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Teacher Perspectives on Managing Manifest Sexual Behaviour among Individuals with Intellectual Disability

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Abstract

Maladaptive sexual behaviours amongst individuals with intellectual disability (ID) cause much embarrassment to their caregivers. The caregiver's lack of skill and knowledge in managing those behaviours end up reinforcing the same. The present study explored the sexual behaviours manifested by individuals with ID and the strategies adopted by special educators to manage those behaviours. The data generated from in-depth interviews of special educators with relevant experience was thematically analysed. The study concluded that the various strategies adopted by the special educators depended on i) their general attitude towards the expression of sexuality by the intellectually challenged and, ii) their perspectives on the reasons behind the inappropriate sexual behaviour. The teachers resorted to behaviour and environment modification techniques to manage inappropriate sexual behaviours. Implications for practice are also discussed.

Keywords

Intellectual disability,individuals with ID, intellectually challenged, sexual behaviour, teacher perspectives, behaviour modification, environment modification, strategies

Introduction

Intellectual disability (ID) is a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in

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conceptual, social, and practical domains (American Psychiatric Association, 2013). This is the commonest form of developmental disorder which is manifested from childhood. Intellectual disability was referred to as mental retardation (MR) prior to the introduction of Diagnostic and Statistical Manual of Mental Disorders (DSM *5*) in 2013 (American Psychiatric Association. 2013). The individuals challenged with an intellectual disability are referred to as individuals with ID or intellectually challenged in the present study. The severity of intellectual disability is categorised as mild, moderate, severe and profound based on the ability to meet the demands of daily life as compared to their peers (American Psychiatric Association, 2013). ID is a condition which causes distress to the individuals as well as their caregivers. There is often a mismatch between the capabilities of the intellectually challenged individuals and the structure and social expectations of their environment. Their behaviour, which differs from the rest of the typical population are generally regarded "maladaptive." These maladaptive behaviours result in their ostracism from so-called "normal society." Some of these maladaptive behaviours are sexual in nature, which may result in greater stigma. Due to their poor social skills and judgement, and increased need for affection, they also face a disproportionately high risk of exploitation, and physical / sexual abuse (Lumley et al., 1998). All these suggest the importance of resorting tobehaviour modification (Gardner, 1971)and behaviour skills training (Horner and Keilitz, 1975) for mainstreaming individuals with ID and thus helping them tolead a dignified life. In such a context, the attitude and skills of the caregivers are of utmost importance (Meaney-Tavares and Gavidia-Payne, 2012). Since all behaviours, including sexual behaviour of intellectually challenged individuals are learned and reinforced by their environment; parents, educators and institutions, and group home staff have a pivotal role in shaping them (Abramson et al., 1988).

All individuals, regardless of disability are sexual beings and issues of sexuality pervade every stage of human development. According to Haka-Ikse and Mian (1993), development of physical and emotional attachment to parents and other family members may be understood as the sexual developmental task for infants and pre-school children. Similarly, school-age children begin to experience the emergence of modesty and privacy, as well as the habit of masturbation. The important sexuality related issues for adolescents and young adults include personal safety and self-esteem.

It can be observed that most of the intellectually challenged individuals develop secondary sexual characteristics at an age similar to that of the typical population. According to Johnson and Johnson (1982), the intellectually challenged adolescent is "a sexual being, whose reproductive ability, sexual interest, and sexual activity range from high to low" (p.848), quite identical to the range in the general population. Research studies show that, the rates of masturbation among the intellectually challenged adolescents is not significantly higher than the normal population. Masturbation, a rhythmic self-stimulation of the genital area, is a healthy and normal part of self-discovery (Haka-Ikse and Mian, 1993), though considered an inappropriate behaviour by many. The incidence of masturbation in individuals with Down syndrome has been reported as 40 per cent in males and as 52 per cent in females (Myers and Pueschel, 1991; Rogers and Coleman, 1992). Reports demonstrate the general population incidence to be 100 per cent in males and 25 per cent in females by the age of 15 (Etem and Leventhal, 1995).

Research indicates that displays of affection and sexual behaviours shown by individuals with intellectual disability are seen as less acceptable than the same behaviour shown by persons without disability (Scotti et al.,1996). This societal prejudice has become a significant reason for parental anxiety (Van Dyke et al., 1995). The main concern of parents of individuals with ID is their vulnerability to sexual exploitation and abuse, to unwanted pregnancy, and to sexually transmitted disease (Van Dyke et al., 1995). Parents expressed doubts about the ability of their children to manage their sexuality in accordance with social expectations (Dupras and Dionne, 2014). For the fear of generating desire for sexual relations, which otherwise may remain dormant, parents shy away from giving any instructions to their children.

