individual behaviours?
- What implicit and explicit privilege do I hold and how could this influence this work?

Freire (2005, p. 55) suggested that we 'must deal with the problem of the oppressed consciousness and the oppressor consciousness'. He argued that there are certain ways of thinking that may influence actions, and that a culture of silence may exist in marginalised communities. This culture can render certain persons, for example, those with disabilities, less visible in implicit and explicit ways.

Foucault (2003) suggested that when an institution becomes involved in a person's life, there is a taking over of ownership of the person, which perpetuates a silencing of their body. He further suggested that this mode of objectification can subject people to medical and rehabilitative practices to bring the person back to a 'normal state'.

In any long-term residential setting, residents may have experiences of abuse in their personal and the institutional histories. The effects of trauma on behaviour can be rendered invisible by dominant ideas and beliefs about disability, unacceptable behaviours and the appropriate management of these through mechanisms of social control. Robinson and Chenoweth (2011) have stressed the value of developing strategies that focus on changing the culture and practices of services, rather than procedural or managerial responses to abuse.

The initial consultancy

> An intervention to violence might start with just one person, or a couple of people who identify a situation of interpersonal violence and feel that something should be done. It could start with the survivor or victim of violence. It could start with someone related to a situation of violence – the survivor or victim, a friend, family member, co-worker or neighbour or what we call 'community ally.' It may be that the person or people doing harm begin to see that they want to change and need some support to make that happen. (Creative Interventions, 2018, p. 4)

In this case, the intervention started with a meeting with staff. As a creative medium to facilitate conversation in this initial meeting, I laid out Lego bricks on the table and invited the group to start building a house together. While we built, I asked externalising questions to characterise the problem:

- What harmful behaviours are you aware of in this setting?
- What are the acts or practices of violence, even small acts that bring people down?
- What do you see when these behaviours are more present?
- When do they seem to be strongest?

Staff members identified behaviours that caused harm: gossip, swearing, hitting, ramming wheelchairs, unwanted sexual advances, verbal abuse, favouritism, stalking and jealousy. A staff member suggested a word to describe these behaviours: *lā'irādiyy*. She explained that this was an Arabic word for 'unwanted'. This term was embraced by the other staff.

Further questions explored the effects of *lā'irādiyy* or what was unwanted between residents and staff, in relation to the day-to-day running of the house, the work ethic and motivations. 'When *lā'irādiyy* is strong', they said, 'we rush through our work. We feel less caring, and are more stressed and silent'. '*Lā'irādiyy* disturbs the harmony. Visitors stay away, residents ask to move out, it stops positive conversations, residents are labelled as troublemakers.'

I encouraged the workers to build walls around the house – each part representing a skill or knowledge that might decrease the influence of lā'irādiyy. Staff identified that when they 'called out' abusive actions, it weakened the power lā'irādiyy held. A preferred identity for this house were discussed, and the workers identified a shared commitment to harmony and fun.

The staff members asked that as an alternative to education, others in the community – staff and residents – be invited to share conversations about stopping violence and abuse. A project evolved using narrative ideas to facilitate a collective response (Denborough, 2008) to violence, abuse and other behaviours that caused harm.

Community consultations with residents

I used questions, drawing from the externalising map (White, 2005, 2007), in meetings with residents and staff to elicit the lived experience of residents, and to identify the effects of what was unwanted, lā'irādiyy, in the community.

Bracho (2000) has emphasised the importance of noticing and enquiring about the assets, talents and skills of a community. My enquiry sought to identify the residents' skills and knowledge about what builds and supports community.

Figure 1: Pictures of the house under construction with the effects of 'lā'irādiyy' named on sticky notes

I asked:

- What could we talk about that would best help the community?
- What do you know about living here that could help it to be a place that stands up to behaviours that cause harm and hurt?
- What words could describe how you would like to see this place?
- Do you have a story you could share about living here that tells about a place of harmony and fun?

Residents and staff shared a common story of the problem: 'our biggest problem is physical abuse'; 'no one stops it when it happens'; 'the place is no longer a home', 'people hit each other and yell at each other'.

A collective phrase was identified to describe these actions – 'behaviours that unsettle us' – but later, the group decided to name the problem 'abuse'.

