Frankenstein Moves to Glen Ridge: Sexual Aggression and "Mental Defect"*

*Pam Block***

RESUMO

The author presents a cases of sexual aggression in mental retarded people and a typical distorted sexual stereotypes that assume a negative role in a disabilities care.

UNITERMOS

Mental Retardation. Sexuality.

On March 1, 1989, in Glen Ridge, New Jersey, a young woman with a developmental disability was playing ball in a neighborhood park. A group of young men, many of whom had known her for over a decade, came up and promised her a date with a popular high school athlete is she would accompany them to a nearby house. When they arrived at the house where two of the young men lived, the woman was told to undress and perform various sexual acts on herself and several of the young men. Eventually, some of them took turns inserting a fungo bat, a broom handle, and a stick into her vagina.

In the winter of '92-'93, when four these young men were tried for sexual assault, a defending attorney criticized the young woman's mother because "she took no measures to protect young men from her daughter" (Hanley 1993b author's emphasis). The defense was attempting to prove that the young woman "craved sex" (Hanley 1992a) and was "aggressive in her attitude and approach toward boys" (Hanley 1993a). In the United States there is a long history behind such portrayals of the "uncontrollable sexual nature" of women with mental challenges. In this case, the jury was persuaded that the young woman was "mentally defective" as defined under New Jersey state law, and thus incapable of consenting to the sexual activities. The four young men were found guilty of sexual assault, and sentenced to up to 15 years in a what was described as "campuslike complex for young offenders" (Nieves 1993). At present they are free on bail and likely to remain so for the duration of the appeals process.

The term "mental defect" when linked to the medical or psychological diagnosis of developmental disability, takes the culturally, socially, and historically derived identity of a group of people and transforms it into a pathology. Wheter the problem is physical, mental, or imagined, labelling a person "retarded" or "disabled" attaches stigma. Throughout history this group has been given many labels, such as: mentally retarded, handicapped, or challenged, developmentally disabled, people with learning difficulties, or people with intellectual impairments. These terms are, of course, an improvement over earlier scientific and legal terminology which discussed retardates, idiots, imbeciles, morons, mongoloids and spastics, the feebleminded, mentally defective, deficient or degenerate. What is meant by such terms changes according to geographical, social,

* Forthcoming. In Sexual Aggression: Key Research and Activism (eds. Michael Biggs and Sean Gilmore).
This paper is based on a presentation at "Culture Wars" Conference Sponsored by the Hampshire College School of Social Science, Amherest Massachusetts, on March 6, 1994.

** Doctoral Candidate. Department of Cultural Anthropology. Duke University. North Carolina EUA.

and cultural context. Despite their clinical or legal origin, however, these terms always have a pejorative quality. I choose to refer to this group as people with mental challenges[1].

Disabled rights advocates wish people with disabilities recognized as a disenfranchised minority with a shared, culturally derived identity (Dolnick 1993, Waxman 1991). Minority groups, although marginalized, generally have some sense of community, of "safe" spaces claimed for themselves, of points of pride, such as a shared heritage or history. Deaf culture is a noted example of this type fo community. However, a self-determined community of people with mental challenges faces many obstacles. People with mental challenges are trained for what is called "normalization". They are encouraged to seek acceptance and integration into a dominant culture saturated with negative assumptions about people such as themselves. The young woman from Glen Ridge tried to "fit in" only to be trapped between two cultural stereotypes: sexual innocent and sexual monster.

The sexual practices of men and women with mental challenges have been a subject of concern to U.S. social service professionals for over a century (Rafter 1992, Smith and Nelson 1989). The government, medical establishment, and society-at-large have always been suspicious of the assumed "obsessive sexual nature" of this group (Abramson et al. 1988, Edmonson et al. 1979, Heshusius 1982, Kempton 1977, Sinason 1988). A the Glen Ridge sexual assault trial has shown, implicit cultural assumptions about men and women labeled mentally retarded are not only embedded in our nation's history, they are still very much in evidence today.

Distorted sexual stereotypes are typical of other marginalized social groups as well (Hooks 1992), but unlike those stigmatized for their gender, economic status, or the color of their skin, tens of thousands of men and women condidered "feeble-minded" have been involuntarily institutionalized, segregated by sex, and sterilized to prevent their supposedly "defective" genes from passing on to future generations (Blank 1991, Gordon 1976, Reilly 1991, Shapiro 1985). Winifred Kempton and Emily Kahn (1991) write that about 60,000 individuals were sterilized without their consent, many without their knowledge, between 1907 and 1957 (Kempton and Kahn 1991:96). Marginalized women, more likely to be considered "sexually promiscuous", were probably at a higher risk of being institutionalized and sterilized, but wealthy and middle-class families also chose to "put away" and/or sterilize their "feebleminded" girls as they reached adolescence, "to protect them from pregnancy" (Kempton and Kahn 1991:97). The nonconsensual sterilization of men and women with mental challenges is still legal in thirteen states (Blank 1991).

