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An Investigation into Attitudes Relating to Sex and Sexuality of People who have a Learning Disability

By

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A thesis submitted in partial fulfilment for the requirements of the degree of Doctor of Clinical Psychology

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List of Abbreviations

BPS	British Psychological Society
COREC	Central Office for Research Ethics Committee
PPG	Penile Plethysmography

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DECLARATION

This thesis was carried out under the supervision of Dr Helen Liebling-Kalifani and Ms Deborah Roberts. Authorship of published papers will be shared with the above. Ideas for this research followed discussions with Dr Jeremy Tudway, Dr Helen Liebling-Kalifani and Ms Deborah Roberts. A consultation group was set up with colleagues also using grounded theory methodology. These colleagues and supervisors acted as independent auditors for the analysis of the interview transcripts for the main paper. Apart from the above collaborations, all of the material presented within this thesis is my own work. The thesis has not been submitted for a degree at any other university.

Ethical approval was obtained from the Central Office of Research Ethics Committee (COREC) (see Appendix A), Local Research and Development Committee (see Appendix B).

The thesis has been written for submission to the following journals (notes for contributors can be found in Appendix C)

Chapter 1: An evaluation of the literature investigating the attitudes of staff and professionals towards the sexuality of people who have a learning disability: A twenty year overview

Sexuality and Disability

Chapter 2: A Grounded theory study investigating the attitudes of male sex offenders and male non-offenders who have a learning disability towards sex and sexual relationships

Sexuality and Disability

Chapter 3: Reflections on Carrying out Qualitative Research with Male Sex Offenders who have a Learning Disability

Clinical Psychology Forum

SUMMARY

The area of sexuality for people with learning disability is a much neglected area of research. It is possible that this may be influenced by the attitudes that professionals have towards the sexuality of the people they work with. In order to discuss this issue the literature review in chapter one provides an overview of the studies carried out over the past twenty years concerning staff attitudes towards the sexuality of people with learning disabilities. This discussion will be set within the context of the principles outlined in the Government White Paper.

Current research examining the behaviour of men who have a learning disability and sexually offend has been completed without the use of control groups, thus making it difficult to assess whether there are any differences between men who sexually offend and those who do not. Although the current literature identifies some of the characteristics that may contribute towards the risk of offending, it does not present any information regarding models of offending for people who have a learning disability

The research in Chapter two explores the attitudes of men, both offenders and non-offenders with learning disabilities, towards sex and sexuality their experiences. Semi-structured interviews were carried out and analysed using grounded theory methodology and theoretical models developed. Methodological limitations, clinical implications and future research were also considered.

Chapter three demonstrates some of the researcher's reflections on research with sex offenders. These include the methodological choice of grounded theory and its' appropriateness when used with people who have a learning disability, the impact of the researcher's gender on the interview process and some of the issues that being pregnant during the interviews posed. Finally, supervision and its' significance in terms of the subjectivity and bias of data interpretation is discussed.

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Chapter 1

An evaluation of the literature investigating the attitudes of staff and service provision regarding the sexuality of people who have a learning disability: A twenty year overview

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1.1 Abstract

Staff members play a key role in the personal relationship needs of people who have a learning disability, albeit a role they may not be conscious of (Craft & Brown, 1994). The Government supports this notion by highlighting the importance of this task in the Government White Paper - Valuing People (Department of Health, 2001). As such, it is reasonable to expect that the attitudes staff members have towards the sexuality of the people they serve will have an impact. This paper aims to fill a gap in the literature by reviewing the studies carried out over the past twenty years within the context of the principles outlined in the Government White Paper (DoH, 2001). Key themes identified in the literature will be explored along with methodological limitations, clinical implications, and future research.

KEY WORDS: sexuality; staff attitudes; learning disability

"The number of people with learning disabilities who are forming relationships and having children has steadily increased over the last 20 years. Parents with learning disabilities are amongst the most socially and economically disadvantaged groups. They are more likely than other parents to make heavy demands on child welfare services and have their children looked after by the local authority. People with learning disabilities can be good parents and provide their children with a good start in life, but may require considerable help to do so.

People with learning disabilities are often socially isolated. Helping people sustain friendships is consistently shown as being one of the greatest challenges faced by learning disability services. Good services will help people with learning disabilities develop opportunities to form relationships, including ones of a physical and sexual nature. It is important that people can receive accessible sex education and information about relationships and contraception."

(Department of Health, 2001, p.81)

1.2 Introduction

The Normalisation movement aimed to promote the independence and autonomy of people with learning diabilities. This reaction to previous dehumanising policies resulted in an increase in publications during the 1970's and 1980's relating to the principle of normalisation and the sexuality of individuals who have a learning disability (1,2). Whilst progress has been made over the previous decades in terms of normalisation principles, this does not appear to apply to all areas of people's lives and it is argued in this review that one such neglected area is that of sexuality. Some research has highlighted that an 'ordinary sexual life' continues to elude people who have learning disabilities (3,4).

More recently, the Government White Paper - Valuing People (5) identified that people with learning disabilities are often socially isolated. The document clearly

states that it is important that people who have a learning disability are aided in sustaining friendships and developing opportunities to form relationships, including ones of a physical and sexual nature so that they are not excluded from a common part of human experience. The Government White Paper (5) also affirms the importance of making sex education, information about relationships, and contraception accessible to people who have a learning disability so that they can make informed decisions about their relationships.

There have been positive steps forward in applying these guidelines and it appears that staff members are instrumental in enabling this process. As such, it is reasonable to expect that the way in which these issues are viewed by staff members will have a direct impact on the quality of 'assistance' delivered (e.g., 1). With this in mind, the purpose of this literature review is to fill this existing gap in the literature by examining the attitudes of staff members towards the sexuality of service users over the last two decades and to explore whether these attitudes match the positive view of sexuality being promoted by the Government.

For the purpose of this review the term 'staff' refers to any professional working with people who have a learning disability. This includes, but is not limited to, support workers, teachers, health care professionals, and social workers.

1.2.1 Literature Search Strategies

In order to compile the literature included in this review two search strategies were used. First, four major databases (psycharticles, psychINFO (ovid), psychINFO (webspirs) and SCOPUS) were searched for peer-reviewed published articles written in English. The abstract search was carried out in March 2007 using the following search terms; *staff attitude, learning disability* and *sex*$ ($ denotes truncation). Broader searches were carried out including the terms *mental retardation, intellectual disabilities* and *cognitive impairment.* Non-empirical publications have been included in this review as many of these publications were either discussions of the current issues or conceptual reviews. When referring to these papers in the literature review they will be referred to as an 'opinion paper' or a 'review', respectively.

Secondly, each of the publications identified through the first search strategy were checked for references to other publications containing any of the search terms. These publications were then collated and this process repeated until no new references were generated. These search strategies generated a total of thirty-three publications, including twenty empirical papers and thirteen non-empirical, spanning a time period of twenty years. A summary of the twenty empirical studies reviewed for this paper is included in Table 1, with *n* being used to describe the number of participants in the research study. Table 1, outlining the empirical papers, is designed to help provide a quick overview of the methodologies used in the

empirical papers. All of the empirical studies reviewed are marked with an asterisk (*) in the reference list.

A summary of all thirty-three papers (non-empirical and empirical) is included in Table 2; the papers in this table have been divided into decades (80's, 90's, 00's) in order to demonstrate the increased attention that has been given to this area with each passing decade. There are nine main themes related to staff attitudes with regards to sexuality which are consistently identified throughout the literature which are highlighted in Table 2; education and training; sexual policies; vulnerability to abuse; fear of procreation; homosexuality; level of cognitive ability; age, status and level of education; personal values; perception of individuals as "innocents" or "degenerates". The themes were selected on the basis of their prevalence in the literature; as a point was raised in each paper it was documented, if the point was raised in more than one paper it was identified as a theme. Each of these themes will be explored in turn within the context of the literature and the Government White Paper – Valuing People (5).

Table 1. Summary of Empirical Studies Examining Staff Attitudes towards Sexuality

Study	Gender	*N*	Measure
Adams, Tallon & Alcorn (1982)	Unknown	115	Sexual Attitude Survey
Brantlinger (1988)	Mixed	22	Interview
Brown, Hunt & Stein (1994)	Mixed	100	Questionnaire (designed by authors for the study)
Carlson, Taylor & Wilson (2004)	Unknown	51	Request for information by letter
Christian, Stinson & Dotson (2002)	Mixed	43	41 Item Survey
Cuskelly & Bryde (2004)	Mixed	168	Attitude Scale
Davies & Johnson (1989)	Mixed	204	Questionnaire (designed by authors for the study)
Hames (1996)	Unknown	105	Attitude Scale
Hogg, Campbell, Cullen & Hudson (2001)	Mixed	40	Questionnaire (designed by authors for the study)
Holmes (1998)	Mixed	46	Questionnaire (designed by authors for the study)
May & Kundert (1996)	Unknown	258	Questionnaire (designed by authors for the study)
McConkey & Ryan (2001)	Mixed	150	Questionnaire (designed by authors for the study)
Murray & Minnes (1994)	Mixed	161	Sexuality & the Mental Retardation Attitudes Inventory (SMRAI)
Oliver, Anthony, Leimkuhl & Skillman (2002)	Mixed	279	Questionnaire based on a Likert-type scale
Rose & Holmes (1991)	Mixed	71	Questionnaire based on a Likert-type scale
Scotti, Slack, Bowman & Morris (1996)	Mixed	135	Perceptions of Sexuality Scale
Sumarah & Maksym (1988)	Mixed	275	Questionnaire (designed by authors for the study)
Szollos & McCabe (1995)	Mixed	25	Interview
Wolfe (1997)	Mixed	98	Questionnaire (designed by authors for the study)
Yool, Langdon & Garner (2003)	Mixed	4	Interview

Table 2. Issues Identified as Influencing Staff Attitudes

Variables	Studies
	1980's
Sex Education	Adams, Tallon & Alcorn (1982), Brantlinger (1988), Sumarah & Maksym (1988)
Sexual Policies	
Vulnerability to Abuse	Brantlinger (1988), Gunner (1988)
Fear of Procreation	Adams, Tallon & Alcorn (1982)
Homosexuality	
Age, status and level of education	
Personal Values	
Perception of individuals as	Brantlinger (1988)

"innocents"or "degenerates"	
Level of Cognitive Ability	
	1990's
Sex Education	Ager & Littler (1998), Brown (1994), Brown, Hunt & Stein (1994), DeLoach (1994), Hames (1996), Henry, Keys, Balcazar & Jopp (1996), Holmes (1998), May & Kundert (1996), Murray & Minnes (1994), Rose & Holmes (1991), Scotti, Slack, Bowman & Morris (1996), Szollos & McCabe (1995), Vernon (1998)
Sexual Policies	Ager & Littler (1998), Brown (1994), Holmes (1998), Scotti, Slack, Bowman & Morris (1996), Szollos & McCabe (1995), Vernon (1998)
Vulnerability to Abuse	Ager & Littler (1998), Brown (1994), Hames (1996), Henry, Keys, Balcazar & Jopp (1996), Vernon (1998)
Fear of Procreation	Giami (1998), Wolfe (1997)
Homosexuality	Brown (1994), Scotti, Slack, Bowman & Morris (1996)
Age, status and level of education	Murray & Minnes (1994), Scotti, Slack, Bowman & Morris (1996)
Personal Values	Ager & Littler (1998), Brown, Hunt & Stein (1994), Cooke (1997), DeLoach (1994), Hames (1996), Murray & Minnes (1994), Scotti, Slack, Bowman & Morris (1996), Wolfe (1997)
Perception of individuals as "innocents" or "degenerates"	Ager & Littler (1998), Brown (1994), DeLoach (1994), Giami (1998), Szollos & McCabe (1995)
Level of Cognitive Ability	DeLoach (1994), Murray & Minnes (1994), Wolfe (1997)
	2000's
Sex Education	Carlson, Taylor & Wilson (2004), Christian, Stinson & Dotson (2002), Cuskelly & Bryde (2004), Di Giulio (2003), Hogg, Campbell, Cullen & Hudson (2001), Hogg, Campbell, Cullen & Hudson (2001), McConkey & Ryan (2001), Oliver, Anthony, Leimkuhl & Skillman (2002), Savarimuthu & Bunnell (2003)
Sexual Policies Sexual Policies cont.	Carlson, Taylor & Wilson (2004), Christian, Stinson & Dotson (2002), Hogg, Campbell, Cullen & Hudson (2001), Hogg, Campbell, Cullen & Hudson (2001), Oliver, Anthony, Leimkuhl & Skillman (2002), Savarimuthu & Bunnell (2003)
Vulnerability to Abuse	Hogg, Campbell, Cullen & Hudson (2001), McConkey & Ryan (2001)
Fear of Procreation	Carlson, Taylor & Wilson (2004), Cuskelly & Bryde (2004), Di Giulio (2003), Oliver, Anthony, Leimkuhl & Skillman (2002), Savarimuthu & Bunnell (2003)
Homosexuality	Cuskelly & Bryde (2004), Oliver, Anthony, Leimkuhl & Skillman (2002), Savarimuthu & Bunnell (2003)
Age, status and level of education	Cuskelly & Bryde (2004), Hogg, Campbell, Cullen & Hudson (2001), Oliver, Anthony, Leimkuhl & Skillman (2002), Savarimuthu & Bunnell (2003)
Personal Values	Cuskelly & Bryde (2004), Savarimuthu & Bunnell (2003)
Perception of individuals as "innocents" or "degenerates"	Carlson, Taylor & Wilson (2004), Di Giulio (2003)
Level of Cognitive Ability	Christian, Stinson & Dotson (2002)

1.3 Literature Themes

1.3.1 Education

The first theme to be explored is that of education. All of the studies reviewed identified staff training and education as a significant need. This section will discuss the findings in the literature regarding staff beliefs around the need for sexuality training and service's ability to deliver that training. This section refers both to services delivering training to their staff, and staff delivering education to service users.

The literature identified that staff believed that people who have a learning disability need better sex education, however, staff also believed that they were unable to deliver this education unless further staff training was received (4,6). The literature further demonstrated that this training was still not delivered as standard throughout staff development, even amongst special education teachers, and so the area continued to be neglected (7,8,9,10).

Ager and Littler (11) highlighted this point in a review of the issues; education was identified as being 'incidental and accidental' due to the diverse range of agencies and services delivering training. Even if training was delivered, a study by Christian, Stinson, and Dotson (4) found that only 61.9% of those trained felt comfortable in implementing such training. Christian et al. (4) believed that it is necessary for services to open a dialogue with staff; that through continual sexuality training a desensitisation may occur that may alleviate potential conflicts. Christian

et al. (4) also believed that it might help staff to evaluate their own beliefs and therefore influence a change in attitude. The literature endorses the view that this ongoing support may then help staff to feel more comfortable in implementing sex education and supporting the sexual expression of service users (4,12,13,14) in line with Government directives. It is, however, difficult to generalise the findings of the Christian et al. (4) study, as a small sample, drawn from a single agency, was utilised. In addition to this, the study used a non-standardised questionnaire, which was created, distributed, and analysed by the authors; these factors should be taken into account when considering the findings.