Using visual imagery to trace the influence and effects of the problem

To make this combined knowledge of the effects of abuse accessible to everyone, I rescued words and, with permission from the community, displayed these on the wall of the community space using brightly coloured cardboard. By creating a visual image, I hoped to enable themes to be shared, for residents and staff to stop and read what people were saying, and to communicate to all who had spoken to me that their experience had been heard and valued.

Preferred ways of living and unique outcomes

When exploring preferred ways of living, staff and residents shared stories of 'feeling inspired by others' and 'feeling relaxed'. This alerted me to stories of people living more harmoniously.

Some residents were eager to collaborate as co-researchers (Epston, 1999), sharing their insider knowledges. For many years there had been no regular meetings of all the residents. There were informal gatherings, a craft group, a singing group and a happy hour. The co-research group agreed to establish 'community conversation time' on Sunday mornings and Friday afternoons when many residents were present. We would sit at a table, set out drawing materials and the residents would congregate. Questions posed in these conversations were drawn from the re-authoring map (White, 1995a).

During the community conversation time, residents shared stories that spoke of inspiration, care and community. Sarah told one such story. After suffering a heart attack,

Figure 2: Rescued words in the shape of a house, displayed on the wall of the dining room

Sarah had been despondent and angry because the hospital had negated her right to make decisions about her care. James, a disability support worker from the facility, came to visit and reminded her of a time when he had seen her fighting spirit. This inspired Sarah to find strength to carry on and she stated that she was here today because of James's caring reflection of her fighting spirit.

Adapting definitional ceremony to this context

Barbara Myerhoff's (1986) pivotal work with older persons in a residential community demonstrated that definitional ceremonies offer opportunities for residents to develop alternative knowledges of themselves through the witnessing of their stories. Outsider witness practices (White, 1995b) have the potential to establish knowledge that enables people 'to assume responsibility for inventing themselves and yet maintain their sense of authenticity and integrity, for people to become aware of options for intervening in the shaping of their own lives' (White, 1995b, p. 178).

Because of the effects of cerebral palsy on verbal communication, I adapted the outsider witnessing practices described by White and Myerhoff to make greater use of witnesses' accounts and to include visual imagery. During the Sunday morning conversations, I noticed that some participants held memories that could attest to the rich histories of other residents. As these accounts emerged, I introduced questions to explore the personal and social histories of these stories. Some residents would listen while stories about them were shared by a worker or a fellow resident, who reflecting things that had resonated with them. The resident was then asked to comment on what they heard the other person sharing about them. What stood out to me was the delight that was generated within the group as these memories unfolded. The following examples illustrates this.

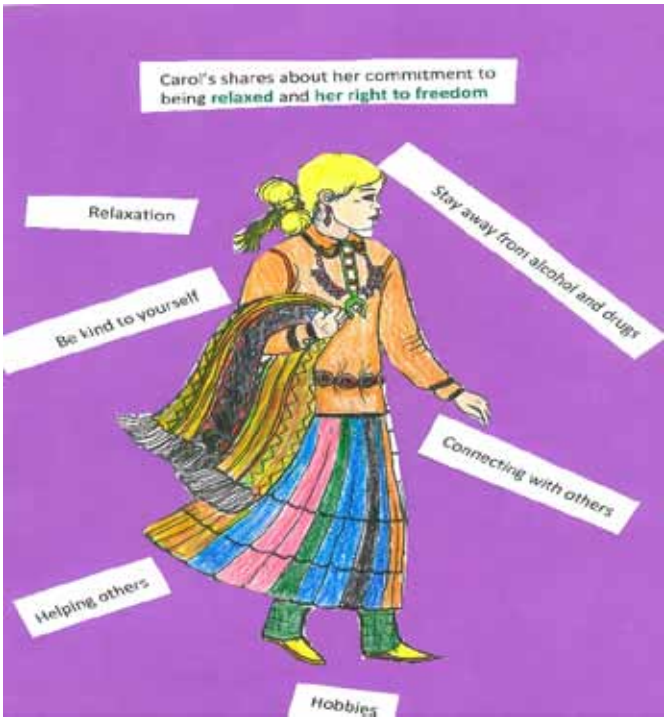

Figure 3: An example of using visual imagery to thicken an alternative story

After James shared his observation of Sarah getting through a difficult hospital stay, I asked Sarah some questions about James' recollections. This conversation led to the creation of an illustration with Sarah. Sarah decided she wanted to share this story with the greater community, so she placed the illustration on the wall in the community space.