A study with parents of children with ASD concluded that sexuality related concerns seemed to impede parent-child sexuality communication rather than motivate them (Ballan, 2012). Unable to handle their natural impulses in a socially adaptive way, they manifest behaviours that are generally considered maladaptive or deviant by others. It can be observed that such maladaptive behaviours are learned ones and are reinforced by their environment. The parents, teachers and caretakers play a pivotal role in reinforcing the maladaptive behaviours by failing to address the sexuality of the intellectually challenged as an integral part of adult development.

According to Hingsburger and Tough (2002), society has denied challenged individuals their right to self-fulfillment, by denying their opportunity to learn about their sexuality and develop social relationships with others. The challenged individual's inability to cope with the manifestations of their sexuality make them vulnerable to abuse (Furey, 1994) or make them the "perpetrators of abuse" (Brown and Stein,1997). Individuals with ID often fail to recognise sexual abuse and fall prey to perpetual exploitation. Swango-Wilson (2008) reported that 39-60 per cent females with ID and 16-30 per cent of males with ID are more likely to be victims of sexual abuse by the age of 18 years when compared to the "normal" population.

Extant literature has already dealt with issues of sexuality among individuals with ID. In particular, these are related to masturbatory habits (Myers and Pueschel, 1991; Rogers and Coleman, 1992), sexual abuse (Swango-Wilson, 2008), attitudes of parents (Dupras and Dionne, 2014), and perceptions of intellectually challenged individuals and their caregivers (Szollos and McCabe, 1995) regarding the sexuality of the intellectually challenged as well as service responses to persons with ID who showed inappropriate sexual behaviour (Ward et al., 2001).

But most of the above studies have taken place in international contexts, which is very different from the Indian context. The cultural and societal norms have a definite impact on what is considered as appropriate and inappropriate sexual behaviour, which in turn shapes the attitudes of the caregivers. The attitudes of the caregivers have a direct bearing on their approach to the issues of sexuality (Meaney-Tavares and Gavidia-Payne, 2012). In the current study, we have attempted to study the various manifestations of sexuality among the intellectually challenged from the retrospective accounts of the teachers working in a special education institute in Thiruvananthapuram, Kerala. We also inquired into the various strategies adopted by the teachers to manage the issues related to those behaviours and to inculcate in them behaviours that are more adaptive in nature.

Most of the intellectually challenged individuals develop normal secondary sexual characteristics like the normal population. Unfortunately, they are unable to comprehend these changes and adapt themselves accordingly. It is a proven fact that, with adequate support, they are also capable of acquiring adaptive skills and behaviours. As a result, denying the intellectually challenged their right to sexual expression cannot be justified. Like normal individuals, they also have the right to have access to

information regarding sexuality and to receive relevant support services as needed. However, there exist many barriers which prevent them from realising their rights. The professionals often fail to address the sexuality of the intellectually challenged. Thus, their ideas of proper sexual conduct are shaped by unrealistic influences from the media, peer groups, caretakers with sexual predatory motives or other perpetrators of sexual abuse. They are often sexually exploited due to their trust, affection needs, lack of judgement and poor social skills.

The parents, special educators, and other institution staff fail to accept their responsibility of providing necessary instructions related to sexual development and behaviour to the intellectually challenged. Such instructions are often deemed to be inappropriate owing to the perception that they may lead to unwanted pregnancy or promiscuous sexual behaviour due to the inability of the intellectually challenged individual to adhere to the societal standards of sexual expression (Heyman and Huckle, 1995). Research suggests that programmes to increase knowledge regarding sexual functioning alone would be inadequate for ensuring appropriate behaviour in the target situation. Studies conducted with sex offenders with intellectual disability indicated that low levels of sexual knowledge are not related to sexual offending behaviour (Talbot and Langdon, 2006) or inappropriate sexual behaviour (Michie et al., 2006). Similarly, the study of individuals with intellectual disability by Lockhart et al. (2010) did not uphold the 'counterfeit deviance' hypothesis that individuals with "sexualised challenging behaviours" would have the lowest level of sexual knowledge. It is important to acknowledge sexuality as a normal part of adult development. Instead of channeling their sexual impulses in the right direction, attempts are usually made to suppress them. Addressing sexuality sufficiently requires a greater level of participation by significant persons in the lives of individuals with ID. Interventions may more usefully be targeted at identifying and meeting the sexual needs of this population in an appropriate and safe manner (Lockhart et al., 2010). It becomes especially dangerous when the parents and special educators hold negative views regarding the sexuality of the challenged individuals, as they serve as their primary supports. Caregivers are found to be 'hesitant to support' individuals with ID in their pursuit of sexual identity (Lumley and Scotti, 2001). They either tend to regard the intellectually challenged asexual like an innocent child or to the other extent, oversexed (Swango-Wilson, 2008).