Common attitudes expressed in the literature regarding sex education and people with learning disabilities were either that they are uneducable, as the learning disability was the issue responsible for an individual's particular form of sexual expression (e.g.,15), or that the knowledge gained would be misused (16). Indeed, in an opinion paper, Carr (17) expressed concern that nurses may be reticent about involving themselves in sex education due to anxiety that they could be held responsible for any 'undesirable consequences'. Carr's implication that individuals were being denied access to information, directly contravenes what was outlined in the Government White Paper (5).

Similarly, an opinion paper by Di Giulio (18) reported that not only were service users in Canada denied access to information, but also were deliberately misinformed about sexuality in order to discourage their interest. It has also been

argued that inadequate sexual knowledge has been used to deny service users the right to sexual expression (19). This is perhaps why Szollos and McCabe (16) found that staff actually overestimated the sexual knowledge and experience of service users. It is important to note, however, that this study interviewed three times as many female participants as it did male, thus, making it difficult to generalise these findings across both sexes of staff members. Nevertheless, as the care profession tends to be a predominantly female workforce, in this respect it might be considered representative. The control group for this study, which was used to compare the service users knowledge and experiences against, consisted of a group of psychology students and it is questionable whether this group provides a true representation of the knowledge and experiences of the general public. Nonetheless, what this paper does highlight is the limited knowledge that people with learning disabilities have regarding sex and sexuality, and the limited opportunities they have to engage in sexual relationships when compared against a control group.

It has been reported in the literature that considerable effort has been invested into sex education programmes and staff training (e.g., 12,13,20). It is also argued, however, that if we measure success of training in terms of the opportunities for people with learning disabilities to engage in, and sustain, satisfying sexual relationships there is still considerable progress that needs to be made (3), particularly in relation to consistency in training and evaluation of training. A more useful measure to evaluate the success of staff training may be to measure service user's opinions prior to and following staff training; if service users believe they

have sufficient opportunities to meet others, or feel supported in maintaining their relationships with partners then the training could be considered successful. Recent studies, such as that by Christian et al. (4), however, found that 44.2% of care staff respondents believed that there were more important issues to focus on when supporting service users than that of sexuality. Hence, the findings of this study indicate some ambivalence for the directives set out in the Government White Paper (5).

Typically, people who do not have a learning disability could be expected to gain some of their sexual knowledge through sex education teaching as part of the curriculum of a mainstream education. As this section is exploring the literature regarding education and training, it is important to acknowledge the role of special education teachers. The literature indicated that they received little in the way of preparation for delivering sex education to their students and that this appears to have changed little over the previous decades (7), despite the profession's body of literature stressing the importance of preparing future educators to deliver sex education (e.g., 21).

Literature looking at more general attitudes towards people who have a learning disability have found that in order to affect a positive and consistent shift in attitude through training it needed to take the form of a structured and direct approach. (e.g., 22,23). Sumarah and Maksym (24) illustrated that changes in attitude towards sexuality as a result of training were maintained when retested a year later. As this

paper is nearly twenty years old it may be necessary to view these findings with caution when extrapolating them to the present day.

In summary, the literature identified that staff believe that they require training in order to adequately manage situations pertaining to sexuality. Thus, suggesting that the staff did not believe that they had the necessary skills and that sexuality was an area that required 'specialist' intervention. The implication being that the sexuality of people with a learning disability was out of the ordinary. However, to ensure the directives outlined in the Government White Paper (5) are being met, greater attention needs to be given to the training of staff members and the delivery of sex education to service users. The lack of consistency with regards to services responses to this need was also highlighted in the literature (e.g., 8). Whilst it is probable that there are positive examples of services working towards improving sex education, these unfortunately, were not reported in the literature.

1.3.2 Sexual Policies

As was demonstrated in the previous section sexuality training is dependent on individual services; a similar theme can be seen with regards to sexual policies, especially those regarding training. This section will explore the theme of sexual policies and their relationship with the service delivered to people who have a learning disability. It will also highlight (within the context of the literature) the influence of subjectivity on staff attitudes and service delivery.

An example of subjectivity impacting on service delivery can be seen in Brown's (3) review, which used discourse analysis. Brown (3) viewed sexuality as a construct and described a number of influencing factors. Brown (3) concluded that in part our environment could shape our sexuality. If one subscribes to such a model it is logical that the attitude of others towards our sexuality would influence the way in which it evolved. Following this argument to its conclusion we can see how sexualities can be born out of institutionalisation. This concept is supported in the literature; a study by Servias, Jacques, Leach, Canod, Hoyois, Dan and Roussaux (25) looking at contraception and women with learning disabilities found that institutional factors such as sleeping environment, rather than medical indications play a major role in the contraceptive management of women with learning disabilities (25). The findings of this study were generated through the use of questionnaires administered to directors of learning disability facilities in Belgium, which had been designed by the authors and consisted of closed questions; one therefore has to take into account potential researcher bias when interpreting the results. In using closed questions the researchers' and possibly not the participants' agenda had been addressed.

Similarly, Johnson, Knight, and Alderman (26) highlighted in a comprehensive review of the sexuality and acquired neurological impairment literature that subjective attitudes of staff and the culture of an institution can dominate the approach taken in dealing with sexual behaviour in this client group (26). This subjectivity is further highlighted by McConkey and Ryan (8), who found in a study

investigating staff experiences of dealing with service users' sexuality, that consistency was an issue in relation to policies and training. The authors stated that until training and policies are consistent across services, staff were liable to respond to service users' sexuality by using their own initiative with all the "consequent dangers and inadequacies of idiosyncratic responses" (10, p. 87). This study distributed non-standardised questionnaires in one geographical area, therefore, making it difficult to generalise the findings. It did not control for cultural differences and influences related to local policies, however, it did raise the important issue of how staff currently dealt with 'sexual incidents'.

McConkey and Ryan's (8) findings were further supported in a recent study by Oliver, Anthony, Leimkuhl and Skillman (9). Oliver et al. (9) found that community support agencies did not have policies or procedures for unifying professionals in supporting service user's sexuality. It is important to note, however, that the questionnaire used in the Oliver et al. (9) study was relatively brief and the authors identified that they did not include the potentially important issues related to procreation and sterilization, which services may have found controversial. Additionally, it did not control for cultural issues; the sample was predominantly Caucasian and taken from a rural population which makes it difficult to extrapolate the findings to broader learning disability populations. This paper did, however, highlight the attitudinal discrepancies amongst staff regarding the acceptability of socio-sexual expression for people with a learning disability.

A further illustration of how individual subjectivity influences the idiosyncratic approach of services could be seen in a recent study looking at staff attitudes within a medium secure setting (27). Yool, Langdon and Garner (27) found that staff demonstrated less liberal attitudes concerning the inclusion of service users in the decision-making process with regards to their sexuality. This paper was published two years after the Government White Paper (5) indicating that its point regarding the accessibility of contraception had not been adopted by services. It is also important to consider that this was a small study as only four participants were interviewed.

Even if appropriate policies and guidelines were drawn up, this does not necessarily mean successful implementation. Brown, Hunt and Stein (28) revealed that only 43.6% of the support staff questioned had read them and over 70% of that number could remember almost nothing of what they had read. This particular study used a multidisciplinary team to help in the design of the study to ensure that the questions asked were broadly relevant to the issues. Brown et al. (28) also used multiple agencies to ensure generalisability of the findings, however, like many studies in this area the respondents were predominantly female (ratio 1:2), but this may reflect the proportion of male:female care staff. Nevertheless, the findings of this study were further supported by Yool, Langden, and Garner (27). Yool et al. (27) found that none of the participants questioned were familiar with local policy regarding sexuality and relationships.

Services' ambivalent attitude towards the sexuality of their service users is reported repeatedly in the literature (e.g., 2, 29). Christian, Stinson and Dotson (4) and Fruin (30) reported that services must overcome this and demonstrate a commitment to their policies and procedures with regards to sexuality. The authors of both papers stated that this could be achieved through evaluating their effectiveness, monitoring training and formally examining their staff's attitudes. It was impossible to determine from the literature, however, whether there was a 'top down' or 'bottom up' ethos within the institutions.

In Summary, given the recommendations in the Government White Paper (5), the findings in the literature suggested that services were falling a long way behind its implementation. The literature suggested that although some progress had been made, a lack of consistency related to staff training, standardised procedures and monitoring meant that some services did not recognise the significance of the guidelines they had drafted (e.g., 4, 27, 28, 30). This was reflected in the fact that staff were reported to be unfamiliar and untrained in local sexual policies (e.g., 9). It is possible that this conveyed to staff that services placed little importance on the sexuality of the service user and as such helped to form a construct of apathy, although it is unclear whether this apathy was informed by services' neglect of policy or whether staff's apathy informed the policy. However, in not implementing sexuality policies staff could be discouraged from advancing in their discussions about sexuality and relationships for service users (14).

1.3.3 Vulnerability to Abuse

As was discussed in the previous section subjectivity plays a part in the way in which the sexuality of people who have a learning disability is considered. It, therefore, may be expected when discussing staff attitudes towards sexuality their concerns regarding abuse arise.

An opinion paper by Ager and Littler (11) identified that individuals required more than straightforward sex education if they were to be kept safe from potential abuse. Whilst it is logical that people need to understand their rights and learn how to navigate relationships, an unpublished study by Hughes, Liebling-Kalifani, and Roberts (31) revealed that few of the individuals interviewed had received any form of education related to sex or sexuality. The authors of that study argue, therefore, that people needed to understand the fundamentals in order to build a more sophisticated concept of sexuality and keeping safe; believing it to be important for individuals to understand what they are keeping themselves safe from.

A study by McConkey and Ryan (8), however, found that an emphasis on protection from abuse in staff training might well result in staff approaching all sexual behaviours as 'risky' and, thus, restricting and discouraging any form of sexual expression. The vulnerability to abuse perceived by staff may mean that some staff develop an attitude of 'over-protection' towards service users; adopting a paternalistic stance that may be equally unhelpful. In support, Vernon (32) argued that this makes people more vulnerable to abuse by denying their sexual identity.

Later studies (e.g., 28,33) found that some staff believed that perpetrators of abuse were as likely to be a fellow member of staff as a stranger to the individual (28). This attitudinal finding, however, only stemmed to beliefs about agency or short-term staff as opposed to long-term colleagues (28). Further, Hames (33) found that even following staff training, it had not been possible to raise awareness about the risks posed to service users by familiar people, especially risks posed by familiar long-term staff members. There are, however, potential problems with analysing questionnaires pre- and post- training, as was done in the Hames (33) study. During the process of the training the participants learn what the attitude and beliefs are of the course leaders and therefore in the post measure are more able to provide the 'correct' answers which are inline with the perceived trainer's views, thus seemingly displaying a positive change in attitude. It could be argued, however, that this may only occur if the staff are concerned about the feed-back trainers provide to the services they are carrying out training for.

Like many of the studies included in this review (e.g 24) the Hames (33) paper looked at evaluating attitudes during in-house training. What this provided us with is a snapshot of those particular service's attitudes, without controlling for issues related to geographical regions, specific service issues, local policies and cultural differences; thus, indicating that the findings may not be generalisable to wider learning disability populations. Nevertheless, the issue raised regarding the difficulty in raising staff awareness to the potential abuse committed by long-term colleagues is an important one, in that it leaves service users vulnerable.

In summary, the literature highlighted two dominant factors within perceptions around vulnerability to abuse; firstly, that poor sexual knowledge leaves individuals with a learning disability vulnerable to abuse (e.g., 11, 31) which is something staff fear, and secondly, that staff's lack of understanding concerning abuse and perpetrators of abuse, also left individuals vulnerable to either abuse or a denial of their sexual identity (e.g 8, 28, 32, 33)

1.3.4 Fear of Procreation

In addition to the concerns staff had regarding abuse was the fear that staff hold regarding the possibility of pregnancy (e.g., 4). This section will discuss the literatures view on procreation in relation to people who have a learning disability.

In an opinion paper Brown (3) argued that in order for people with learning disabilities to be able to live as a couple or a family, and for this to be accepted by society and services, they must first prove themselves to have independence skills and financial autonomy; both of which the author points out are rarely attainable by this group. Brown (3) also highlighted the responsibility for achieving this acceptance as being loaded on the person with a learning disability as opposed to the general public or services.

A group of high school teachers interviewed by Brantlinger (34) supported the above view. Many had already experienced student pregnancies with a variety of outcomes, i.e., abortion, successful pregnancy, child later removed, and successful

child rearing. This experience seemed to inform their ambivalent attitude towards the possible parenthood of their students. This study utilised a qualitative methodology; interviews were conducted with twenty-two teachers using open-ended questions. Although this is a relatively large sample for a qualitative study the researchers were limited to one geographical area, which needs to be taken into account when considering the findings.

A recent study by Cuskelly and Bride (35) found that staff attitudes towards parenthood for people with learning disabilities have been viewed in an increasingly more favourable light, however, less favourably than other aspects of sexuality. Nevertheless this positive view appeared to still be conditional, with the studies indicating that staff attitudes regarding the right of service users to have children are contingent on the individual's level of disability (4,19,35).

Studies demonstrated that there was greater tolerance for sexual relationships between individuals with learning disabilities when the possibility of pregnancy was removed, be that through sterilisation or less invasive forms of contraception (9,15,19,20). The literature supported an argument that this attitude is born out of the Eugenics movement, when it was believed that the risk of individuals with learning disabilities producing children with learning disabilities was significant (35). Even though there is a great deal of evidence to the contrary (e.g., 36) the literature still reports a fear that surrounds the possibility of marriage and pregnancy for those service users who have a learning disability (19) although whether the fear

related to the production of a child with learning disabilities or to somebody with a learning disability raising a child with learning disabilities is unclear. Service users were, therefore, kept in a state of suspended adolescence (16,19) and the literature highlighted that contraception and sterilisation were being used as a form of external control maintaining the illusion of the 'angelic' service user (14,15,32). Some staff members were comfortable thinking about service users in this 'angelic', asexual manner; lacking in sexual desire, the ability to partake in sexual activities or a mutually satisfying sexual relationship (37). In viewing service users in this way, however, staff were removing service users' right to the full human experience.

It has been argued that the positive attitude towards masturbation reported in many of the studies (20) was in part due to the reduction of the possibility of pregnancy. Thus, keeping the sexuality of the individual contained, whilst still providing them with an outlet of sexual expression. Brown (3) described the combination of having a learning disability and being sexual as being seen as "administratively incompatible" (p.140). The literature also indicated that there were inconsistencies in attitude with regards to masturbation, which must have provided confusing signals for the service user with some staff labelling it "challenging" behaviour and others labelling it as part of 'personal development' (16), again whether staff attitudes informed policies regarding sexuality or whether these labels used by staff were informed by the policies is unclear.

In summary, although the literature revealed that attitudes towards people with learning disabilities procreating is becoming increasingly more positive, it is still contingent on the individual's level of cognitive ability (e.g., 4, 19, 35) and the policies of the service that supports them (e.g., 25). It appears that it is much more acceptable to consider people with learning disabilities as being sexual once the possibility of procreation has been reduced (e.g., 9, 15, 19, 20).