Many people still believe that men with mental challenges are sexual predators (Schilling and Schinke 1989). Historically, such men were institutionalized for fear of their supposed potential for physical or sexual aggression. There are many recent cases where men with mental challenges heve been arrested and convicted on charges of physical and/or sexual assault using no evidence other than a personal confession (Perske 1991)[2]. Robert Perske (1991) describes cases where men with mental challenges have been convicted and even sentenced to death despite the absence of any corroborating evidence, even in cases where evidence existed pointing to other suspects.

Cultural beliefs of the sexual danger presented by men with mental challenges are pervasive. As I know from personal experience, when a new group home is started, some neighbors are certain to voice concerns for the safety of their children. Such fears have been around longer than the story of Frankestein's monster. Despite the popular assumption that most child molesters are mentally retarded, the observe comes closer to the truth. Although girls and women with mental challenges are at higher risk, men and boys of this group are far more likely to experience sexual aggression than their "typical" counter-parts. As is the case for men without disabilities, men and boys with mental challenges who have experienced sexual aggression may, in turn, begin to hurt others. In cases where sexual aggression is committed by people with mental challenges (Caparulo 1991, Schilling and Schinke 1989), one has to wonder where they learned such behaviors. Remember, these people are slow learners. Lessons have to be repeated.

In contrast, or perhaps in reaction to the above stereotypes, the families of people with mental challenges often assume that their son, daughter, or sibling possesses an unchanging, child-like innocence. It is believed that, like children, they have no sexual needs or experiences. At one time this "child-like innocence" was rigidly maintained within mental institutions (Cruz and La Veck 1973, Macklin and Gaylin 1981), but over the past 25 years, advocates have recognized and fought for the sexual rights of this group (Gardner 1986, Kemptonn and Carelli 1981, Kempton and Gochros 1986)[3]. However, the sexual needs of

[1] *By the term "mental challenges" I am referring only to intellectual or cognitive disabilities, not mental illnesses.*

[2] *Confessions of people with mental challenges are questionable because they are often eager to please, easily intimidated, and will often attempt to tell questioners what they want to hear.*

[3] *Unfortunately, recent studies about the sexual experiences of women with mental challenges have shown that "consenting" to sex is not the same thing as enjoying it (McCarthy 1993).*

people with mental challenges living with their families are not always recognized.

During the trial, when the woman from Glen Ridge was asked if she had ever discussed sex with her parents her response was, "No way, José!" (Houppert 1993:87). According to one of the prosecutors, the woman's parents were not present the day she testified in court because she refused to discuss the sexual assault in their presence. She has never told her parents what happened to her (Fritsch, Jane 1992). Earlier in the trial, her older sister testifield that she had never heard her sister make any sexual comments. She stated: "I don't believe she has feelings like that" (Hanley 1992c)[4]. Perhaps this image of innocence, so commonly portrayed by the family and friends of people with mental challenges, is a reaction to the sexualized image that is this group's historical legacy. This infantilization is well-meant but does nothing to prepare these people to resist sexual aggression.

Many assume that people with disabilities will not be targeted for sexual aggression because they are perceived as unattractive and undesirable. This is based on the myth that rape is a crime of sexual desire (Stuart and Stuart 1981). In fact, people with mental challenges are even more vulnerable to sexual aggression than people without disabilities (Asch and Fine 1988a, 1988b, Cole 1988, Fine and Asch 1988, Stuart and Stuart 1981, Womendez and Schneiderman 1991). It has been well established that rape is not a crime of sexual desire, but of power and control. The most important issue for the sexual perpetrator is that the target be powerless and accessible. Maureen Crossmaker (1991) states that "when a person is subjected to discrimination or demeaning attitudes, her/his vulnerability to sexual abuse is increased; offenders do not generally abuse people who are respected and seen as equal" (Crossmaker 1991:203).