Lack of acceptance of sexuality of individuals with ID may result in the denial of appropriate sex education (Cuskelly and Bryde, 2004). They are also vulnerable to abuse and exploitation due to their inability or lack of experience to make good social choices. In fact, Kempton (1978) found that individuals with ID who participated in a sex education programme did not demonstrate adverse effects (e.g., emergence of promiscuous sexual behaviour; unwanted pregnancy) as some feared. Instead, positive changes, such as increased appropriate expression of needs and improved social behaviour were noted. So, it could be concluded that the realisation of the rights of the intellectually challenged individuals depend greatly on the attitudes of their primary supports, namely, parents, teachers and caretakers.

This study has the following research questions:

1. What are the various manifest sexual behaviours among individuals with ID?
2. What strategies are adopted byspecial educators in managingissues related to manifest sexual behaviours among the intellectually challenged?

The operational definitions of the key terms are as below.

Intellectually Challenged: 'Intellectually Challenged' refers to those individuals with an intellectual disability (ID) attending or have attended the 'X' School for Special Education, Thiruvananthapuram, Kerala, India.

Special Educators: Special education teachers working in the 'X' School for Special Education, Thiruvananthapuram, Kerala, India.

Manifest Sexual Behaviour: Any observable activity that induces sexual arousal, as well as any activity that appears to have a sexual connotation.

We adopted an exploratory case study research design in which we identified the sexual behaviours manifested by the intellectually challenged and the strategies adopted by the special educators to tackle the issues related to them. Participants were recruited from a school for special education in Thiruvananthapuram city, which provided both day-schooling and residential care facilities. After seeking permission from the Head of the institution, we explained the purpose of the study to the teachers and requested the participation of those with relevant experience. In the present study, ten teachers who were willing to share their experience related to sexual behaviour of intellectually challenged students were identified as the research participants. All the participants were female teachers whose

age ranged between 24 to 52 years and whose teaching experience ranged between 2 yearsand 24 years.

We conducted in-depth interviews with the aid of an interview guide. Participants were briefed about the nature of the topic to be discussed and their oral consent to participate was taken prior to the interview. A pretest was conducted to check the adequacy of the tool to collect the required data. The interview guide was modified to include a few more relevant questions. With the permission of the Head of the institution, we spent a week in the institution observing the daily activities of the students, prior to the individual interviews with the teachers. During this period, we noted down those behaviours of students that tended to be perceived as sexual overtures. These were later compared with the list of manifest sexual behaviours among the intellectually challenged, as identified by the teachers.

Theoretical Framework

The behavioural approach to intellectual disability as put forward by Bijou (1966) formed the the oretical frame work of the current study. Bijou (1966) argued (1) that an individual with an intellectual disability "has a limited repertory of behaviour shaped by events that constitute his history," (2) that we should concentrate on altering behaviours we label "retarded", and (3) that we should examine the observable conditions that produce "retarded behaviours". In short, Bijou states that "retarded behaviour" is a function of observable social, physical and biological conditions, all with the status of independent variables. If behaviour (the dependent variable) is a function of environmental conditions (the independent variable), then "retarded behaviour" can be improved through careful manipulations of antecedent and subsequent events. This is the crux of the behavioural approach to intellectual disability.

Results and Discussion

Thematic analysis was performed on the data obtained from observation and in-depth interviewing. Four major themes that emerged from the data are discussed below.

Manifest Sexual Behaviours among the Intellectually Challenged

Sexual Behaviour

Sexual activities may be solitary, involving only the single individual or

they may be socio-sexual, involving two or more individuals. Masturbation and nocturnal dreams are the two chief types of solitary sexual activity. Heterosexual petting, heterosexual coitus and homosexual relations are the three main types of socio-sexual activity (Kinsey et al., 1953). Further, socio-sexual activities (sexual contacts) include all heterosexual or homosexual behaviour, including genital, oro-genital, oro-anal and genito-anal contact.

Sexual Behaviour and Sexuality

Sexuality is understood to mean the total sexual make-up of an individual. In addition to covering the physical aspects, sexuality also encompasses attitudes, values, experience and preferences. Sexual behaviour consists of actions that are empirically observable (in principle, at least): what people do sexually with others or with themselves, how they present themselves sexually, how they talk and act. In contrast, sexuality is a more comprehensive concept that encompasses the physical capacity for sexual arousal and pleasure (libido) as well as personalised and shared social meanings attached to both sexual behaviour and the formation of sexual and gender identities (Akram, 2008).