1.3.5 Homosexuality

The possibility of procreation has been removed when one engages in a homosexual relationship. Given the discussion in the previous section regarding staff attitudes being more positive towards relationships were the possibility of procreation was reduced, this section will discuss what is outlined in the literature regarding staffs' attitudes towards relationships where procreation is not a consideration (i.e., homosexual relationships).

Early studies demonstrated that, when questioned, staff members estimated a higher percentage of homosexual behaviour than that of heterosexual behaviour (20). This may, however, be due to the fact that many residential settings in the 1980's segregated the individuals in their care by sex, thus, limiting the opportunity for heterosexual encounters.

In an opinion paper Brown (3) identified that sex education tended to focus on biological rather than social issues and as such had assumed a heterosexist

preference within a familial context; a fact which is not necessarily relevant or applicable to the life of the person with learning disabilities. It is reported in the literature that most women with learning disabilities did not enjoy heterosexual intercourse (e.g., 3,38), however, if when receiving education they are sent implicit messages that in order to be accepted they must conform to the heterosexist lifestyle then this appears to stigmatise the right to engage in homosexual relationships. Davies and Johnson (6) disagreed with this theory and argued that there seemed to be a greater favourable attitude trend towards homosexuality than heterosexuality, they attributed any conflict with this view as indicative of unacknowledged homophobia still present in society. This study, however, was carried out nearly two decades ago and so it is possible that there has been a change in direction of this emerging trend.

The research appeared to indicate that in general staff discouraged sexual activities between same sex service users and some papers make as strong a claim as stating that staff reaction to it can be one of disgust if such a relationship is disclosed (e.g., 39). A number of researchers have argued that even though society at large is more accepting of homosexual relationships in general, when the person involved also has a learning disability then it is still viewed without any genuine interest (14,27).

In summary, the literature suggested that same sex relationships were not viewed any more favourably than heterosexual relationships despite the lack of concern

from pregnancy, which it could be argued takes the pregnancy factor, at least in part, out of the debate.

1.3.6 Age, Status and Level of Education

The following section will explore the theme of age, status and level of education of staff. The issue of staff members' age will firstly be discussed within the context of the literature, followed by a discussion of status and level of education. Finally, issues related to the influence that gender has on staff attitudes will be outlined.

Some studies found that the age of the staff member was the most significant factor influencing their attitude toward the sexuality of service users, with older staff members tending to be less liberal in their attitudes (9,35,39). These findings suggested that differences in attitude between older and younger staff members could create a tension, which was confusing for both service users and staff.

Similarly, the Davies and Johnson (6) study, found that the minority of staff with more restrictive conservative attitudes exerted a disproportionate amount of influence. If it is older members of staff who hold the more conservative views then it may be harder for younger members of staff to speak out against them. This conflict between the age groups was also illustrated in the findings of the Hogg, Campbell, Cullen, and Hudson (13) study which, when testing staff attitudes, found that junior staff were unwilling to report suspicions of abuse by senior staff. Hogg et al. (13) reported, however, that it was possible to change this attitude though

training. Nevertheless, given that close to 50% of those measured in the Hogg et al. (13) study had dropped out of the training prior to the post measure being taken, one could argue that those who remained in the training were the ones who felt they would gain most from it; one could further argue that those would be the ones most likely to implement what they had learnt; perhaps through informing and changing attitudes.

Whether age is the influencing factor, or the aspects related to age such as experience or amount of training, is difficult to assess. Level of education, which may in part be related to age, was also identified as a factor positively influencing staff attitudes towards sexuality, with those identified as having a university education as having the most liberal attitudes (39). It is possible that level of education enhanced a person's ability to question their own judgement, which was demonstrated during the Brantlinger (34) study when the author noted that the teachers stated a generalised opinion and then corrected themselves by discussing a situation that did not fit with this view.

Gender is also believed to play a role in the attitudes of staff members. In an opinion paper Brown (3) stated that men's sexuality is defined in terms of social position and power; Brown (3) believed that male workers found it more difficult than their female counterparts to face issues related to male sexuality due to the fact that the sexual behaviour of males with learning disabilities occurs within a vacuum,

in the absence of the usual rules and expectations of dominance. Brown (3), therefore stated that teaching;

> "*...acceptable sexual behaviour to men without power, is almost a contradiction in terms because one cannot be a 'real' man without economic, physical or social power to back up your demands of other people.*" (3, p 139)

It is interesting to consider this argument in light of the fact that most care staff teams consist of a predominantly female work force. This indicates that in reality men with learning disabilities will probably turn to female and not male workers for guidance. It also makes the assumption that these issues are important to men with learning disabilities without any consultation.

Given the findings that many papers discovered gender differences influencing attitudes, it could be supposed that authors would include details pertaining to participant's gender in their studies. One could assume that given the large number of participants in the studies that a mixed sample was used. Given that gender had an influence on the attitudes of service users towards sexuality and that the studies explored attitudes, that this variable has not been highlighted demonstrated a significant methodological flaw. Most studies included predominantly female participants, which could have had a significant impact on the data, although may reflect the proportionately female dominated professions.

In summary, the literature demonstrated how subjective experiences (i.e. related to education, age and gender) influence the formation of our attitudes. It is possible that there is a relationship between age and education in that the older the person, the more opportunities they have had to have been exposed to training or education, but this was not explored in the literature. Although it was considered a methodological flaw that respondents in the studies were predominantly female, it is also acknowledged that the staff working with people who have a learning disability is a predominantly female workforce and therefore may be considered representative.

1.3.7 Personal Values

As has been indicated in previous sections subjective experiences influence the formation of our attitudes, as such it is reasonable to assume that personal values will also have an impact on the attitudes we hold. This section, therefore, will be a discussion of the literature related to personal values and their impact on staff attitude towards the sexuality of people who have a learning disability.

The literature highlighted an assumption made by some staff that people with learning disabilities could not hold the same values or moral codes that were held by the rest of society (37). In a study, which looked at the attitudes of teachers towards their students' sexuality, it was found that all of the teachers interviewed believed that their students had a different set of values to their own (34). Further, in a review of the earlier literature DeLoach (37) expressed that it was this perceived difference that evoked feelings of discomfort and anxiety. A study by Scotti, Slack,

Bowman and Morris (40) found that the more positive the individual's general attitude towards people with learning disabilities the more positive their attitude was likely to be towards their right to express their sexuality and the less likely they were to maintain a 'social distance' between themselves and people with learning disabilities. This particular study, however, involved interviewing college students, 70% of whom reported having regular contact with a friend, acquaintance or relative with a learning disability; as this does not reflect the level of contact within an average population the findings need to be considered with caution.

A staff attitude of a perceived difference between those with a learning disability and those without is also highlighted in the Brown, Hunt and Stein (28) study; staff participants doubted that service users had the life skills to understand 'their own sexuality' and what was appropriate. In a study by Brantlinger (39), 77% of teachers interviewed believed that their students had an inability to distinguish between the 'acceptable' and 'unacceptable' when it came to interpreting sexual behaviour. It could be argued that this assumption, however, seemed to be based on what the teachers themselves considered to be acceptable or unacceptable. Unfortunately, the study did not highlight the impact that the teachers' own personal values had on their interpretation of their students' behaviour, but instead issued a caveat when interpreting the results. These interpretations of 'acceptable' and 'unacceptable' could be viewed through the findings of the Davies and Johnson (6) study, which found that people tended to feel uncomfortable when the values of the service user conflicted with their own. The findings from this study may go some way to

explaining why the teachers defined some of the sexual behaviours they witnessed in their students as 'unacceptable'; whilst the behaviours that conformed with their own set of values were 'acceptable'.

Viewing more sexual behaviours as 'acceptable' would require that staff adopt a more liberal view. In a paper exploring the issues Ager and Littler (11) stated that it was vital that staff struck a balance between 'excessively conservative' or 'overly liberal attitudes', which did not appear to be a helpful description. It implied that staff members needed to adopt an attitude that was 'just right' in order that the person they were caring for could achieve a happy and successful sexual life. Ager and Littler (11) went on to explore how staff training regarding the delivery of sex education needed to encompass self-assessment and reflection; it was believed that only through confronting their own values could staff meet service users' needs. The literature suggested, therefore, that individuals needed to be comfortable with their own sexuality and attitudes (17,37) before they could begin to implement the recommendations in the Government White Paper (5).

As outlined earlier, a lack of a sexuality policy amongst services meant that staff must be guided by their own views on sexuality and disability (4,6,19,29). Craft and Brown (41) argued that this leaves service users open to confusion as they received inconsistent messages dependent on which staff member was on duty. The literature suggested that this occurred most often where staff members were poorly supervised or the policies and procedures were ambiguous. This could ultimately lead to the

internalisation of negative attitudes by service users (18). In addition to this it was also found that when staff were required to enact policies that were inconsistent with their own core values they may not behave in accordance with these procedures (4). These findings may go some way to explaining why the Government White Paper (5) does not appear to be being enforced. If staff did not view the recommendations made by the Government favourably then they may have simply ignored them, especially if there were no clear policies in place.

In summary, although studies discussed in previous sections outlined the importance of staff training and sexual policies (e.g., 8, 10) in the changing of staff attitudes, the literature related to personal values suggested that staffs' subjectivity, in terms of their personal values, may lead them to ignore training and policies that did not compliment their own values (e.g., 4).

1.3.8 Perception of Individuals as "Innocents" or "Degenerates "

There is a long history identifying the conflicting attitudes that people with learning disabilities are either 'innocent'; and need to be protected from the public, or 'degenerate' and the public requires protection from this population (3,15,18,37). This section will discuss the literature related to this theme.

Whether a service subscribes to the 'innocence' or 'degenerate' model can often be seen in the discourse used to describe the people they serve; for example referring to them as boys and girls when viewing them through the "innocents" model (3). A

belief that this group is vulnerable due to the fact that they are 'too trusting' also exists (28).

A study carried out by Brantlinger (34) interviewing 22 special education teachers found that they all believed that students were either 'streetwise' or 'naïve' regarding sexuality, which they attributed to socioeconomic status; streetwise students being from lower socioeconomic group than those who were considered naïve. The teachers also believed that there was a high rate of sexual activity amongst their students, which they attributed to a lack of assertiveness, little sense of autonomy and low self-esteem. What the findings were unable to demonstrate, however, was whether these attitudes were related to the learning disability or the age of the student. It was also interesting to note that none of the attitudes towards sexuality outlined in the Brantlinger (34) paper were positive in nature. The teachers interviewed saw their students as either 'streetwise' and therefore too sexually active, or 'naïve' and vulnerable to the sexual activity of others; these attitudes left no room for the view that an individual may be comfortable and active in their sexuality.

When sexual behaviour is viewed as deviant behaviour this can have significant consequences for service users; if their sexuality is defined in terms of deviance then it may be controlled with surgery, drugs or imprisonment; decisions in which the individual has very little consultation or involvement (16). In contradiction with this, the literature suggested that serious offending behaviour was often overlooked

and rationalised as a common part of having a learning disability, and minor transgressions were permitted to continue due to a lack of guidance or respect for privacy (3).

In summary, the literature highlighted how the oppositional model of 'innocents' versus 'degenerates' influenced an individual's perception of the sexuality of people with a learning disability. It could also be argued that this acted as a barrier to a more positive view as the literature demonstrated negative outcomes for each of these polarised views, such as a denial of service users sexual identity (e.g., 3, 28).

1.3.9 Level of Cognitive Ability

Cognitive ability and its impact on staff attitudes towards sexuality is a significant factor that has been broached within many of the other sections within this review (e.g., 4,35) This implies that staff attitudes regarding sexuality are enmeshed with the staff members view of the service user's cognitive ability, thus making it difficult to explore cognitive ability as an isolated theme through the literature. Issues related to level of cognitive ability that have not been addressed in other sections, therefore, will be addressed here.

Consistent with many studies Wolfe (19) found in a study looking at the influence of personal values on issues of sexuality and disability, that respondents to the questionnaire considered it to be more appropriate for individuals classed as having a moderate learning disability to engage in sexual practices than they did for those

who have a severe learning disability. There were, however, limitations to this study in that as it was carried out in one geographical area it did not control for cultural issues and the impact of local policy on attitudes, therefore this view may be specific to that area and not representative of more global attitudes. Like many of the studies it also had a low response rate to the non-standardised questionnaire, which also made the generalisability of the findings more difficult.

The literature also took the view that level of disability impacted on people's attitudes as to whether people with learning disabilities should be allowed to have children. Those considered to have a lesser degree of cognitive impairment and, thus, considered to be less disabled, were viewed more positively in terms of parenthood (19). It could be argued that this view relates to the Eugenics movement discussed earlier in relation to the fear of procreation (e.g., 35), not only were service users viewed negatively in terms of conceiving a child, but also in terms of child rearing.

In summary, the literature highlighted an attitude that relationships and procreation was considered to be a privilege for those considered to be 'cognitively competent' and as such was not considered as a desirable option for people who have a 'cognitive impairment' (19).

1.4 Methodological Considerations

Many of the studies included in this review had similar types of methodological limitations, which impacted on their ability to be generalised. Although these limitations have been discussed in relation to individual papers within the main body of the text, this section provides a summary of the main methodological considerations within the literature and will be discussed in a more generalised view.

1.4.1 Pre and Post Measures

Many of the studies looked at evaluating attitudes through pre- and post- measures during in-house training. As has been previously outlined, this snapshot of particular service's attitudes did not control for issues related to geographical regions, specific service issues, local policies, and cultural differences.

There was also a problem with analysing questionnaires pre- and post- training. During the process of the training the participants may have learnt what the attitude and beliefs of the course leaders were (in the literature the course leaders were the researchers/ local clinicians) and therefore in the post measure were more able to provide the 'correct' answers which were in line with the trainer's perceived views, thus, seemingly displaying a positive change in attitude.

1.4.2 Questionnaires

Many of the empirical papers reviewed used a questionnaire methodology. The studies had relatively low response rates to their questionnaires, perhaps indicating

that only those with a particular interest in the area responded. This was perhaps demonstrated in the body of literature describing a mainly positive attitude towards sexuality, which could have been directly attributed to only those who have a positive attitude responding. If ambivalent staff members' opinions were not included in the studies, due to their failure to respond, it may have created a misleading view of the assessment of attitudes, as it only reflected the attitude of a select few and not staff in general.

The questionnaires and surveys used in the studies reviewed all took different forms; some were adapted from more widely known studies, whilst others were created for the sole purpose of that particular study. The lack of standardisation of questionnaires utilised across the research also made it more difficult to generalise the findings. This, however, is not an issue specific to the literature on sexuality and is a problem generally in learning disability research.

1.4.3 Sample Sizes and Gender Issues

Many of the studies reviewed in this paper involved small sample sizes which made it difficult to extrapolate the findings. In addition to this, many papers discovered that gender differences influence attitudes. Some of the papers reviewed, however, did not report the gender of the participants. These studies included large number of participants and so it was probable that a mixed sample was used. Most studies included predominantly female participants, which could have had a significant impact on the data. As the literature suggested that gender had an influence on an

individual's attitude to sexuality, these sample issues made it difficult to generalise the findings.