Whether institutionalized or living at home, people with mental challenges are far more likely than the general population to experience sexual aggression in the course of their lives. There are few studies dealing with this topic[5], but the California Department of Developmental Services, Office of Human Rights estimates that 50-90% of persons who are considered mentally retarded have been sexually abused (cited in Crossmaker 1991). There is a strong correlation between disability and sexual aggression, leading some scholars to suggest that not only are people with disabilities more likely to be abused, but that, in many cases, the abuse may cause or aggravate the disability (Crossmaker 1991:202). Valerie Sinason (1988) suggests that sexual abuse in the formative years can impair cognitive, psychological, and emotional development, leading some children to destroy their own intelligence and memory in order to survive (Sinason 1988:40).

Overwhelmingly, sexual aggression against people with mental challenges is initiated by a family member, caretaker, or acquaintance. Data from the Seattle Rape Relief Developmental Disabilities Project indicates that people with disabilities are more likely to know their abuser than the able (Corin 1986:112). According to Michelle McCarthy (1993), women with mental challenges "make up a disproportionately high percentage of women who conceive as a result of incest, up to an astonishing 460 times the number expected by chance" (McCarthy 1993:282). All children, but especially those who are mentally challenged, have been trained from birth to trust and depend upon their caretakers. The dependence of people with mental challenges is usually life-long, making it very difficult to report abuse. Leslie Corin states:

"One can only surmise that where the caretaker is the abuser and the disabled person cannot function without his assistance, filing a complaint leaves the individual more helpless. Given the choice between institutionalization and abuse, most people will take abuse. If the abuser is a family member, taking abuse may be preferable to breaking up the family." (Corin 1986:112).

The social isolation of many people with disabilities increases the likelihood that they will be targeted. Womendez and Schneiderman (1991), two women with disabilities who are also survivors of sexual aggression, write:

"Disabled women have had few healthy sexual models against which to measure our/their selves. Because of a longing to feel intimacy with another person, we/they sometimes engage in unhealthy and even activity, rather than shut off from human contact." (Womendez and Schneiderman 1991:275).

People with disabilities are targeted by sexual perpetrators because they are likely to be passive, trusting, acquiescent, and less able to distinguish between appropriate and inappropriate behavior (Bregman 1984, Cruz et al. 1988, Floor and Rosen 1975). They are also less likely to be taken seriously when reporting an incident (Cruz et al. 1988:414).

The Glen Ridge sexual assault follows many of the patterns mentioned above. The young woman and men

[4] *I am not faulting any of the actions or statements of this woman's family. The beliefs which they express are widely held by family members of people with disabilities. Until recently, I viewed my older sister, who happens to be mentally challenged in the same way.*

[5] *One often-cited study, conducted by the Seattle Rape Relief Developmental Disabilities Project, found there were over 700 reported cases of sexual assault in the Seattle area between 1977 and 1983. As this type of crime is typically under-reported, Ryerson (1984) estimates 3,500 incidents actually occurred during this time period.*

grew up together. Her sister stated that, as a child, she was pinched and called "piggy", "dummy", and "retarded" by neighborhood children. Once, she was tricked into eating dog feces by a group of children including two of the young men on trial (Hanley 1992c). It seems clear that, years later, the young men targeted the woman because of her vulnerability and their lack of respect for her. Journalist Anna Quindlen writes:

"They behaved as though she were an inflatable doll, an inanimate object. Subtract the stereotypes about loose girls and uncontrollable male urges, and you come up with a clear picture of what went on in that basement: young men doing a cruel and reprehensible thing to a woman they chose specifically because they knew her limitations and tractability. This case isn't about boys being boys. It's about boys being predators. I guess it wasn't much of a leap, from the dog feces to the broomstick." (Quindlen 1992).

During the trial, both the prosecution and the defense attempted to use stereotypes about people with mental challenges to their advantage. The defense resurrected images of obsessive sexuality that, although discredited decades ago, still have a powerful presence in our culture. The prosecution, in order to prove she was "mentally defective", agreed to forego protection afforded by the rape shield law. Unlike most sexual assault trials, where information on sexual history is barred by law, the young woman's experiences were discussed in minute detail. The defense argued that "the cases complexities forced them to explore the woman's sexual past to prove that she knew what she was doing and wanted it" (Manegold 1993). The prosecutors had no objection, because they believed that the woman's sexual history supported their contention that she was "mentally defective", as defined by New Jersey's sexual assault laws, and thus incapable of understanding her right to refuse sexual activity (Hanley 1992b).

Both the woman's lawyers and the journalists covering the case continually referred to her pliability, low self-esteem, and passivity. It was repeatedly asserted that her "mental age" was 6 or 8 and that her I.Q. was 64. They were more interested in what she was than in who she was. Without the issue of "mental defect", however, the case would have been difficult, if not impossible, to win.

