



Intellectual Disability and Problems in Sexual Behaviour Assessment, Treatment, and Promotion of Healthy Sexuality

By Robin J. Wilson, Ph.D., ABPP, and Michele Burns, B.Sc.
with a Foreword by Gerry D. Blasingame, Psy.D.
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Review by David Prescott, *Forum* Review Editor

Understanding and treating sexual offenders with intellectual disabilities has received very little attention in the literature of our field (appearing primarily in the form of books and book chapters rather than formal studies), and only a few professionals have emerged as leaders in the field. In the United States, Jim Haaven's pioneering work at Salem State Hospital in Oregon, as well as his writings, were an excellent start, providing a launch pad for others. In Canada, Dave Hingsburger and Vern Quinsey were among the first to study and treat this most interesting sub-population. Wrestling with more issues than simply sexual abuse, they coined the term *counterfeit deviance*, which refers to behavior easily misinterpreted as deviant. Other professionals have entered the field and left, some tragically. Our clients would be better off if Susan Tough and Emily Coleman were still contributing to the field. More recently, Gerry Blasingame has advanced the field through books and trainings.

Finally, Wilson and Burns have crafted a simple and concise overview of issues related to understanding, assessing, treating, and supervising people with intellectual disabilities who have sexually abused. This volume separates itself from others in that the language, formatting, and presentation are very easy to follow. As a beginning introduction and handbook for professionals who want to re-visit and re-consider their knowledge base, there is currently no equal. The language is deceptively simple, taking complicated topics and boiling them down to practical knowledge. Seemingly absent is any evidence of the years of

struggle it took to produce such simple text. Examples include current controversies in diagnostic categories, manifestations of emotional congruence with children, a review of the courtship disorder literature, and problems typically experienced by inpatient clients and staff alike. Wilson and Burns are able to condense this information without becoming reductionistic. The only disadvantage is that, despite their reference to professionals who have advanced the field, there are few citations provided for readers wanting more information. One example is their citation of Albert Bandura's social learning theory. Further discussion and citation would have referenced the fact that Bandura has developed this concept significantly across his career, and so a complete assessment of its application to this population is not possible from this guidebook.

Wilson and Burns include sections on risk management, practical applications of assessment, and treatment considerations. They include a helpful exploration of common risk factors, with discussion of how these manifest themselves in intellectually disabled clients. For example, they observe that school advancement failures and special education placements can result in inconsistent application of sexual knowledge and a lack of assertiveness. The authors further note that not only do neurodevelopmental impairments undermine learning generally, but that many staff in educational situations make allowances for clients and can become complacent about a client's progress.

Wilson and Burns further provide a section on treatment readiness and treatment-interfering factors (factors that prevent successful advancement and completion of treatment). Examples can include cognitive distortions, low motivation, and poor cognitive problem solving. This section builds on Wilson's considerable experience and earlier publications in this area. The text also contains a brief overview of the controversies associated with people who categorically deny their offenses. This is followed in turn by a discussion of responsivity factors that should be considered in the assessment and treatment of this population, including illiteracy, communication difficulties, learning disabilities, impulsivity, and inadequate social skills. Each is addressed briefly but succinctly.

Later sections focus on areas critical to working with this population, including the unacceptably high level of abuse histories among people with intellectual disabilities, and the promotion of healthy sexuality. The authors provide tips on enhancing self-esteem, and describe strategies, such as scrapbooking, that have become staples in the field. A chapter on staff management provides important reminders and considerations for front-line personnel, such as a reminder that the concepts of "private" and "public" may have become skewed for intellectually disabled clients for numerous reasons, including any past history of inpatient treatment, where bathing or dressing was done in front of others. In other situations, families and staff may have been very physical when providing gestures of affection or discipline. As such, the individual may have developed a belief that it is acceptable to hug, touch, kiss, grab, or slap others without consent.

Wilson and Burns have excelled in focusing current knowledge and practice into a very accessible overview. Its primary contribution is in providing a resource for all. Newcomers will appreciate its simplicity while more seasoned practitioners will appreciate the thinking behind the text. The only shortcoming is that it breaks very little new ground, although the authors' intention was clearly to summarize and guide rather than pioneer. To that end, they have created an excellent go-to source for all professionals - not just clinicians - who work with this population.

Reviewers note: This review comes with a number of inherent limitations. First, the lead author of the book is the editor of this newsletter, and the reviewer is a close associate of the author. For his part, Robin Wilson has taken part in no aspect of this review, except for requesting that it be an honest and straightforward appraisal. This review has attempted to provide an overview of the text, with both its strengths and weaknesses.

Sexual assault and harassment can have surprising hidden mental and physical health effects. What to Know About Frostbite Symptoms, Causes, and Treatment Options, According to Experts. Early Signs of Breast Cancer, From 9 Women Who Experienced Them. I Was Told My Painful Period Cramps Were Apart of Womanhood, Until I Was Hospitalized. Ethics in sexual behavior assessment and support. for people with intellectual disability DOI 10.1515/ijdh-2016-0023 counselor or therapist with expertise in IDD, such as Received April 18, 2016; accepted June 3, 2016; previously published dangerous masturbation or sexually assaultive behavior, online July 21, 2016 many other behaviors, such as masturbating in a public space or topographically sexual grabbing of others, can Abstract: Sexuality is an issue of. Instead, agencies should about sexuality is increasing in focus, as evidenced in pub Sexual Sexual By definition of the functional analysis, sexual behav- behaviors that are legal Sexuality education for people with intellectual disability. A child's sexuality education comes from a range of sources, including their parents, teachers and friends. A person with intellectual disability who is experiencing problems with sexual sensation or function can talk to a doctor, sex therapist or support group for suggestions on how to overcome these challenges. Body image, intellectual disability and sexuality. In some ways, society presents a narrow view of how men and women should look, particularly through the media. People with intellectual disability can express their sexuality in satisfying ways. The attitudes and support of other people are essential in helping people of all abilities to have healthy personal and sexual relationships. Welcome to the Healthy Relationships, Sexuality and Disability Resource Guide! We are happy to share these helpful sexuality education resources with you. Young people living with disabilities (and their families and health care providers) helped create this guide. It lists their favorite sources of information about growing up healthy and safe. Learning to access sex education and talk openly and honestly about sexual health is an important part of growing up. Young people who understand their own bodies, rights, and experiences may find it easier to communicate their needs and have them respected. All youth deserve information and support to get the knowledge, attitudes, behaviors and skills they need to stay healthy in relationships and protected from abuse. However, issues of sexual intimacy and disability remained unaddressed for many years. All of this has contributed to increased research on sexuality and disability from clinical aspects to health promotion. It also may have helped in dispelling some of the myths and misconceptions at work within and outside of the community. This edition of reSearch provides a 20 year snapshot of research on sexuality, intimacy, and disability. People with MS also experienced more problems in the relationship and sexual functioning, but not their sexual satisfaction, than people from the general population. The implications of these findings in terms of support programs for people with MS and their partners are discussed. 2006. Balen, R., & Crawshaw, M., (Eds.).