It was also important to note, however, that staff working with people who have a learning disability is a predominantly female workforce; as such it could also be argued that this gender bias is representative of the population being surveyed.

1.5 Conclusions

A review of the literature over the last two decades reveals little change in the focus of the important issues. Table 2, however, demonstrated that there had been an increase in the attention given to each of these issues over time. The change observed within the literature was that of the discourse used to explore these issues, with the exception of pleasure related language in the discourse which was still neglected when discussing sexuality and people who have a learning disability (21).

This review observed a slight positive improvement in attitudes, but generally concluded that there appeared to be little substantial change in the attitudes that staff hold towards the sexuality of those they care for. The studies repeatedly demonstrated the positive and lasting effects of training on staff attitudes so it was interesting to contemplate why this type of training was not mandatory. Sexuality training is often delivered within the context of other training such as skills building, individual's rights, emotional support, personal needs, thus, indicating that it was still not viewed as a high priority need in the training of staff (4,19), despite clear

directives in the Government White Paper (5). The lack of consistency regarding policy and training was also highlighted (e.g., 9). It could be argued that the oppositional model of 'innocents' versus 'degenerates' acted as a barrier to a more positive staff attitude towards sexuality (e.g., 3), which potentially could be influenced by good quality training (e.g., 22,23).

Brown (3) believed that an analysis of the discourse present in services revealed that staff believed they have an implicit role to regulate sexuality and create sexual boundaries. Various forms of contraception, including sterilisation were still used as a form of external control of service user's sexual lives (15) and may have been left over from the influence of the Eugenics movement (35), even though this did not adhere to the policies included in the Government White Paper (5). The literature observed little in the way of Sexual Policies (e.g., 8) within services and a poor understanding by staff of existing policies (e.g., 28). Instead, staff members' subjective values were used as a guide in their decisions related to service users' sexuality (e.g., 9). It was interesting to note, however, that papers as early as the 1980's were identifying the need for service users to have the choice to take risks within relationships; that the freedom and choice was for them to explore and not for staff to confine (42). These were principles that did conform to the Government's view (5) but unfortunately examples of this existing in practice were not widely reported in the literature.

It could be argued that some of this need to protect service users was born out of a perception of an individual's vulnerability to abuse (e.g., 32). The literature demonstrated that although this was a concern for staff members and it informed their attitude towards service users' sexuality (e.g., 8), staff actually had little understanding of abuse and perpetrators of abuse (e.g., 28). One could argue, therefore, that the suggestion in the literature was that these attitudes were ill informed. It could also be argued that these subjective attitudes were particularly powerful in influencing the way in which staff members managed situations related to sexuality. It was also observed in the literature that even if a service had policies in place, if these conflicted with the staff members' personal values then they would disregard the guidelines (e.g., 4).

Another aspect pertaining to the 'protection' of service users was enmeshed with staff attitudes towards procreation and sexual orientation. Although the literature has demonstrated an increasingly positive shift in this attitude over time (e.g 4, 35,43), this attitude was still contingent on the level of the service user's cognitive ability. The literature highlighted that once the concern regarding the possibility of procreation had been reduced then an increase could be observed in the positive attitude towards that person's sexuality (e.g 20). This was not necessarily supported in other areas of the literature as a negative attitude towards service users engaging in homosexual relationships was observed (e.g., 39)

The literature did, however, highlight some positive shifts in attitude over time. The literature reflected that age had an impact on attitude towards sexuality with those who were younger holding more liberal views. If this was the case then these attitudes should be maintained, as those workers get older and in theory the younger generation of staff should have a greater positive view than theirs, thus a general trend towards increasingly positive attitudes emerges in a natural evolution. The question this left is how long will this process take given that it is reliant on the subjective view of staff and policy makers? How long do people with a learning disability have to wait to have the same entitlement to a sexual life that society views for itself and that is outlined in the Government White Paper (5)? If it is a question of waiting for a natural evolution, then as twenty years have passed with little change, the evidence suggests they could be waiting for a long time. Although personal values may always influence staff members initial approach to service users, the literature demonstrated that the inconsistency in training and policies does nothing to improve possible negative attitudes or service delivery (e.g., 4, 19, 22, 23).

1.5.1 Recommendations for Future Research and Clinical Implications

This review of the literature raised many questions that would make for important areas of future research. Areas that are indicated for future research include a national survey to assess whether policy makers are conversant with the Government directives related to sexuality (5). The literature suggested that policies fell short of carrying out the Government directives and so a baseline looking at an

understanding of these directives would provide a sound foundation for exploring possible reasons for services' ambivalence.

It would also be helpful to explore staff attitudes towards the different types of relationships that people might engage in. For example, what are staff attitudes towards a person who has a learning disability having a relationship with somebody who does not have a learning disability? Does the age, gender or culture of the service user have any influence on this attitude? Not only would exploring these issues help in further understanding what influences staff attitudes, but also creates further opportunities to open up dialogue with staff members regarding service users sexuality. This could prove to be clinically very significant as some studies (e.g., 4,12,13,14) suggested that through continual exposure to these issues a desensitisation may occur that could create a shift in attitudes.

Finally, a contribution to the development of the literature on sexuality could be made through the publication of examples of best practice. It would be helpful to be able to observe how services have implemented the principles relating to sexuality set out in the Government White Paper (5) and how this implementation was evaluated. As was discussed in the methodological limitations section of this review, many of the studies utilised questionnaires that had been developed for that specific study. As such, it is difficult to link together the research that is carried out. Studies are carried out independently and so the evidence base does not progress forward as researchers are not building on existing literature. Publishing examples of best

practice may help researchers to formulate hypotheses worthy of testing and help to begin to push the literature forward.

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Chapter 2

A Grounded theory study investigating the attitudes of male sex offenders and male non-offenders who have a learning disability towards sex and sexuality

Chapter word count (excluding table, figures and references): 7963

2. 1 Abstract

Most research looking at the behaviour of men who have a learning disability and sexually offend has been carried out without the use of control groups of men who do not offend; as a result of this it has been difficult to assess whether there are any differences between them. The current research aimed to explore the attitudes of men, both offenders and non-offenders with learning disabilities, towards sex and sexuality. Semi-structured interviews were carried out and analysed using a grounded theory methodology. It is hoped that the information gathered through the process of this research highlighting the existing differences between the two groups in terms of influences on their development, empathy, education and relationship and social constructs will help in the further development of risk assessments in addition to providing in-depth knowledge regarding sex and sexuality.

KEY WORDS: learning disability; sex offending; risk; attitudes

2.2 Background

Despite the publication of high profile government policies, such as Valuing People (1), which amongst other things aimed to increase the right of people who have a learning disability to engage in sexual relationships, little knowledge exists regarding the attitudes of individuals with learning disability towards sex and sexuality. Traditionally, members of this population are polarised with individuals being regarded as either 'innocents' or 'deviants' (2,3,4,5). Although these views can be considered to be somewhat simplistic, there are a significant number of individual's with learning disabilities who commit sexual offences (e.g.6,7,8).

There is, however, a paucity of research that examines attitudes of non-sex offenders with that of sex offenders with learning disabilities (9,10) thus rendering it practically impossible to conclude if any difference between the two groups exist.

The current study aimed to explore the attitudes towards sex and sexuality of men with learning disabilities who sexually offend in comparison to men with learning disabilities who do not sexually offend, in order to go some way to address the existing gap in the literature.

The fact that sex offenders with a learning disability are largely ignored was illustrated in a document about risk of offending published by the Home Office (11). This document discussed at length different types of sexual offences, including those committed by minority groups, however, makes no reference to sex offenders with a diagnosed learning disability. Interestingly, it is generally considered that the prevalence rates for sex offenders with a learning disability may be higher than those in the general population (e.g. 6,7,8). One might expect, therefore, to find the needs of this population discussed in the Government White Paper – Valuing People (1), which outlines the problems faced by people with learning disabilities. Whilst this document highlights the need to protect vulnerable adults from abuse, it makes no reference to those who sexually offend; further illustrating that this is a much neglected area of investigation and understanding.

A definition of what is considered to be a sexual offence is detailed in the Sexual Offences Act (12). The main emphasis here lies in the need for an individual to gain consent before engaging in sexual activity. The Act is very clear about what is considered an offence, but this is often over looked by services when labelling the 'problematic sexual behaviour' of a service user with learning disabilities (e.g. 13,14).

2.2.1 Problematic Sexual Behaviour

Brown & Thompson (15) have argued that there are conflicting perceptions of what comprises abusive sexual behaviour by people with a learning disability and this has led to inconsistent responses from services. The term 'problematic sexual behaviour' is often used when describing offending behaviour and it has been suggested that the reluctance to use the term offending or abusive behaviour perhaps reflects the attitudes of staff working within these services (16).

Research indicates that our society struggles to acknowledge that people with learning disabilities have the right to be sexual and beliefs persist that they may channel sexual behaviour inappropriately (2,3,4,5). This difficulty is highlighted by Aylott (17), who reported that societal attitudes towards the sexuality of people with learning disabilities demonstrate a misconception; they are viewed either as 'sexual predators' or 'innocents', an attitude echoed by staff members (see 18). Gaining a greater insight into the attitudes of people with learning disabilities towards their own sexuality could help in educating society and staff members about the realities

of the sexuality of people with learning disabilities and further promotes the necessity for the current study.

In the researcher's opinion, the way in which men with learning disabilities who sexually offend come to understand and construct their knowledge of consent could be considered a key issue in offending behaviour, but is unfortunately a current gap in the literature. A comparison of the constructs of consent held by offenders and non-offenders could therefore be helpful in understanding potential risk factors for offending, therefore, an exploration of these attitudes may prove valuable.

2.2.2 Carer's Attitudes towards Sexual Offences

Lyall, Holland & Collins (14) describe staff tolerance to sexual offending behaviour as being extremely high. As many as 10% of individuals working with people with learning disabilities would not report indecent exposure or a sexual assault if carried out by a service user. Lyall et al (14) goes on to highlight how the attitudes and experience of staff hindered referral across different agencies. This lack of cohesion between services is believed to contribute towards the scarcity of interventions offered to adult offenders with learning disabilities. Brown & Stein (19) argue that as a direct result repeated offences against peers are frequent and lack of appropriate intervention is the norm. It is interesting to consider in what way the implicit message that offending behaviour will be tolerated in any way influences the attitudes of people who have a learning disability towards sex and sexuality.

This lack of understanding of the impact of sexual abuse within services is demonstrated in a study by Brown, Hunt & Stein (13) looking at staff knowledge of risks, guidance and support mechanisms within their agencies. In line with Lyall et al (14), they found that staff were unclear about their roles and responsibilities. They also reported that cases had been dealt with haphazardly, engendering a heightened sense of anxiety within staff. It appears that it may be due to a lack of clear guidelines outlining the acceptability of sex which perpetuates confusion and enables high risk behaviours to continue. It could be argued that lack of appropriate guidelines could result in staff feeling unable to identify 'risky behaviour'. Furthermore, it is likely that inconsistent messages would produce confusion for clients.

2.2.3 Assessment and Treatment of Sexual Offenders

There are a range of assessment tools that have been developed and utilised for the assessment of risk with mainstream sex offenders, these include; physiological methodologies such as Penile Plethysmography (PPG) which is increasingly being considered exploitative and unethical, due to its common reliance on explicit imagery, especially images of children (20); attention-based methodologies and self report of deviant sexual arousal which research suggests provides unreliable results with people with learning disabilities (21, 22); and card sorts which is reported as being susceptible to denial or faking (23) and also relies on similar stimulus to that used with PPG , thus the same arguments of being exploitative and unethical stand.

These assessments are developed for a population of people without a learning disability and therefore, when extrapolated, do not take into account the specific needs of this population. Research indicates that problems associated with assessing men with learning disabilities include acquiescence, poor memory, suggestible responding, significant reading difficulties, problems with complex verbal language comprehension and difficulty in understanding abstract concepts (22,24) which would likely render techniques used for the assessment of mainstream offenders defunct. As such, researchers have identified the need for development of conceptual models which may indicate some of the principal motivating factors that lead to offending behaviour in men who have a learning disability (9,10). They further highlighted the importance of ensuring that the unique developmental and socialisation influences specific to these individuals directly inform the models.

Given that current assessment models used with individuals with learning disabilities have not originated from research conducted with this population their reliability and validity must be questioned. In a review of service providers, Turner (25) found that 42% reported using risk assessment policies where the reliability and validity of the assessment was unknown. This demonstrated that services are endeavouring to accurately assess risk but have to 'make do' with tools that are likely to be unreliable. This clearly demonstrates the need to develop a population specific model that considers the factors that are unique to sexual offending with individuals with learning disabilities.

Although the literature identifies characteristics considered to be specific to sex offenders with a learning disability, such as; sexual naiveté, an inability to understand normal sexual relationships, difficulty mixing with the opposite sex, poor impulse control, poor relationship skills and negative early sexual experiences (e.g. 7,26) they fail to use a control group, therefore, it is impossible to assess whether these characteristics correlate with the sexual offending behaviour, the learning disability or gender.

As would be expected due to the current poor understanding of sexual offending and learning disability, studies suggest that there is little efficacy demonstrated in the therapeutic interventions of sex offenders with this population. Recidivism rates are high, for example Barron, Hassiotis & Banes (27) found that approximately half of their sample re-offended. A study carried out by Lindsay & Smith (28) demonstrated that any intervention lasting less than two years was of little value when working with sex offenders with a learning disability, although what it is about the treatment programme that is not effective is not currently understood. It appears from the literature that this may be because treatment programmes are a modified version of the group cognitive-behavioural models used in mainstream services which may not be appropriate for this population. Allum, Middleton & Browne (29) concluded that as sex offenders are not a homogeneous group greater programme flexibility may be needed to provide effective treatment for service users.

Gaining more information about how sexuality is understood within the community of people with learning disabilities could help indicate how maladaptive attitudes to sex and sexuality develop and how constructs are created which may in turn result in sexual offending. Establishing differences between a group of offenders and non-offenders could help identify what could be considered as 'risky behaviour'.

Hence, the main aim of the current study is to identify the attitudes of offenders and non-offenders with learning disabilities towards sex and sexuality. The use of a non-offender control group aimed to highlight risk factors unique to offenders. It is hoped that the information derived from the study will be helpful in contributing to the development of a risk assessment tool encompassing information about the attitudes specific to each group.

The existing literature also identifies that the participant's range of learning disabilities varies greatly, with some studies explicitly including or excluding those with a borderline learning disability (30). Murphy, Harnett & Holland (31) found that in a sample of learning disability prisoners, not one had an IQ of below seventy, despite having been diagnosed as having a learning disability. As such, the current study included men with a variety of cognitive ability, whilst attempting to ensure a balance of ability between the two groups.