It would be nice to think that in this age of "multiculturalism" we have moved beyond such blatant prejudice against people with disabilities. It is clear from the public debate inspired by the Glen Ridge sexual assault and by the trial itself that we have not. Disability remains a stigma, especially mental disability. According to Adrienne Asch and Michelle Fine, infants with Downs Syndrome and other disabling conditions have been allowed to starve to death in U.S. hospitals because life with a disability was considered "not worth living, too costly to the family, or too costly to the rest of nondisabled society" (Asch and Fine 1988b:299). Having a disability does not guarantee a "miserable" and "pitiful" existence. Unfortunately, such assumptions are found even within feminist and leftist circles (Asch and Fine 1988b).

By considering the lives of disabled people "intolerable" and the people themselves "better off dead", by infantilizing people with disabilities, or treating them like sexual monsters, we perpetuate a cycle of discrimination and abuse. People with mental challenges do not live sealed off within their own worlds, oblivious to cultural perceptions. Every day they live with the double messages so evident at the Glen Ridge trial. Some people they love and trust want them to be passive, compliant, and obedient. Some want them to be asexual and innocent. Still others are all too willing to give them a "special education" in sexual aggression. If it is found that person with a mental challenge has sexually assaulted an able person, s/he will be punished through imprisonment or institutionalization. If, however, it is found that one person with a mental challenge assaults another, or has been assaulted by anyone, it is unlikely that the U.S. criminal justice system will become involved.

In North America there are a variety of services offered to women who have survived sexual aggression. Commonly, these services are either denied or inaccessible to people with mental challenges. When an act of sexual aggression against a person with a mental challenge is detected, it is unlikely that the police will be notified. If the police are summoned, they may never speak with the survivor, automatically assuming that the person is incapable of communicating coherently. Even if the police do take the case seriously, it is unlikely it will ever come to court (Ticoll and Panitch 1993) because people with mental challenges are usually not considered competent to bear witness or stand trial (Marshall 1991). The young woman from Glen Ridge is an exception to this rule. However, she was used in court to prove her own incompetence – her "mental defect".

Rape crisis centers are rarely notified when a person with a mental challenge is sexually violated. If they are notified, they are sometimes reluctant to provide services or counseling. When a disabled person calls, their intentions are sometimes misinterpreted; they are thought to be drunk, or joking, because their voices may be slurred and difficult to understand. Denise Aiello (1986) discusses a physically disabled man who, having been raped several times by a male nurse, contacted the local rape crisis center. She states: "[u]pon calling the hot-line the counselor became extremely abusive toward him assuming he was drunk" (Aiello 1986:98). One director of a group home for people with

mental challenges informed me that she contacted the local rape crisis center after one of the women residents was raped. Although the rape crisis center was willing to provide legal advocacy, they refused to provide any crisis counselling for the survivor.

Apparently such incidents are not isolated. The inaccessibility of rape crisis services and women's shelters in mentioned repeatedly in the literature on disability and sexual aggression (Aiello 1991, Crossmaker 1991, Ticoll and Panitch 1991). When women with physical or mental disabilities are battered and/or sexually violated, it is usually by their primary care-taker, another member of their household, or a staff-person. If they want to leave, they often have no place to go, and no way to get there. They are commonly refused access to women's shelters because the shelters are physically inaccessible or because the personnel cannot or will not provide the extra care needed (Aiello 1986, Corin 1986, McPherson 1991, Womendez and Schneiderman 1991). Leslie Corin (1986) cites the case of a "wheelchair-bound woman who had been repeatedly discharged from hospitals to her violent husband because no woman's shelter would take a person in a wheelchair" (Corin 1986:115).

In recent years, there has been some improvement; in parts of the United States and Canada some rape crisis services and women's shelters are designed specifically for women with disabilities (McPherson 1991, Womendez and Schneiderman 1991). Manuals have been designed for service providers who want to increase their ability to meet the needs of the disabled community. Negative images of people with mental challenges are sometimes contested (and sometimes reinforced) in the media, movies and television. As the Glen Ridge sexual assault trial has shown, there is much to be done before women and men with disabilities are integrated into our communities and cultures and are granted equal protection under the law. People with mental challenges and disabilities of all types are too often denied their rights to care, counseling and educational services. Activists, scholars, and professionals with and without disabilities must work together, encouraging and enabling people with mental challenges to assert, protect, and heal themselves.

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Endereço para correspondência:
School Address
Department of Cultural Anthropology
Duke University – Box 90091
Durham, NC 27708