From the analysis of the various cases discussed by the formal caregivers, we identified various sexual behaviours manifested by the intellectually challenged, also including those behaviours that appeared to have a sexual connotation. The manifest sexual behaviours that were identified among the intellectually challenged were as follows:

Masturbation

Masturbation refers to sexual stimulation of a person's genitals, often to the point of orgasm. The stimulation can be performed manually, by other types of bodily contact (other than intercourse), by use of objects or sex toys, or by some combination of these methods. Masturbation with a partner is also common. Masturbation was the most common manifest sexual behaviour reported among the intellectually challenged individuals.

Public masturbation refers to masturbation done in the presence of other people who are neither the partners in the act nor the viewers watching the act for self- stimulation (voyeurists). The discussions with the special educators revealed that the habit of masturbating in public was one among the most frequently observed sexual behaviours among the intellectually

challenged. They performed the act in the classrooms, dormitories, and even in the school bus. Public masturbation was seen mostly among boys. Children who masturbated in public never realised that they were drawing attention of others. They performed the act involuntarily oblivious of the presence of other people. They never understood masturbation as a private affair and were never guilty of being caught red-handed by the teacher. They often were found repeating the act, despite several warnings. According to the teachers, such behaviour was mostly pronounced among severely retarded individuals.

However, some children masturbated deliberately in front of other children, especially of the opposite gender to attract their attention. Some initiate the act involuntarily, but, the attention they get from others excites them, which reinforces their behaviour. Some understand masturbation in public as a forbidden activity, but are habituated to it. They get embarrassed and stop performing the act temporarily when a teacher or care-taker enters the room.

Mutual masturbation was another common phenomenon seen among the intellectually challenged. They stimulated each other's genitals during the act. This is usually done secretly during the class hours, or after ensuring that no one else, especially the teacher is around, or in the hostel rooms (privately or publicly), or inside the school toilets. Further, this activity was found common among boys. It was seen that, older boys initiated younger boys into the act. The younger boys easily get habituated and continue to be involved with the older boys in performing the act. The activity usually takes the form of a contagion when the younger boys who are already habituated initiate their peers into the activity. This usually happens when the children use common toilets or get long unattended hours in the hostel dormitories. Children who are involved in mutual masturbation are also found indulging in self masturbation.

Fetishism was also reported among one of the intellectually challenged student. The girl inserted pebbles into her vagina to stimulate herself. The teachers guess that she would have accidentally learned such a possibility of stimulating herself, while sitting on the ground during play.

Excessive hugging, kissing and stimulation of breasts were among the other sexual behaviours prevalent among the intellectually challenged. Although seen more among girls, the tendency to hug and kiss was also shown by boys. Hugging and kissing could be regarded more as an

expression of emotionality, rather than the expression of sexuality. Most of the intellectually challenged children are in want of emotional attachment, which often they are deprived of. Stimulation of breasts was usually done mutually, rather than solely. Also, mature girls often expressed their desire to get married and bear children.

Exhibitionism was also found among the intellectually challenged. In psychiatry, exhibitionistic disorderis a psychosexual disorder marked by the compulsive exposure of the genitals in public. It is characterised by intense, sexually arousing fantasies, urges or behaviours involving exposure of the individual's genitals to an unsuspecting stranger (American Psychiatric Association, 2013).

The teachers testified that on many occasions, the intellectually challenged children disrobed publicly. But they did not believe this act to have any sexual intent. They thought that these children disrobed in public for many other reasons. They thought that a boy who displayed his genitals when he returned from the toilet, would be doing so only due to his inability to pull up the zip of his trousers. The teachers also noticed that the children who disrobed in public frequently urinated in their clothing as a precursor to the act of disrobing. Their act of disrobing may be interpreted as their need to change soiled clothes.

Staring at the breasts or flapping or pointing at the breasts while talking to women was another habit shown by some of them. Some teachers believed that such behaviours had a sexual intent, while others thought that, onmost of the occasions, it was unintentional.

Lockhart et al. (2009) in their article used the term "sexualised challenging behaviour" for inappropriate sexual behaviour shown by individuals with intellectual disability and have listed the types of behaviours that would come under the term. The authors broadly classified the behaviours into two categories, viz., self-directed and other-directed. Self-directed behaviours included masturbation/attempted masturbation, non-directed exposure or stripping, accessing adult images on internet and fetishism. The other-directed behaviours included inappropriate touching of the custodial staff, self-touch, invasion of other's personal space, inappropriate communication, exposure and voyeurism. In the current study, all the above behaviours were reported by the teachers, except inappropriate communication.

Strategies Adopted by the Teachers in Managing Issues Related to Manifest Sexual Behaviour among the Intellectually Challenged.

We discussed the various strategies adopted by the teachers in handling issues related to the sexual behaviour of individuals with ID. The teachers were encouraged to share those situations where they thought they could intervene effectively with a fair degree of success (consistency). They were also encouraged to think of alternate strategies they would have adopted to manage the issue, if they were given a second chance.