2.3 Aims

The aims of this study were as follows: -

1. To explore attitudes and differences towards sexual behaviour in men with learning disabilities who have convictions for sexual offences (sex offenders) with those men with learning disabilities who do not have convictions for sexual offences (non-offenders).
2. To identify any key thematic differences between these two groups with respect to attitudes towards sexual offences.
3. To identify any differences between these groups with respect to understanding sexual behaviour.
4. To explore whether there are any defining characteristics within each group that may indicate increased risk of offending behaviour.

2.4 Method

This study utilised grounded theory, a qualitative method of analysis, to investigate the attitudes held by men with a learning disability regarding sex and sexuality. This approach relies on the researcher generating theory from observation as opposed to 'testing' preconceived hypotheses. It is therefore less reliant on positivist empirical procedures and, it has thus been argued to be less vulnerable to systemic biases (32) As a result, some authors have described grounded theory as a 'naturalistic' approach to research (e.g. 33). Strauss & Corbin (34) describe grounded theory as being

> "*...inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon.*" (34: pp 23)

Grounded theory is deemed to be a valuable method when there is little literature or theory available in a specific area; the aim is that the theory is 'grounded' in the data (e.g. see 33: pp 165). This methodology was considered to be the most appropriate for the current research as the aim of the study was to gain in-depth understanding of participants' attitudes towards sex and sexuality. The bottom-up analysis characteristic of grounded theory allowed the researcher to look at these views and attitudes in great detail allowing the formation of a theoretical model to illustrate the findings.

2.4.1 Participants

Participants were recruited through two in-patient units in the West Midlands; a forensic learning disability unit within an NHS setting, and an in-patient learning disability unit within the private sector.

All participants were men who were able to respond to verbally presented information. Two groups were identified; those who had been convicted of sexual offences (offender group) and those who had not (non-offender control group). A total of 12 participants were approached to take part in the study, however, 2 of

those approached declined to take part. A total, therefore, of 5 offenders and 5 non-offenders were recruited and individually interviewed (n=10).

Table 3: Demographic details of participants

	Offenders	**Non-offenders**
Age (years)	Mean 39.6 (range 19-56)	Mean 33.6 (range 19-65)
Length of treatment (years)	Mean 2.6 (range 0-4)	
Cognitive ability	Range borderline-moderate (IQ >70)	Range borderline-moderate (IQ >70)

An exclusion criterion was implemented in an attempt to control for some confounding variables. The exclusion criterion was:

1. Service users who did not communicate using speech
2. Service users currently attending sexual education tuition, except those attending treatment
3. Individuals with a diagnosis of Autistic Spectrum Disorder

2.4.2 Procedure

The participants were approached individually by a clinician known to them to ask if they would be interested in taking part in the study. The rationale and details about the research were clearly outlined. If the individual agreed to take part in the study, the researcher then met with them together with a member of staff who could advocate for them. In that session the outline for the study was reiterated along with an explanation of the limitations of confidentiality (see section concerning ethical considerations). Participants were also informed that they had the right to refuse to

answer any questions and that they could stop the interview at any time (see Appendix D).

Following recommendations in the literature regarding delayed processing, a time lapse was allowed between initial contact and interview to ensure that the individual was giving fully informed consent (see 35,36,37). Informed consent was then obtained (see Appendix E).

Before the interview began the limitations of confidentiality were discussed and the individual's right to refuse to answer questions or terminate the interview at any time was also outlined.

The interview consisted of a semi-structured interview and lasted no longer than an hour. The design of the interview was not time sensitive and the participant was encouraged to take breaks whenever needed. The developers of grounded theory had not intended that this methodology be prescriptive and instead issue it as guidelines of good practice in an evolving qualitative methodology (33). In keeping with the ethos of grounded theory the researcher aimed to use open-ended questions, but needed to use encouragers and prompts to assist the participant in expressing their attitudes freely. Due to the needs of this particular client group it was also necessary to use a lot of clarification to ensure that their points were being fully understood.

The data collected from the interview was then transcribed verbatim and analysed.

2.4.3 Data Analysis

Giles' (33) model of grounded theory analysis was followed. Initially coding took place, which Strauss & Corbin (34) describe as representing "... the operations by which data are broken down, conceptualized, and put back together in new ways. It is the central process by which theories are built" (34: pp 57). The coding system used comprised of Initial Analysis (Open Coding and Focused Coding), Secondary Analysis (Axial Coding) and Final Analysis (Selective Coding). (33, 34)

2.4.3.1 Initial Analysis

Strauss & Corbin (34) describe this process as combing through the data and breaking it down into discrete parts, once the parts have been broken down into meaningful units they can then be classified into categories. This is followed by focused-coding and as the name suggests requires making the categories identified in open-coding more focused. This analysis integrates the initial set of codes into broader conceptual categories (33)

2.4.3.2 Secondary Analysis

Axial coding is the secondary level of analysis and involves coding the initial categories into an explanatory framework of higher-order categories (33). Using a coding paradigm involving conditions, context, action/interactional strategies and consequences connections are made between categories (34).

2.4.3.3 Final Analysis

Giles (33) describes this final level of analysis as "...identifying the conceptual thread that ties all the higher order categories together" (33: pp 173). As the name suggests selective coding involves selecting the core category and then relating that core category to other categories. Those relationships are then validated and the remaining categories are refined and developed (34).

2.4.4 Issues of Reliability and Validity

Qualitative research whilst arguably providing more in-depth meaningful data than quantitative methods due to its naturalistic approach, suffers criticisms of being less reliable and more subjective (38). As such the researcher took the following measures in order to enhance the reliability and validity of the current study, some of which were recommended by Silverman (39): -

a) The researcher has included the demographic details of the participants in order to provide the reader with a context for the attitudes presented.
b) The researcher attended a number of research sessions with other clinical psychology doctorate trainees who were using similar methodology. This enabled the researcher to carry out validity checking by providing periods of reflection on the developing findings of the current study.

c) The researcher consulted with the research supervisors on a regular basis during the data analysis. Validity was checked by ensuring consensus on the emerging categories and theory building.

d) The researcher attended a weekly group therapy treatment programme for sex offenders who have learning disabilities and observed whether the emerging categories were reflected in the group's discourse.

e) The interpretation of the data presented in the results section is illustrated with narrative examples which are taken directly from the transcripts.

f) The researcher attended regular clinical supervision to ensure awareness of the impact of her own values and preconceptions on the data analysis; this will be explored further in the reflective paper.

2.4.5 Ethical Considerations

Ethical approval was obtained through the Central Office for Research Ethics Committee (COREC) and the local R&D committee in the relevant area (see appendices A & B). The British Psychological Guidelines (40) and the Professional Practice Guidelines of The Division of Clinical Psychology (41) pertaining to carrying out research were also be adhered to.

There are two main areas requiring particular ethical consideration in this piece of research; informed consent and confidentiality.

In order to ensure that informed consent had been obtained the researcher was guided by the current research in the area of capacity to consent, specifically in relation to individual's who have a learning disability (see 42,43,44). The research suggests that there are four key elements in ensuring an individual has the capacity to give informed consent:

1. Understanding and retaining information about what is proposed
2. Appreciating the personal significance of the information
3. Weighing the information in the balance to make a decision
4. Communicating that decision

Due to the sensitive nature of the topic under discussion for the current study, the limitations of confidentiality needed to be clearly outlined; those being if the individual reported that either they or someone else was in danger of current abuse, this information could not be kept confidential. It was explained that the researcher would have to act in order to ensure that person's safety by notifying the appropriate authorities. The researcher would then have supported the individual through this process.

2.5 Results

Associations and themes were identified from the open-coding categories. This led to the creation of lower order categories (twenty-one in the offender group and twenty-nine in the non-offender group) and a combined total of six higher order

categories. Examples of these are highlighted in the table overleaf (for the complete table see Appendix F): -

Table 4: Examples of Higher and Lower Order Categories

Higher Order Categories	Lower Order Categories (Offenders)	Lower Order Categories (Non-offenders)
Empathy	People are difficult to read Own needs are paramount Centred on own distress Lack of understanding of victim distress Lack of recognition of others internal states	People have separate internal states Sex can be embarrassing Consent Disgust at deviant sexual behaviour People have different levels of knowledge
Social Concepts	Can but don't talk to others about sex Pre-treatment belief that consent is not necessary Post-treatment belief that need to obtain permission	Social expectations Age factors Consent Consequences of behaviour External agencies need to know about abuse Disgust at deviant sexual behaviour
Relationship Concepts	Knowing someone means knowing facts Short time between meeting and sex Lack of awareness of evolving relationships People are difficult to read Lack of emotional connection with others	Relationships require commitment Partners should initiate intimacy Different types of relationships Consent Relationships develop over time Relationships are complicated Relationships require a connection

The higher order categories were then developed into two separate explanatory models of the data for the offenders and non-offenders. The central or core categories were developed and arranged into the models. The models aimed to help illustrate and thus better understand the phenomenon and the relationship between the categories (See Figures 1 and 2). The models for offenders and non-offenders were then compared for further similarities and differences.

Figure 1: Model Representing the Attitudes of Male Non-offenders with Learning Disabilities towards Sex and Sexuality

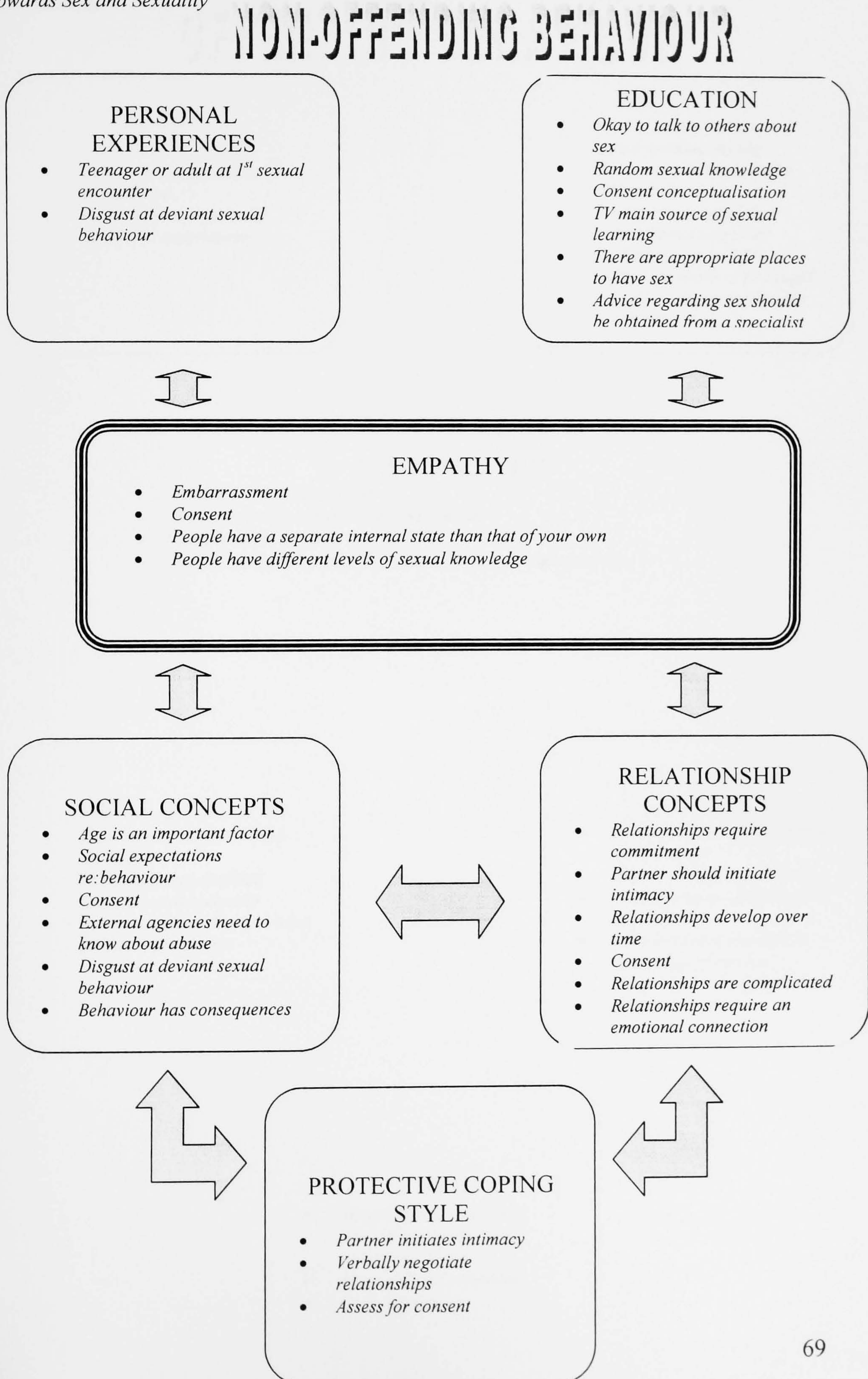
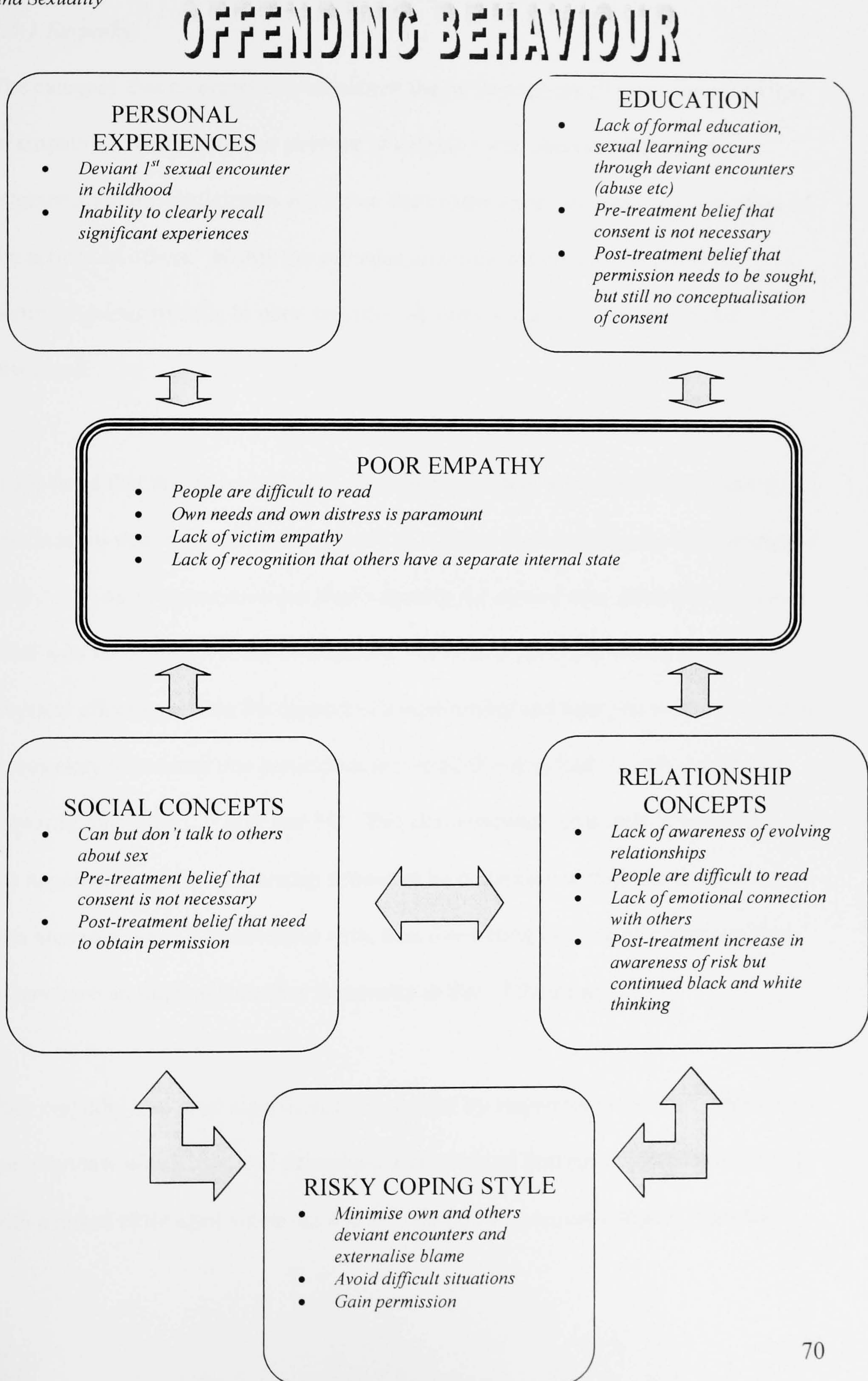


Figure 1: Model Representing the Attitudes of Male Offenders with Learning Disabilities towards Sex and Sexuality



2.5.1 Empathy

The category that emerged as a consistent theme throughout all interviews was that of empathy. The presence or absence of empathy was observed through the interpretation the participants placed on their experiences and their interpretation of the actions of others. Within the offender group the data demonstrated some pertinent points relating to poor empathic abilities which will now be further discussed.

