Chapter 20

Sexuality, Parenting Skills, and Related Issues in Persons with Intellectual Disability

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ABSTRACT

Sexuality begins from the moment of birth and has an active role in the development, evolution, emotional balance and affective stability of the individual. It has a significant role in interpersonal and couple’s relationships. As intellectually disabled person approach puberty their control of behaviour and expression of sexuality may manifest in unacceptable ways. Persons with intellectual disabilities are at increased risk for physical, sexual and emotional abuse. The chapter focused on the issues related to sexual feelings and its expression among intellectually disabled people and the risk for sexual abuse. The necessity of sex education and components of sex education for different group also explained in detail. The chapter also addressed the parenting skills and problems related with parenthood among individuals with intellectual disability.

INTRODUCTION

Sexuality begins from the moment of birth and has an active role in the development, evolution, emotional balance and affective stability of the individual. It has a significant role in interpersonal and couple’s relationships. The primary objective of sexuality is pleasure hence human beings tend to focus their minds on obtaining and giving pleasure and relate to one another. This could be found in persons with intellectual disability also (Clarke & O’toole, 2007). Given the complexity of intellectual disability, the development of socially appropriate sexual attitudes and behaviours in intellectually disabled persons is challenging and depends on the participation of parents, teachers and society as a whole. This is important
to get adequately integrated into society as it would help them to interact appropriately in social, work and family domains (Rademakers, Mouthaan & deNeef, 2005).

As intellectually disabled person approach puberty their control of behaviour and expression of sexuality may manifest in unacceptable ways. Aberrant or delinquent behaviour can be seen in adolescence and adult age (McDonald, Keys & Balcazar, 2007). Affective dimensions along with intellectual disability increases the likelihood of being sexually abused (Steptoe, Lindsay, Forrest & Power, 2006). This point out the need for sex education and counselling from an early age. From infancy onwards persons with intellectual disability should receive continuous sexual guidance in such concepts as intellectual deficiency limits their capacity to learn from role models or experiences in life which in turns affects generalization processes (Piaget, 1977).

Intellectual disability may not interfere with healthy display of sexuality in all cases. Their needs are often stigmatized when identified with inability to express age appropriate sexual development. With training such people can be helped to express their sexuality with respect and in accordance with the norms (Carrier, 2007). Presence of weak self esteem due to continuous reflection from society or inability to control impulses due to cerebral damage which accompanies intellectual disability are some of the factors that should be considered while looking into sexuality issues in persons with intellectual disability (Katz & Lazcano- Ponce, 2008).

SEXUAL ABUSE IN PERSONS WITH INTELLECTUAL DISABILITY

Persons with intellectual disabilities are at increased risk for physical, sexual and emotional abuse. With regard to sexual abuse an incidence rate of 50% is seen among such individuals (Van Dyke, McBrien & Sherbondy, 1995). It has been found that about 90 percent of people with developmental disabilities will experience sexual abuse at some point in their lives. Mostly, females are victims of sexual abuse and those with borderline to mild mental retardation. The incidence of abuse tend to decrease as the level of disability become severe (Schor, 1987).

In a study conducted in Australia it was found that persons with developmental disabilities (intellectual disability, autism, cerebral palsy, epilepsy and learning disabilities) were sexually assaulted 10.7 times more than the rate of nondisabled persons. Though studies consistently report high prevalence of sexual abuse in intellectually disabled individuals, only 3% of such cases involving people with developmental disabilities get reported (Valenti-Hein & Schwartz, 1995). There are a multitude of factors which predispose these individuals to sexual abuse. Social isolation, communication skill deficits, cognitive problems like diminished ability to protect oneself due to lack of instruction and/or resources and impaired judgment (the inability to detect who is safe to be around). Some researchers have suggested that people with mental retardation are more likely to give and receive affection (Kempton & Gochros, 1986; Schor, 1987). Since intellectually disabled individuals feel lonely, they would be grateful for any form of attention. Their desire to be normal and the anxiety to please others predispose the individual to abuse (Heaton, 1995) The living arrangements like institutional setting, such as residential and group homes where there are multiple and transient care takers also increases the risk for abuse (Sobsey & Mansell, 1990). Mostly abusers (97%) are known and trusted by the victim who has developmental disability. This include family members and acquaintances which could be residential care staff, transportation providers and personal care attendants (Baladerian, 1991).