The teachers confided that they used their common sense to tackle most of the issues related to the children. They knew that some strategies worked well in certain occasions from their previous experiences. They said that they could choose the most suitable strategy only through the trial and error method. Whenever they found themselves in difficult situations, they took the advice of their colleagues. Two of the teachers commented that, although sexuality related issues are among the commonest issues faced by a special education teacher, little input on how to handle such issues isgiven to them during their special education training. Other teachers supported their view. They felt that they could be given at least an in-service training on the use of relevant strategies. Such training would help them use the strategies with greater confidence without doubting their credibility.

We sorted out the different interventional strategies from the experiences shared by the teachers. For the purpose of analysis, the cases as depicted by the teachers are elucidated.

Case A

Maya (name changed) was a 24-year-old girl with moderate intellectual disability. She hailed from a lower middle class family. Her father pursued business while her mother engaged in tailoring for their livelihood. Maya was a very beautiful girl and her mother always dressed her up neatly. She has been attending the institute as a day scholar for the last eight years. Her teacher noted Maya's growing interest towards the opposite sex. She always loved to be in the company of boys and maintained a close physical proximity while interacting with them. Her mother was very anxious about Maya's inclination to flaunt in front of men; she was especially concerned about the untoward attention she got from hooligans in the neighbourhood. She was extremely worried about her daughter's safety. Because of this, she never left her daughter alone at home.

The attitude of the special education teacher towards any behaviour shown by anintellectually challenged individual is of the utmost importance. We observed that the strategy used to manage the problem behaviour depends on whether the teacher considers it to be normal or deviant. In Maya's case, the teacher considered her behaviour to be normal for a girl of her maturity. She developed secondary sexual characteristics at the same age as that of other children without disability. This was considered by the teacher as an indication of her normal sexual development. Like any other girl of her age, she was naturally attracted to the opposite sex and therefore tried her best to attract their attention. The only difference was her lack of inhibition.

The actual problem that needed to be addressed was Maya's vulnerability to abuse. The intellectual incapacitation increased her chance of being exploited. She was unable to judge the difference between right and wrong. This was also one of the major concerns of her mother. As a precautionary measure, the teacher taught Maya the difference between good touch and bad touch. She also asked her to inform her mother or teacher if anybody crossed the limits. The teacher also entered into regular casual conversations with Maya so as to keep an eye on the people who were interacting with her. This was done as the teacher could not rely completely on Maya's judgement. The teacher also madean effort to improve her assertiveness skills. The teacher believed that poor social skills were one among the reasons behind the abuse of the challenged individuals.

Case B

Gopu (name changed) was a 14-year-old boy with severe intellectual disability. He masturbated publicly in the school bus. He was scolded and also advised several times, but to no avail. He continued his habit, which attracted the attention of other children in the bus.

The teacher believed that punishment, especially beating would be the last resort in such a situation. According to her, punishment would only serve a temporary purpose or even perhaps increase the frustration. Behavioural modification techniques could be applied only to individuals with mild and moderate intellectual disability. In the case of individuals with severe intellectual disability, environment modification would be more suitable. In Gopu's case, the teacher made him to shift to the back seat of the school bus, where he was away from the attention of other children.

The teacher's intention was to reduce the untoward attention he would receive while engaging in the act. Moreover, she also did not want the other children to imitate his behaviour. The teacher noted that the frequency of Gopu's particular behaviour also reduced to some extent, as it was not being reinforced by other children's attention.

Case C

Raji (name changed) was a 16-year-old girl with moderate intellectual disability who was always seen rubbing her genitals. Thinking that Raji was masturbating in public, the teachers warned her several times to change her behaviour. However, her behaviour simply persisted. Once, while assisting Raji to change her sanitary napkins during her monthly periods, the care taker noticed a fungal infection in the genital area and also overgrown pubic hair.

The teacher commented that all the behaviours that appeared to have a sexual connotation need not be so. Before jumping toconclusions, all other probabilities are to be considered. Raji's rubbing behaviour was due to an irritation caused due to an infection arising out of poor hygiene. The teacher could correctly diagnose the reason behind Raji's particular behaviour and suggest appropriate intervention. The teacher advised Raji's mother to trim her pubic hair on a regular basis and also to take her to a skin specialist. The appropriate intervention resulted in the complete reduction of Raji's inappropriate behaviour.

Case D

Nandu (name changed) was a 16-year-old boy with moderate intellectual disability. Nandu could not speak. He showed odd behaviours while in the class room. He appeared to have panic attacks, followed by which he rolled on the floor and pressed himself forcibly on the floor until he ejaculated. Nobody could control him during such episodes. Once he turned aggressive and bit one of the teachers when she tried to resist him. Nandu's mother was aware of her son's behaviour and reported that his particular behaviour had caused her embarrassment on several occasions.