It appeared that the individual with whom the offenders were planning to have a relationship was irrelevant when it came to meeting their own needs; one participant said *"…if you've found someone that's looking for a good time, basically you don't mind who he is, then it could be anyone…" (P6: line 126-127).* When discussing physical affection within the context of a relationship and how you would know that it was okay to proceed one participant answered that they had *"…asked staff and they said that's fine…" (P8:line 96).* This demonstrated some lack of awareness that the negotiation of the relationship needed to be conducted with the individual one was hoping to have a relationship with, thus illustrating the lack of awareness that others have an internal state that is separate to that of their own.

Poor empathy was most significantly illustrated by responses to the final question of the interview which involved describing a scenario of finding a friend naked in bed with a naked child aged six-seven and was designed to access attitudes regarding

victim empathy. Not only did few of the offender group recognise there was anything wrong taking place, but instead focused on their own relationship with the individual and how that would be effected; highlighting that their own needs and distress is paramount. For example one participant stated that *"...I'd probably get jealous... yeah I'd get jealous...I'd find somebody else" (P6: line 139 & 145);* and another participant commented that they would be *"...angry that she's going out with me and she's getting off with a six year old" (P9: line 96-9).*

In direct contrast the Non-offender group demonstrated good empathic skills. When a discussion regarding physical affection within the context of a relationship was held, the non-offender group was able to identify that both parties need to agree to it and that the other person may have different thoughts or feelings to that of their own. This appears to demonstrate an awareness of the principles of consent and that others have a separate internal state to that of their own. For example one participant stated that *"we both choose; we both each choose..." (P1: line 146);* whilst another believed *"...it could take as long as it takes, you might be confident but that lady might not be, or the lady might be confident and you might not be." (P2: line 259-260).*

2.5.2 Personal Experiences

The majority of the offender group identified early experiences and first sexual encounters that could be considered as deviant or abusive and occurred during childhood. One participant revealed *"I was only eight or nine like" (P10: line 52);*

and another stated "*I done it at school; it was a boy's school and I was young and that's were I first had sex" (P6: line 24-25).* These were absent in the descriptions of the non-offender experiences; with the majority of non-offenders identifying their first sexual encounter as occurring in adulthood (over the age of eighteen).

When deviant sexual practices were presented to all participants in the form of a scenario of a paedophilic encounter, all of the non-offender group expressed disgust at the description presented; participants made comments such as, *"I think that's most disgusting" (P1: line 242); "that's bang out of order" (P2:line 246);* and *"sick!" (P3: line 150).* Conversely, none of the offender group expressed any disgust and instead some asked for clarification regarding the encounter such as *"it could be her brother" (P9: line 89);* or questioning details within the scenario, such as *"a six- year-old or a sixteen-year-old?" (P7:line 174).*

When recalling early sexual experiences the offender group initially used language that indicated it was difficult to recall these events. Whether this is a problem with memory recall or a reluctance to discuss difficult events is unclear. For example one man said, *"... I don't know actually I can't remember" (P7: line 18);* whilst another stated, *"oh gosh, I don't know I can't remember, I can't think" (P9: line 41).*

2.5.3 Education

A common category that was present in both the offender and non-offender group was the absence of formal sex education. Only one of the participants in the non-

offender group had received sex education through schooling and the remainder had gathered knowledge from a variety of areas. The majority of offenders appear to have received their knowledge through deviant encounters in early life, which were highlighted in the previous section, whilst the non-offender group had acquired their knowledge through external rather than first hand sources. When questioned the majority of non-offenders had amassed their sexual knowledge through the use of television programmes; one participant revealed, *" I seen some of it on tele'... some people use condoms, I seen that on tele' as well" (P1: line 48 & 50);* similarly another participant commented that, *"... I learnt from watching sex on TV and things like that" (P2: line 84-85).*

As would be expected from these findings, the factual sexual knowledge that the participants had was limited and sometimes factually incorrect, an example of one such response is that, *"she might say 'cause it was hurtin'... and you say to her well that's how it's supposed to go, because ah...basically... your clitoris is not been broken" (P1: lines 292-296).* The non-offenders, however, had managed to acquire some positive messages regarding sexual relationships such as knowledge about appropriate places to have sex, which when asked for clarification one participant exclaimed, *"it wouldn't be in here!" (P1: line 169).* Other positive messages that were expressed included an awareness that they could talk to other people about sex and any concerns they had regarding sex. When asked who they would speak to one participant stated, *"it's mostly my friends really" (P3: line 68);* another said, *"my dad" (P5:line 30);* whilst another replied, *"I think that I would have to ask my best*

friend" (P2:line 166). When wanting to acquire knowledge many identified the safest place to gain sexual knowledge as being from somebody with specialist knowledge, one participant shared that, *"you go down the man well clinic" (P2: line 207);* and another identified that, *"they call it sex education centres... go to the right place of the right people to learn you about how to do it, so they can discuss it with you" (P4:line 43 & 58-9).*

Finally and perhaps most significantly in terms of education and understanding regarding sexual relationships, appears to be the acquisition of an internalised construct of consent. The non-offender group appeared to have a sophisticated understanding of relationships, which will be discussed in section 2.5.5, and within this context had acquired an understanding of what consent means and its' significance to self and others. The following are quotations that highlight this point; *"I'd ask her... and she'd ask me" (P1: line 155 & 157); "it depends how I feel and what feelings they had" (P5:line 13).*

The offender group on the other hand claimed to have had no understanding of consent prior to treatment, one participant commented that before treatment he *"...didn't used to be bothered... but now you have to be very careful..." (P7:lines 134-5);* he went on to say that following treatment he had learnt that, *"...say you're cuddlin' somebody or you're touching a girl, and they tell you to get off 'em, then you get off 'em, I know that now" (P7:lines 155-6).* When questioned about their understanding of consent following treatment the offenders managed to provide a

somewhat comprehensive answer. When questioned further, however, it seems that no construct had developed with this understanding and so they found it difficult to apply this idea to different situations, illustrated by the following quotations; *"...I don't know it all depends how their body functions are... it all depends whether I like them..." (P7:lines 75-79); "[researcher: why can't somebody under eighteen give consent] "erm God I don't know" (P8: line 25).* Instead the message that had been gained through treatment had been interpreted in a literal sense to mean gain permission in order to get it 'right' or avoid getting into trouble, one participant believed *"as long as they make the first move I know I'm right" (P7:line 85)*; and another commented that, *"I just want to do what is right 'cause of rape and that" (P10: line 33);* and another said he would question the individual and, *"...then you have permission you've got permission" (P9:lines 69-70).*

2.5.4 Social Concepts

The social concepts constructed by the two groups through their experiences differed in both number and sophistication. The offender group discussed fairly limited social concepts mainly centring on, as previously outlined, the pre-treatment belief that consent was not necessary for sexual intimacy and the post-treatment belief that permission needed to be sought. This category has been included in the social concept category as it may indicate through their expression of getting it 'right' or making a 'mistake' that they may have an understanding that these are social rules that would be broken.

In addition, the offender group also acknowledged that it is acceptable to talk about sex with others, therefore suggesting they have an understanding that this is accepted by society, however, they still chose not to engage in this behaviour, making comments such as, *"Well you wouldn't ask... you'd have to sort it out..."(P9: lines 32-3).*

The non-offenders, on the other hand, had built up a reasonably sophisticated understanding of social concepts providing a way within which they could interpret their experiences and their approach to relationships. In addition to the conceptualisation of consent outlined previously, these constructs included an understanding that age is an important factor in choosing a partner, one participant stated that, *"as long as the person is old enough, if you like the person and you get on... then you can have an intimate relationship with the person..." (P3:line 17-18);* and another remarked that when *"...they're too young... they've got no experience, you got to wait until you are eighteen and you know a bit more about it..." (P5: line 96-97).* The non-offender group also understood that there are social expectations relating to your behaviour, illustrated by comments such as, *"...if you cross over the first wall you've already broken the rules" (P2: line 446-7);* and *"...so behave yourself and you have more friends" (P4:line 8).* The non-offenders also recognised that behaviour has consequences, one participant illustrated this by saying, *"you don't want to be getting up the spout at the age of sixteen and then spend the rest of your life regretting it" (P2: lines 216-8).*

The non-offenders understanding of social expectations and behavioural consequences perhaps correlates with their display of disgust at deviant sexual behaviour as outlined earlier. Finally, the entire non-offender group demonstrated an understanding, when presented with the paedophilic scenario that a law had been broken and the authorities would need to be informed. This can be seen from the following responses; *"...I'd probably call the police... or social services" (P3:line 155-7);* and *"...I'd get some help off some other people, like the police or social services" (P4:line 157).*

2.5.5 Relationship Concepts

As might be expected from the reported difference in empathic skills between the two groups, the resulting differences in relationship concepts is quite marked. The offender group demonstrated a lack of awareness of the need for relationships to evolve and found people difficult to read, one participant observed that, *"it is difficult to know what they want init?" (P6: line 130);* another expressed similar difficulties, *"it's hard to know what they thinks..." (P10: line 106).* They also demonstrated a lack of an emotional connection in forming relationships with others, such as, *"...you'd leave it at least two-three days, something like that, just so you get to know 'em properly... find out how old they are, what they do for a job, all stuff like that" (P7:lines 101-103);* and when questioned as to what they would do if the person they had met didn't want to have sex one participant stated that, *"you find somebody else" (P6: line 106);*

Following treatment the offender group still demonstrated significant difficulties in this area, however, there was an increase in the awareness of risk, as is demonstrated in the following quotations; *"you don't know whether to do anything, that's why I always make sure that they make the first move, 'cause if they make the first move I know that they want something" (P7: lines 89-91); "because... if he's not agreed to it and you're talking rape kinda thing, it's not the general thing to do, you shouldn't do it" (P6: line123-4)*, their continued 'all or nothing' thinking style left them open to risk through avoiding difficult situations. This will be outlined further in the coping strategies section.

In contrast to this, the non-offender group demonstrated a surprisingly sophisticated understanding of relationships including the recognition that relationships evolve over time with one participant stating *"I need to get to know them quite well, I don't know her that well yet" (P1:lines 200-1)* and that as such a relationship requires a commitment, one participant described this commitment as *"a partner is somebody you love, you care for through sickness and health" (P2: lines 10-11)*. The non-offenders also expressed an understanding that relationships are complicated and that intimate relationships require an emotional connection, one participant commented that, *"...you've got to get on with the person before you get married " (P1: line 10);* and another stated that *"...you've got to get to know that person before you jump in bed with them" (P2:lines 255-6).*

2.5.6 Coping Strategies

It was interesting to observe within the offender group that following a period of treatment their ability to empathise had not improved, but that they had acquired a concept of deception by others and so now viewed others more suspiciously. One participant made the observation that "*...they might just want you for the ride... lie to you ...you know what I mean?" (P7: lines 141-6)*. This contributed to developing their coping strategy of minimising their own offending behaviour and externalising the blame onto others. For example, one participant stated that *"...you can sleep with a girl and all they need to do is cry rape." (P7:lines 95-97),* he went on to say, *"...the girl lied to me about being underage" (P7:lines 112-114)*. It was also interesting to note that not only did they minimise their own offending behaviour, but also the offending behaviour of others, an example of this can be seen in the following interaction; "*[researcher: ...a six year old boy in bed with her and he hasn't got any clothes on either what do you think about that?] Participant: it could be her brother [Researcher: it could be her brother... if it was her brother and she's lying in bed touching him what would you think about that?] Participant: what sexually?" (P9: line 87-92).*

Whilst the offending group had learnt to gain permission before engaging in any sexual behaviour; they had also developed a coping strategy of avoidance, which is reflected in the responses; *"...I aint interested in girls at the moment" (P7:line 126);*and *"I'd probably just leave the place altogether. I wouldn't want to be there anymore I'd find somebody else" (P6: lines 144-5).* Whilst this strategy may be

protective in the short term, it means that no learning is taking place in terms of new ways of behaving. As such, this could be considered as posing a future risk as it could be argued that such avoidance may be difficult to maintain in the long term.

Coping styles implemented by the non-offender group included allowing their partner to be the one to initiate intimacy, one participant believed that *"the best thing to do is wait until the girl tells you or ladies to tell you" (P4: line 116);* and to verbally negotiate any deepening intimacy, as is illustrated by the comments, *"I'd ask her" (P1: line 155);* and *"by asking people in a good manner" (P4: line108).* As a result of their comprehensive construct of consent, they were also able to ensure that this had been negotiated and attained before engaging in any sexual behaviour with another.

2.6 Discussion and Conclusion

Lindsay (9) and Tudway & Darmoody (10) recommended that it was important that the current study in conjunction with other areas should be researched. In line with Lindsay (9), a review of the literature highlighted that one of the main methodological flaws within sex offending research with a learning disability population, is that the characteristics of sex offenders identified are based on a clinical sample of sex offenders and that control groups are not used to demonstrate that these characteristics are absent in other samples of individuals with learning disabilities. As the current study used a control group of non-offenders, the researcher was able to demonstrate thematic differences between men who sexually

offend and those who do not. The current study attempted to create models of offending behaviour incorporating the unique experiences of people with a learning disability; Tudway & Darmoody (10) reported this as being vital to further understanding both the sexuality of people who have a learning disability and sexual offending behaviour.