Later, Sarah shared a story of a fellow resident, Sophie, and a brief re-membering conversation ensued with Sophie and Sarah. Sarah said:

> I can tell you a story about Sophie that I remember that has inspired me. I remember when Sophie's father died. She was able to take that news and be strong. When people receive news like this they often go to pieces … this news was very difficult news for Sophie to accept. I remember seeing Sophie at her father's funeral and seeing her friends and family around her.

I asked Sophie what word came to mind when she heard Sarah remembering this. Sophie said, 'bravery'. To support a richer description of bravery, I asked Sophie to look at pictures depicting bravery.

Sophie chose a picture of a single cat bravely facing a line-up of rather ferocious looking dogs. I asked, 'What does bravery make possible for you when times are tough here?' Sophie replied, 'To ignore the bumps from other people's wheelchairs … to not scream but to know that I will be okay … others will look out for me'. I printed this picture, documented Sophie's story and gave it to her. Sophie asked for the picture to be put on the wall in the community space.

Inspired by this remembering, Sophie shared a story about Garry, a story of care. Garry, who communicates with single words and physical gestures, requested that his story be documented in his journal and on the wall in the community space.

One risk in adapting definitional ceremony in this way was the possible effects of denying the resident the first telling of

their story. However, for those dealing with communication barriers, it seemed more effective for the resident to engage with the conversation by initially listening to others talk about them. White (2005) discussed a 'decentred but influential positioning' that gives 'priority to the personal stories and to the knowledges and skills' of the people who consult us to ensure they have 'primary authorship status, and the knowledges and skills that have been generated in the history of their lives are the principal considerations' (White, 2005, p. 9). I was hoping that, while not conventional, this adaptation would increase the accessibility of alternative stories for people with differing communication needs.

Continuing conversations

Residents who had previously been in conflict reported increasing closeness and empathy for each other, and wanted more opportunities to share stories that supported the community.

A new initiative was devised, 'Conversations that Matter',[1] in which residents met weekly to reflect on their experience using the Tree of Life approach (Denborough, 2008; Ncube, 2006). This is a creative approach to working with people who have experienced hard times. It invites people to speak about their lives in ways that make them stronger. Group participants draw their own 'Tree of Life' through which they reflect on their 'roots' (where they come from), 'leaves' (special people in their lives), 'trunk' (their skills and knowledges), 'branches' (hopes and dreams), 'fruits' and 'flowers' (gifts given and received). A communication partner worked alongside each resident to scribe and draw pictures. Residents shared stories, citing fellow residents, becoming part of their stories and speaking to what made them stronger.

Evaluation

Formal feedback was sought to learn about the residents' experience of this collective response to violence and abuse in their community. Overall, 67% of respondents reported an increase in their sense of safety, belonging and relationship quality. Comments included: 'It has made the place a happier place to be'; 'I have been able to become friends with someone who wasn't my friend'; 'It's made me feel more connected to the community.'; 'It's helped me to understand others more'.

Conclusion

This project applied narrative ideas in response to violence and abuse in an accommodation setting. The process included taking a community assignment approach (White, 2005), using the externalising map (White, 2005, 2007) to name the abuse and its effects, and introducing the creative use of images and building blocks. Preferred ways of living and unique outcomes were located. Re-authoring conversations (White, 1995a, 2005, 2007) facilitated the generation and documentation of rich story development, using definitional ceremony (White, 1995b) and visual representations. A Tree of Life group (Denborough, 2008; Ncube, 2006) was offered to support further enrichment of the community[2] in ways that strengthened them.

Notes

1. This name was inspired by the work of Norman Kunc and Emma Van der Klift. See www.broadreachtraining.com/what-is-conversations-that-matter/
2. This accommodation service is currently closing, with residents moving to smaller group homes. My hope is that this experience of locating a collective response to violence and abuse, and the connection with stories that made the community stronger, will support residents to draw on their insider knowledge and agency to contribute to and nurture their new communities.

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