In Nandu's case, the teachers decided to collectively intervene, as they were apprehensive about other children imitating his behaviour. After observing Nandu behaving in the manner on several occasions, the teachers came to the conclusion that he did not know how to manage when he was

sexually aroused. He hailed from a very protective background and was always under the total care of his mother who happened to be a single parent. The teachers realised that Nandu hadvery little or absolutely no interaction with his peers. They were convinced of the need to teach him an alternate way of releasing his sexual feeling. But they did not know to whom the responsibility of teaching him should be given.One of the teachers suggested putting him in the school hostel on a trial basis, so that he would naturally be educated by his peers. In spite of many difference of opinions, the boy was put in the hostel with his mother's permission. The intervention worked and the boy's particular behaviour reduced and became almost extinct within two months. The boy was sent back home. Thus, socialisation with peers paid off in handling a problem that could otherwise escalate into a major embarrassment. The teacher also advised his mother to allow him some personal time. While in school, the teacher also allowed him some extra time in the toilet.

Case E

Anand (name changed) was a 21-year-old youth with moderate intellectual disability. He was hyper active and over talkative. While talking to girls or even his teachers, he stared at their breasts. At times, he even tried to hold them. His mother was very embarrassed because of his particular behaviour. She was honest enough to share that he sometimes behaved in a similar manner with his mother.

The teacher believed that his behaviour had no sexual intent. She considered it to be a behavioural problem. To correct his behaviour, the teacher employed the time-out technique. Anand was very fond of play. So, whenever he showed the particular behaviour, the teacher asked him to stay back from the play session. This repeated conditioning reduced his behaviour and was extinguished over.

Case F

Ratheesh (name changed) was a 17-year-old boy with mild intellectual disability who changed three schools before joining the institute. One day he was caught guiding two small boys to masturbate and enjoying watching them.

The teacher had observed Ratheesh's attraction towards a girl in his class. She also noticed that he behaved well with the girls. After the above-mentioned incident, the teacher decided to collect a detailed history of

the boy from his mother. The boy's mother confided that the boy was rusticated thrice from regular schools for molesting young boys. While inquiring about any history of abuse, the teacher found out that Ratheesh, in his childhood, was molested by their male servant, when he was left under his care. He gradually became habituated to the act. Severe thrashing by his father shifted his interest in masturbation to voyeuristic behaviour. The teacher understood that punishment was ineffective in reducing the boy's deviant behaviour.

The teacher thought that she should create a good rapport with the boy before trying to advise him. She observed him carefully for some days. She noticed that he was a good artist. She gave him more and more assignments on drawing and painting. She praised him in front of everybody for his excellent works. Ratheesh enjoyed the attention he was getting and tried his best to please the teacher. The teacher utilised the opportunity to convey her displeasure over his deviant behaviour. This created an impact on him and he was never found repeating his voyeuristic behaviour.

Case G

Seena (name changed) was a 16-year-old girl with moderate intellectual disability, who had a strange habit of collecting big pebbles. Many a time, the aayah (female care-taker) cleared her cupboard, but they reappeared. One day, the aayah was shocked to find Seena inserting a pebble into her vagina.

This was a situation which the teacher found difficult to handle. The only intervention she could do was to ask the aayah to monitor the girl whenever she was in the hostel and ensure that she was never left alone. It was unsafe to leave the girl alone as she could hurt herself while trying to insert something into the vagina. Haka-Ikse and Mian (1993) considered masturbation as a healthy and normal part of self -discovery. In some severe intellectually challenged individuals, it may also appear as a form of self-injurious behaviour (Van Dyke et al., 1995), which was illustrated in the case of Seena.

Case H

Sarita (name changed), a 24-year-old girl with moderate intellectual disability, always took Shanu (name changed), aged 7 years, to her bed and asked her to suck on her breasts. This was going on for a long time.

This was another situation which the teacher found it difficult to handle. Sarita wanted to get married and wanted to have and nurse a baby like her sister. The teacher was helpless. The only thing she could do was to shift Shanu to another room to prevent her from getting habituated to the act.

Case I

Prasad (name changed) was a 38-year-old man with severe intellectual disability. He was very difficult to be managed, as he had the habit of hugging and kissing girls whenever he got an opportunity. Other children often complained about him. He also had the habit of touching the private parts of other children who sat beside him in the class in the absence of the teachers. He was afraid of doing anything in the teacher's presence.

The teacher realised that, as Prasad was severely retarded; advising or punishing him would be ineffective in controlling his behaviour. Since other children complained about him, he was never left alone with other children. He did not have the courage to misbehave in front of the teachers.