The data analysis highlighted some interesting results relating to the constructs of relationships that the participants held. A marked difference emerged between the two groups in terms of the sophistication of these constructs, which has previously been supported by the literature about poor relationship skills observed in sex offenders with learning disabilities (e.g. 6,7, 45).

Further, a link has been observed by Steptoe, Lindsay, Forrest & Power (46) between poor relationships coupled with low motivation to change as suggestive of lower levels of social integration and identification with society. The findings in the current study support this; the offender group displayed not only poor constructs of relationships, but also poor social constructs. A meta-analysis looking at social skills amongst people, who have a learning disability carried out by Kavale & Forness (47), however, demonstrated that approximately 75% of students with learning disabilities manifest social skill deficits that distinguish them from comparison samples. It is interesting to note, however, that if so many individuals struggle with social skills how the participants in the non-offender group managed to create such sophisticated understandings of relationships and social constructs.

Perhaps further research looking at how social deficits are defined would help to explain this discrepancy.

Within the relationship constructs, both groups (non-offender and post treatment offenders) had developed a belief that partners should initiate intimacy. This could limit individuals opportunities of sexual contact as if both partners believe this, then neither will be the one to initiate a deepening of the relationship. Lack of experience and education could have contributed to the formation of this belief and arguably could be easily addressed. It is interesting to contemplate, however, how this construct was formed; the fact that this is also a belief held by post-treatment offenders suggests that it is possible that this is a construct formed within services and the message is either implicitly or explicitly conveyed to service users.

Social and developmental experiences have also been thought by theorists to be vital in the development of self-control through appropriate social learning for the purpose of internalising societal laws (46). The role that empathic abilities have on their interpretations of these experiences appears to be missing in the offending literature. The data from the current study suggests that there is a possible relationship between the three key aspects of relationship and social constructs and empathy.

The offender group chose not to talk about sex with others; it could be suggested that their lack of empathy means they have little need for social comparison due to

the fact that they do not recognise that others might be able to provide a different point of view from their own. Empathy is well recognised in the literature about sexual offending as a factor contributing to the development and maintenance of offending behaviour (e.g.48,49,50,51) and as a precursor to the expression of altruistic rather than egocentric behaviour (52). The current study clearly supported this as highlighted by the responses of the participants to a question designed to reveal attitudes regarding victim empathy; offenders could see only the impact that the situation had on them and failed to recognise the distress or wrongdoing to the victim.

The offending group's poor empathic abilities were also demonstrated in other areas in the data such as their understanding of consent; the group instead had created a concrete rule that intimacy required permission. Whilst this is a positive step in terms of managing risk it demonstrates difficulty in viewing the world through anything other than 'all or nothing' thinking. It could be argued that this rigidity leaves the offender open to risk as they are often unable to apply the learning they are acquiring through treatment. This clearly has implications for the future of the treatment and risk management of sex offenders who have learning disabilities.

In terms of treatment, researchers believe that improving an offender's empathic ability will in turn improve their level of victim empathy; the offender would then struggle to deny the pain they caused to their victim (e.g.50,53,54). This could act as a protective factor and therefore reduce the risk of re-offending and is identified

by Pithers (55) as a key component of sexual offender treatment programmes, but is not currently a key feature in working with sex offenders with a learning disability.

The data relating to personal experiences also highlighted differences between the two groups with the data from the offender group demonstrating that many of their primary sexual experience had been of a deviant nature; including abusive relationships. The literature supports the findings that offenders are more likely to have encountered negative early sexual experiences (e.g. 7,56,57)

The data from the current study suggested a number of risk factors remain following treatment. These included: -

a) Continuing to minimise own and others offending behaviour;
b) Lack of ability to create internal constructs requiring empathy means that they require concrete rules; these can then be difficult to apply to different situations, therefore, risk of offending remains.
c) Some also demonstrated avoidance of difficult situations which means that they are either receiving this as a message through treatment or are unable to alter their behaviour. Whilst it is positive to avoid certain situations to keep themselves safe, such as avoiding being near school playgrounds if one demonstrates paedophilic offending behaviour, the offenders seemed to have little contact with people other than staff and looked to staff for guidance rather than learning how to manage the situation for themselves. This theme was supported through the researcher's observations at a weekly group treatment

programme for sex offenders with learning disabilities. This theme arose many times and demonstrates a continued concern of risk.

2.6.1 Methodological Limitations of the study

The main methodological limitations to the current study are related to generalisability of the findings. Firstly, in line with the nature of the methodology employed to carry out the current study, a small number of participants were interviewed. This small sample size makes the generalisability of the findings and interpretations difficult. As there is a paucity of research comparing the attitudes of offenders and non-offenders who have a learning disability towards sex and sexuality, grounded theory is considered to be the most efficacious methodology to explore this phenomenon.

Secondly, all of the participants were recruited in the West Midlands. It could be argued that this makes it difficult to generalise the findings nationally as the themes could be specific to that geographical location and this would benefit from future research.

Another factor to consider in terms of the limitations of the study is the fact that the non-offender group was enlisted through an organisation in the private sector, whilst the offender group was recruited from the NHS system. The differences in philosophy and organisation contexts in these two sectors may be the variable

responsible for the differences in attitudes rather than whether or not the individual had offended.

It is also important to note any possible gender effects on this study which could impact on the results. The researcher was a female trainee clinical psychologist interviewing male participants and therefore the dynamic that is created in that interaction needs to be considered when interpreting the findings. Issues related to this particular topic, including gender hierarchy and power issues, will be further explored in the reflective section of the thesis.

In terms of cultural differences, all of the participants were white, British males. This means that there was no evidence available in the data pertaining to any possible cultural differences which again impacts on the generalisability of the findings.

Finally, as discussed earlier, the subjectivity of the researcher also has an impact of the findings of a study. This aspect was controlled for as much as possible in the ways outlined in section 2.4.5. It is, however, important to note that the researcher's bias and opinions on this particular topic could be considered as bringing methodological limitations to the current study.

2.6.2 Clinical Implications

Seghorn & Ball (58) believe that risk assessment should establish a baseline against which change can be evaluated. Their suggestions for improvements in assessment are supported by the findings in the current study as they suggest including many of the key themes identified in the current data. Their suggestions include; assessment of cognitive distortions which may mitigate responsibility for the offence, illustrated in the data as minimising own and others offending behaviour; degree of empathy, outlined in the data as poor empathy skills; deviant sexual development, expressed in the data as personal experiences; and deviant sexual arousal which was not explored within the current study. They also highlighted the need to assess sexual knowledge which was supported by the data demonstrating that both groups displayed poor sexual knowledge.

The current research supports the notion that assessing empathic abilities is not only important in making judgements regarding the treatability of individuals, but could also significantly enhance understanding of risk. In addition to aiding victim empathy and therefore acting as a protective factor, this lack of empathy may influence understanding of consent. It could be argued that it is necessary to understand the complexities of another persons wants and desires in order to understand whether one has obtained consent. If an individual demonstrates poor empathic skills it may prove difficult for that person to create a construct of consent. Without that construct it may prove difficult to apply this knowledge to different,

possibly risky, situations. The absence of empathy also contributes to the lack of concern about breaking social rules, which are necessary in minimising risk.

Finally, the current study alongside the literature review, is being used to inform new sexual policies and staff training within the private organisation from which the non-offender participants were recruited. They hope to ensure that their staff are sufficiently trained and competent in the area of understanding the sexuality of the people they serve. Previous literature supports the notion that staff training can provide lasting and effective positive results (e.g. 59,60,61) .

2.6.3 Future research

Areas that are indicated for future research include investigating the ability of offenders to apply learning; this could have important clinical implications in terms of further improving treatment programmes for offenders. If they do not have the ability to apply the knowledge they are gaining through treatment then the way in which that knowledge is delivered may need to be reconsidered. This also has implications for assessing potential risk; if the offender cannot apply the learning they are acquiring through treatment, their potential for future risk is significantly increased.

As the study involved only men and there is very little literature available pertaining to women with learning disabilities who sexually offend, it would be interesting to see whether the findings of this study would differ should the study be replicated

with female participants. It would be particularly interesting to see whether women have built the same relationship constructs as men and whether they share the same belief that partners should initiate intimacy. This again, could have clinical implications in the way in which services are delivered to female service users as a generic approach is currently used.

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Chapter 3

Reflections on Carrying out Qualitative Research with Male Sex Offenders who have a Learning Disability

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3.1 Introduction

As would be expected, carrying out research over a number of months raises many issues for the researcher during the process. This paper aims to highlight some of the issues that influenced my journey along the research path. Firstly, I will explore the methodological choice of grounded theory that I adopted for the data analysis of the research. This will include a discussion of its appropriateness when used with people who have a learning disability, given that it relies so heavily on interviewing. This will then lead to a discussion of the impact of gender on the interviews carried out and some of the issues that being pregnant during the process of the research posed. Finally, I will discuss the importance of supervision and its significance in carrying out research with sex offenders and how it can help with enhancing awareness of subjectivity and bias of data interpretation.

3.2 Suitability of Grounded Theory as a Methodology

Research and evaluation studies are increasingly required to include the views and opinions of people with learning disabilities. This change is due to the progress made in the social position of people who have a learning disability and has been primarily attributed to the influences of normalisation theory and the social model of disability (Walmsley, 2001). Gilbert (2004) highlights the influence of social role valorisation in providing the humanistic value set that first insisted that people who have a learning disability should have a voice in events that affect their lives.

Having started my career in Psychology in the aftermath of these influential models, I have never questioned the right of people who have a learning disability to be fully involved in all aspects of their lives. As such, when I chose to carry out my research looking at the sexuality of people who have a learning disability, the most obvious place to start in terms of learning about this aspect of people's lives was to ask those whose opinions I was looking to document.

As already outlined in the methodological section of the main paper, there are many reasons why grounded theory was the most appropriate choice of methodology for this particular study. As it is not widely employed with people who have a learning disability, despite the rich data it can provide, I paused to give its appropriateness some consideration.

I found that during the process I naturally made adjustments to the style in which the interviews were conducted. Traditionally grounded theory uses semi-structured or unstructured interviews where space is provided for the participant to speak freely, the more fluid the interviewee's response the better the interview is perceived as being (e.g. Kvale, 1996). In line with recommendations in the literature (e.g. Gilbert, 1994) some adjustments to the interview process were necessary. This included the use of more directive than open-ended questions and giving the participants more encouragers and prompts to reassure them that they were being listened to and to allow them to continue to explore their ideas. In addition,

clarification of the participant's statements was necessary to ensure the researcher correctly understood the point being made.

In view of the above, it was necessary to consider the many difficulties identified with carrying out any sort of assessment interview with this population, such as; acquiescence, poor memory, suggestible responding, significant reading difficulties, problems with complex verbal language comprehension and difficulty in understanding abstract concepts (Clare, 1993). I believe, however, that as a result of considering these factors ensured that as a researcher I tailored the interview style to meet the individual needs of each participant in line with grounded theory methodology. This knowledge highlighted an interesting parallel process for me as I have come to understand that I hold strong beliefs in my clinical work about client centred care (Rogers, 1961). This approach, therefore, fitted comfortably with my view of how client interactions should be conducted.

The response of participants towards the interview experience was overwhelmingly positive and they seemed to enjoy being given the space to speak freely and voice their opinions. As a result of this, I came to view grounded theory as an empowering methodology which seemed to provide a positive experience to a notoriously disempowered group. Many of the participants involved in the study commented that if I wanted to talk further about the subject or wanted their opinions about anything else then they would be happy to be interviewed further. I felt that this perhaps suggested that people who have a learning disability are patiently

waiting for opportunities to be heard and that qualitative methodologies offer them a unique opportunity for their views and opinions to be understood in more depth.

3.3 Interviewing Men: Gender issues

There are, however, issues related to gender and its influence on the interview process during this particular study that are worthy of reflection. Craft & Brown (1994) believe that despite equal opportunity statements and commitments, services on the whole reproduce patterns of inequality within units; with a predominantly female workforce but a male management structure. As a result of this men with learning disabilities observe role models of men as being 'in charge'; they see men who are able to command respect from others and use their status with the women who are employed as care staff. Whilst they recognise that they themselves are 'under' the control of these women, there is a need to find out where they stand in the hierarchy, and how they can legitimately assert themselves as men in the way that they see other men assert themselves (Craft & Brown, 1994).

It is interesting to think about how this dynamic could have influenced the interview process. If the participants were sensitive to hierarchy related to gender, then it is only natural that my gender, and therefore place in the gender related hierarchy would influence how the participants viewed me. They may have perceived my femininity as being less threatening, as other female researchers have observed when interviewing men (Pini, 1996), given that my gender is subservient to the male dominated management structure; or conversely my gender may have been

perceived as more threatening as it is women who challenge them on a daily basis. Beyond reflection it is difficult to know what impact my gender had on these men and the interview process; my belief is that given the different experiences of the men and their relationships with women, their perceptions and therefore its influence was much dependent on their previous experiences. I observed that men who had offended against women appeared more likely to try to take control, for example by trying to continue the interview once we had agreed that the interview had finished.

The concept of a hierarchy also introduces issues of power relationships within gender interactions. McDowell (1998) suggests that it is not just the identities of the researchers that will shape the interview, but also the topic that is being researched, in this case sexuality, that will shape the interview. Further, Pini (1996) argues that in addition to these aspects 'where' an interview is performed also impacts on the shaping of the interview "... the interview site provides a material space for the enactment and reconstitution of power relations." (Elwood & Martin, 2000, p.650).

All of the interviews for this study were carried out in the units where the participants lived and therefore could be considered as taking place on 'their territory'. As the participants were all being detained in these units, it was impossible to arrange to conduct interviews on neutral ground; but what impact did this have on the power balance? My initial thought was that in conducting the interviews in 'their' space it may provide the participants with a sense of control and help them to feel more comfortable when talking to a stranger. On reflection, it

appears that for the non-offender group this was certainly true, however, it is important to consider given the nature of some of the offender's offences whether offering them this sense of control was wise given that offending males are more likely to "...behave in ways which infringe the rights of others..." (Brown & Barrett, 1996, p.57).

I was certainly aware as a woman of a greater sense of vulnerability when interviewing the offenders given that I had relinquished most of the power to the participant. Some female researchers interviewing men have described consciously choosing not to enhance their femininity in terms of dress and make-up, as a means of avoiding or minimizing the likelihood of sexual advances from their participants (e.g. Lee, 1997). This is certainly a process I was consciously aware of adhering to and as an interviewer I made a conscious choice to try to mask my femininity. Given the belief that issues affecting interviews are not just related to the identity of the interviewer and interviewee and the place of the interview, but also the topic under discussion (Pini, 1996), I endeavoured to maintain a sexually neutral position. It is of course impossible to truly achieve this position and it could be argued that demonstrating a lack of sexuality makes as great a statement as overtly displaying your sexuality. In this instance, this was a particularly difficult task as during the interviewing process I was pregnant thus enhancing my femininity and making a clear declaration of my sexuality.