Case J

Deepak (name changed) was a 24-year-old youth with Down syndrome. He was an unwanted child who was born out of wedlock. One day, he happens to witness an illicit sexual relationship of his mother with a man, whom she claimed was going to marry her. The boy, who adored his mother tried to imitate the act of love-making with a girl in his class. Luckily, he was caught red handed before he could penetrate her. He also had the habit of collecting pictures of nude women.

The teacher pointed out the lack of awareness among the parents about the extent of influence they had upon their children. They often thought their retarded children to be asexual and innocent who understood nothing about the adult world. The environment in which the challenged individual lived affected them considerably which was illustrated in the case of Deepak. The teacher decided to discuss the matter with Deepak's mother who confided that her son was a hindrance to her future life. The teacher felt that a change of environment was necessary for Deepak. The teacher suggested to his mother to put him in the hostel.

Bijou (1966) had argued that the limited repertory of behaviour of the intellectually challenged individual is shaped by his/her life events. The case studies mentioned above (Cases F and J) justifies the argument. For

instance, Ratheesh (Case F) with a history of molestation by the male servant, got habituated to the act of masturbation and later began molesting young boys. Similar was the case of Deepak (Case J) who attempted sexual intercourse with one of his school-mates, after witnessing his mother's sexual act.

Application of the behavioural approach for the modification of inappropriate sexual behaviour can be observed while analysing the strategies employed by the teachers. As stated by Bijou (1966), if behaviour is a function of environmental conditions, then the inappropriate behaviour can be modified through careful manipulation of antecedent and consequent events. For instance, Gopu's (Case B) masturbatory behaviour in public persisted due to the attention he received from other children. Manipulation of the consequent event, i.e., attention from other children, when withdrawn, resulted in the reduction of the behaviour. Similarly, the use of time-out technique as a consequent event to Anand's (Case E) inappropriate behaviour of staring atand holding breasts, helped in the gradual extinction of the behaviour.

Bijou(1966) had pointed out that we must observe the conditions that produce behaviour or the antecedents of a behaviour to bring about a change in that behaviour. This is illustrated in Raji's (Case C) change in rubbing behaviour when the hygiene issue which acted as the antecedent was addressed. As per Bijou's argument, behaviour being a function of environmental conditions, could be changed through modification in the environment. Case B, Case D, Case H, Case I and Case J illustrate the use of environment modification for behaviour change.

Teachers' Attitude Towards the Challenged Individual's Sexuality

Among the tenspecial education teachers interviewed, eight of them viewed sexual expression of the intellectually challenged as a normal phenomenon and regarded their sexual interests as age-appropriate.

Although them asturbatory habit was more pronounced among boys, sexuality related issues were also found among girls. They manifest differently in the form of excessive hugging and kissing. One of the teachers strongly recommended masturbation as a healthy means of releasing sexual energy. Several studies supported this view. Haka-Ikse and Mian (1993) considered masturbation as a healthy and normal part of self-discovery. In some severely mentally challenged individuals, it may also appear as a

form of self-injurious behaviour (Van Dyke et al., 1995). In the case of the girl who inserted pebbles into her vagina for sexual gratification, masturbation had taken the form of self-injurious behaviour.

One among the teachers interviewed thought that masturbatory habit among the intellectually challenged was necessarily a deviant behaviour that needs to be prevented. She ensured that the children were not involved in such activities by asking them to rest their arms on the top of the table during the class hours, so that she could keep a tab on their inappropriate behaviour. She did not allow the children to go to the toilet in between the class hours as she believed that they wanted to go only to engage in such activities. She claimed that she was to an extent able to prevent them from masturbating by accompanying them to the toilets and not allowing them to remain there for long.

Another great concern expressed by the teachers was the feasibility of allowing the challenged individuals to enter romantic relationships, including marriage. They were bewildered when the challenged individuals expressed their wish to get married and bear children. Pitceathly and Chapman (1985), in their article on sexuality, marriage and parenthood of intellectually challenged individuals, have discussed various studies that demonstrated the intellectually challenged individual's capacity to form meaningful interpersonal relationships that may culminate in marriage and child rearing. The authors urged counsellors to take up the role of assisting intellectually challenged individuals attain their rights to sexual activity, marriage and parenthood. The article cites examples of sex education programmes for individuals which deal with psycho-sexual development, marriage, parenthood, sexual problems and dysfunctions. Ailey et al. (2003) opined that sexuality is a human right that is important to all individuals regardless of age, gender, orientation, or developmental level. Sexuality is closely related to a person's self-concept and self-esteem. Individuals with intellectual/developmental disability have a right to sexuality and sexual expression.