3.4 Pregnancy and its impact on the process

Korol's (1996) own experience of pregnancy as a clinician resonated closely with that of my own. She describes it as "...a complex event that stimulates a variety of reactions which evolve as the pregnancy progresses" (Korol, 1996, p.99). The majority of the interviews had been carried out during the early part of my pregnancy when I had successfully managed to conceal the pregnancy from the participants, however, like Korol (1996) felt that I was carrying a 'secret'. It was important to me to carry out the interviews in early pregnancy both to minimise the impact the pregnancy would have on the interview and also to minimise any potential risk. Unfortunately, due to difficulties arranging a convenient time for interview with one of the offenders, the interview was not carried out until I was in my 34th week of pregnancy. The obviousness of my physical state seemed to initiate an invitation to him to comment on my sexuality and that of the unborn child; which was clearly a situation I had hoped to avoid. I wonder if these comments felt more intrusive at this time than I would have experienced them earlier on in my pregnancy due to the changing nature of my feelings towards my own sexuality and my developing attachment with my baby. This perhaps suggests a need for the researcher to be aware of aspects of their own self and how they may resonate with the topic they are researching.

Bsalm & Bsalm (1984) developed a model of therapists reactions to the progressive stages of pregnancy; the invisible stages of early pregnancy where the process is more about the mother's own adjustment; the disclosure that occurs during mid

pregnancy and the anxiety related stages of late pregnancy. Early on in the pregnancy, at the 'invisible stage', when physically it was easily concealed, I was still in the process of identifying with the mother part of me. At this stage I could more readily put the pregnancy to one side once the interviews had begun and was instead absorbed in the process of the interview and the information that the participants were sharing with me. During mid pregnancy I was still able to do this to a certain extent, as I was still able to conceal my physical form, however, the baby's movements throughout the interview acted as little reminders of his presence and sometimes proved to be a distraction. In the later stage of pregnancy I found the final interview difficult to manage, my obvious physical form and comments from the participant heightened my sense of anxiety, particularly in terms of risk, which conformed to the model outlined by Bsalm & Bsalm (1984).

Trying to put the existence of the pregnancy to one side in order to carry out the interviews again closely resembles the process undergone by Korol (1996); she felt that "...the pressure to deny the effect of pregnancy may be particularly salient during professional training" (Korol, 1996, p.102). It is interesting to wonder whether I would still have chosen to go ahead with the interviews and carry out the research whilst pregnant had the underlying pressures of training been absent or whether I would have chosen to wait until post pregnancy.

3.5 Importance of Good Quality Supervision

The evolving emotions described in the previous section did highlight to me the importance of good quality supervision. I was aware how valuable supervision was to my clinical practice enabling me to reflect on my own experiences and their impact on the process, alongside exploring the needs of my clients. I had not, however, realised how useful it could be within the context of research. I now see that whenever one is interacting with others within a clinical context there are bound to be issues raised with relation to emotions. People can resonate with the researcher in the same way that they do with the clinician; colliding with the researcher's previous experiences and engaging in a dialogue which raises difficult feelings or experiences. It is natural, therefore, that these would need to be managed in a similar way to issues raised within clinical practice.

Yool, Langden & Garner (2003) identified the particular importance of supervision when working with sex offenders. They found in a study that it was important to acknowledge one's own feelings about the sexual offences of the offenders they were working with; highlighting the importance of ensuring the provision of psychological support for staff that have to work with clients who have committed sexual offences. Having the opportunity to explore feelings that were raised during interviews both towards the interviewee and their attitudes was a valuable learning experience that enriched the research experience. In terms of data analysis, it helped me to be able to differentiate between themes that I identified as important because they personally resonated with me and those that I identified as important because

they were clinically significant and grounded in the data. As such it could be argued that good quality supervision helps in terms of the validity of research data by helping you to explore your own bias and subjectivity.

3.6 Concluding comments

Whilst reflecting on the issues discussed in this paper, I came to realise that some of these areas are vastly under-researched. This suggests that issues such as pregnancy whilst researching and gender relationships within learning disabilities are areas worthy of future research attention. It was also interesting to note that although qualitative research methods are used in learning disability research, this methodology has tended to be avoided when it comes to exploring some of the more sensitive topics such as sexual offending. I believe that the rich data that can be gained through the use of methodologies such as grounded theory can both enhance current understanding within learning disabilities and provide individuals with a voice to discuss issues that have a direct impact on their lives. With this in mind, I believe that more research using qualitative methods in these areas could prove valuable.

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Appendices

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Appendix A

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Chaucer Business Park
Granville Way
Bicester
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Tel: 01869 604047
Fax: 01869 604055
Email: jo.franklin@orh.nhs.uk

21st September 2006

Ms Helen Hughes
Trainee Clinical Psychologist
Coventry University
Priory Street
Coventry
CV1 5FB

Dear Ms Hughes

Study title: **A grounded theory study investigating the attitudes of male sex offenders who have a learning disability and male non-offenders who have a learning disability towards sex and sexual relationships.**
REC reference **06/Q1065/83**

Thank you for your letter of 8th September enclosing updated copies of the information sheet and consent form as per the Committee's approval letter of 21st August 2006.

I can confirm that the changes are satisfactory and do not require further review by the Committee. The updated documents have been added to the study file.

Yours sincerely

J Franklin

Miss Jo Franklin
Committee Coordinator

Copy to: Dr Helen Liebling, Chief Investigator
Prof D Cushway, Academic Sponsor

Appendix 3

Coventry and Warwickshire NHS

Partnership Trust

Directorate of Corporate Affairs and Governance
Jepson House
4 Manor Court Avenue
Nuneaton
Warwickshire
CV11 5HX

Tel: 024 7637 4045
Fax: 024 7632 1524

Our ref: extnhs019/hhughes/approval

5 January 2007

Mrs Helen Hughes
Trainee Clinical Psychologist
Clinical Psychology Doctorate Programme
Room JSG24, Coventry University
James Starley Building
Priory Street
Coventry CV1 5FB

Dear Mrs Hughes

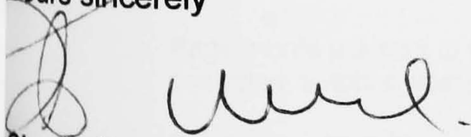
A Grounded Theory Study Investigating The Attitudes Of Male Sex Offenders Who Have A Learning Disability And Male Non-Offenders Who Have A Learning Disability Towrds Sex And Sexual Relationships

I am pleased to confirm that Coventry and Warwickshire Partnership Trust has reviewed the above research and has no objections to the study taking place within the Trust on condition that Coventry and Warwickshire Partnership Trust will not be liable for costs associated with the research and that research data will be stored appropriately for a minimum of five years following completion of the study. Your research has been entered into the Trust's database (if applicable this will be entered onto the National Research Register).

Please reply to this letter confirming the expected start date and duration of the study. As part of the Research Governance framework it is important that the PCT is notified as to the outcome of your research and as such we will request feedback once the research has finished along with details of dissemination of your findings. We may also request brief updates of your progress from time to time, dependent on duration of the study. Similarly, if at anytime details relating to the research project or researcher change, the R&D department **must be informed**.

If you have any further questions regarding this or other research you may wish to undertake in the Trust please feel free to contact me again. The PCT wishes you success with your research.

Yours sincerely



Simon Crews
Director of Corporate Affairs and Governance

Enc: Researcher Information Sheet

cc. Chris Beyer, R&D Facilitator, Warwickshire PCT
Marc Saunders, Acting Director for the Learning Disabilities/Specialist Services
Dr Ashok Roy, Consultant Psychiatrist

in partnership with Coventry City Council Warwickshire County Council

Appendix C

Sexuality and Disability
A Journal Devoted to the Psychological and Medical Aspects of Sexuality in Rehabilitation and Community Settings
Editor: S. Hough
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ISSN: 1573-6717 (electronic version)
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VA Boston Healthcare System
Spinal Cord Injury Service (SCI #128)
1400 VFW Parkway
West Roxbury, MA 02132

Tel: 617-323-7700, x 36443
e-mail: sigmund_hough@hms.harvard.edu

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Contribution to a Book
3. Higgins GE Jr: Aspects of sexual response in adults with spinal-cord injury: A review of the literature. In Handbook of Sex Therapy, J LoPiccolo, L LoPiccolo (eds). New York, Plenum Press, 1978, pp 387-410

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Coventry University
Priory Street, Coventry CV1 5FB
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THE UNIVERSITY OF WARWICK Coventry University

Information Sheet

Thank you for thinking about taking part in this study.

You have been asked if you would like to take part in some research. It is important that you understand what the research is about before you agree to take part. It is okay if you want to talk to somebody about it. You could talk to a staff member or somebody in your family. If you would like to talk to the researcher before you decide to take part, she would be happy to answer any questions.

What is the research about?

The research is trying to find out about the attitudes men who have a learning disability have about sex. The researcher will talk to men who have a learning disability and have sexually offended and men who have a learning disability and have not sexually offended. The research will look to see whether the ideas of men who have sexually offended are different from those of men who have not sexually offended.

Do I have to take part?

No. It is up to you whether you want to take part or not. If you decide not to take part it will not affect your access to services and you will not get into trouble. If you do decide to take part the researcher would like to meet with you for approximately 1 hour. You can change your mind at any time about being involved.

What will happen if I do take part?

The researcher will arrange to meet you in a place that you know well and feel comfortable. She will then ask you if you still want to take part in the study. If you don't, that is okay and she will stop. If you do

Reference - Oxford Research Ethics Committee B 06/Q1605/33

want to take part, she will ask you to sign a piece of paper to say that you want to be involved, but this does not mean that you cannot change your mind.

You and the researcher will then arrange to meet again to talk for approximately 1 hour about your relationships and how you feel about different aspects of relationships, including how you feel about sex. This interview will be tape recorded so that she can write your answers down once you have finished.

You can stop the interview at anytime. If you decide you don't want to be involved in the study once the interview has started it is still okay to say "stop" and that you've changed your mind.

When the interview has finished the researcher will ask you how you thought it had gone. She will then ask if you want her to come back and talk to you about the results once the study has finished. You will have a choice of either having a letter sent to you or for the researcher to come back and explain it to you.

What will happen to my answers?

When you first meet the researcher she will give you an identification number. Your answers will be kept on a computer with this identification number, but any details that could identify you will be kept separately. Nobody will know that the answers are yours just from looking at them on the computer. The computer and your consent form will always be kept apart.

The researcher will look at your answers and compare them with the answers of other people involved in the study and see if there is anything the same.

All of your answers will be kept confidential.

What will you want me to do?
Sexual relationships can be difficult to talk about, but just answer the questions as honestly as you can.

What are the benefits of being involved in the study?
The researcher hopes that this research will help clinical staff understand more about how people with learning disabilities think about sexual relationships. It is hoped that in doing this we may be able to help men who have a learning disability and have sexually offended to get the best treatment.

What are the disadvantages of being involved in the study?
Some of the questions that you are asked may make you feel embarrassed or uncomfortable. This can often happen as a result of talking about sexual relationships.

What will happen to the results of this study?
The results will be written up as part of an educational qualification. The researcher also hopes that the results will be published in a psychology journal. Your name will not appear and nobody who is reading the study will know that you have taken part.

How can I contact the researcher?
You can get in touch with the researcher through Coventry University. Her name is Helen Hughes and the telephone number is (02476 888328.

Thank you for taking the time to read this information sheet.
Thank you for thinking about being involved in the study.

Reference - Oxford Research Ethics Committee B 06/Q1605/83

Coventry University
Priory Street, Coventry CV1 5FB
Telephone 024 7688 8328
Fax 024 7688 8702

Programme Director
Doctorate Course in Clinical Psychology
Professor Delia Cushway
BA (Hons) MSc PhD AFBPS CPsychol (Clin Foren)

Appendix E

Centre Number:
Participant Identification Number:

Consent Form

Sexual beliefs and knowledge

Name of researcher: Helen Hughes

Please initial box

1. The purpose of this research study has been clearly explained to me. ☐
2. I have been given the chance to ask any questions I wanted to. ☐
3. I understand that I can change my mind about being involved in the study whenever I want to. ☐
4. I understand that my answers will be recorded, but will only be used in the research and I give my consent to do this. ☐
5. I understand that my identity will remain confidential to anyone reading my answers or listening to the tapes. ☐
6. By signing this form I agree to take part in the research. ☐

____________________	____________________	____________
Name of Participant	Signature	Date
____________________	____________________	____________
Name of Researcher	Signature	Date

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Dean of Faculty of Health and Life Sciences
Dr Linda Merriman Mphil PhD DpodM CertEd Coventry University Priory Street Coventry CV1 5FB Tel 024 7679 5805

Chair of Department of Psychology
Professor Koen Lamberts BA BSc MSc PhD University of Warwick Coventry CV4 7AL Tel 024 7652 3096

Appendix F

Research Interview Schedule

1. Relationships
   - What is the difference between a friend and someone you have sex with?
   - Who is it ok to have sex with?
   - What age?

2. Development
   - Where did you learn about sex?
   - How old where you?
   - If had question, who would you ask?

3. Consent -
   - How do you know if someone is interested in you?
   - How do you know if it is ok to hug, kiss them?
   - How do you know if they want to have sex with you?
   - If you're interested in someone how do you let them know?

4. Crisis
   - If something is going wrong, what do you do?

5. Offending
   - What sort of sexual behaviour might get you into trouble with the police?
   - Scenario – if you visit a friend and find them in bed with…XXX, what would you think, feel, do?

Table X: Higher and Lower Order Categories

Higher Order Categories	Lower Order Categories (Offenders)	Lower Order Categories (Non-offenders)
Empathy	People are difficult to read Own needs are paramount Centred on own distress Lack of understanding of victim distress Lack of recognition of others internal states	People have separate internal states Sex can be embarrassing Consent Disgust at deviant sexual behaviour People have different levels of knowledge
Social Concepts	Can but don't talk to others about sex Pre-treatment belief that consent is not necessary Post-treatment belief that need to obtain permission	Social expectations Age factors Consent Consequences of behaviour External agencies need to know about abuse Disgust at deviant sexual behaviour
Relationship Concepts	Knowing someone means knowing facts Short time between meeting and sex Lack of awareness of evolving relationships People are difficult to read Lack of emotional connection with others	Relationships require commitment Partners should initiate intimacy Different types of relationships Consent Relationships develop over time Relationships are complicated Relationships require a connection
Education	Lack of formal education Pre-treatment belief that consent is not necessary Post-treatment belief that permission needs to be sought	Lack of formal education: TV main source of sexual learning Random sexual knowledge Okay to talk to others about sex Consent conceptualisation There are appropriate places to have sex Advice regarding sex should be obtained from a specialist
Personal Experiences	Deviant 1st sexual encounter in childhood Inability to clearly recall significant experiences	Teenager or adult at 1st sexual encounter Disgust at deviant sexual behaviour
Coping Strategies	Minimise own and others deviant encounters and externalise blame Avoid difficult situations Gain permission	Partner initiates intimacy Verbally negotiate relationships Assess for consent