Reasons Behind Inappropriate Sexual Behaviour as Perceived by the Special Educators

Among the tenteachers interviewed, eight of them fostered the view that there was no legitimate reason for considering the sexual expression among the intellectually challenged to be inappropriate. One of the teachers,

who considered the masturbatory habit among the intellectually challenged inappropriate, was against the habit universally whether shown by normal or challenged individuals.

According to the teachers, the sexual expression was not as such inappropriate, but at times was not adaptive to the prescribed societal standards. They stated that the inappropriateness was due to their inability to make proper judgement. They held a general view that the challenged individuals often failed to distinguish between private and public spaces. The teachers, from their experience, quoted that the mild and moderately retarded individuals could be trained to distinguish between private and public spaces through consistent instructions and contingent reinforcements. Kempton (1978) found that the intellectually challenged individuals who participated in a sex education programme showed positive changes, such as increased appropriate expression of needs and improved social behaviour. But in the case of individuals with severe intellectual disability, such positive results were seldom obtained. For them, modification of the environment was suggested as an alternative solution. By modification of the environment, the teachers meant strategies such as making changes in the seating arrangements (Case B), allowing more privacy (Case D), preventing other children from being alone with them (Case I) and changing the living environment (Case J).

It was pointed out that all the behaviours that appeared to be sexual, need not be so. For example, intellectually challenged boys who come out of the toilet with an open zip may not have an intention to exhibit their private parts before others. Similarly, children seen toying with their genitals need not be necessarily masturbating. There are great chances of the existence of personal hygiene issues (Case C), or discomfort caused due to inappropriate size or pattern of innerwear which need to be dealt with before arriving at any other conclusions. Also, inappropriate behaviour like rolling on the ground when sexually excited (Case D), could be attributed to lack of exposure to better ways of releasing sexual tension.

The teachers were able to recognise that some behaviours were reinforced by the untoward attention they get or due to the over reaction of the viewers, which acts as a stimulant for repeating the particular behaviour (Case B and Case E). The teachers testified that younger children were initiated more into sexual activities due to the conditions prevalent in group living situations. Younger and older children occupied the same dormitories in the hostel

and had greater chances of imitating their behaviour. One among the teachers pointed out that the so called sexually deviant behaviour was seen more among children who came from regular schools.

The intellectually challenged children who had a history of sexual abuse or molestation were more prone to developing sexually deviant behaviour. When molested regularly, there is habituation and a greater chance of themselves becoming the perpetrators of abuse (Case F). Furey (1994) in his study found that most sexual abuse occurred in the victim's residence, and in 92 per cent of the cases the victim knew his or her abuser. A study by Brown and Stein (1997) also suggested that men with intellectual disabilities offend against more male victims than non-challenged sex offenders and that their offences are some what less serious. The above study explained the nature of Case F's behaviour who molested only boys.

Another contributing factor was the attitude of the parents. Some thought that their children were asexual and did not have any sexual feelings. They could not digest the fact that it was a part of normal adult development. One of the parents even perceived "excessive consumption of sweets" (as reported by the special educator) as a reason for the masturbatory behaviour of their son. Unless and until they accept the fact that sexuality exists, it is impossible to expect any cooperation from them in regulating their children's behaviour. Some parents are over protective of their children and thus withdrew the child from every opportunity forthem to experiment or learn from their peers appropriate ways of releasing sexual energy. Some other parents are careless or negligent in the case of their children and fail to guard their behaviour in front of their children. They tend to perceive their adolescent as a kid who would not understand adult behaviour. This was illustrated by Case J, where the boy's behaviour was motivated or influenced by his mother's promiscuous behaviour. The environment in which the intellectually challenged individual lives necessarily influences his/ her behaviour.

Implications for Practice

We have compiled the best practices to be adopted by the special education teachers for an effective care and management of the intellectually challenged. The suggestions are broadly based on relevant literature on special education programmes for the intellectually challenged. Some of the suggestions are inspired from the practices followed in the institution

where the study was undertaken. Suggestions for the improvement of the job performance levels of the teachers are also included.

1. Be sensitive to the feelings of the intellectually challenged children. The care and affection needs of the intellectually challenged individuals are much greater than others with normal intelligence.
2. Focus on the capabilities of the individuals rather than on their disabilities. Activities focused on harnessing and improvising their existing capabilities would help to increase the challenged individual's self-confidence.
3. Give the students opportunity to perform the tasks in their own way, allowing room for committing mistakes. This is an important step towards fostering independence in them.
4. Appreciate every step taken by the challenged individual towards the achievement of the desired goal. Completion of the given task or the perfection with which it is carried out deserves only secondary importance.
5. Give the challenged individuals the freedom of choice of the activities. This would help them to improve their decision-making capacity.
6. Do not sympathise, but treat them as normal individuals.
7. Feel free to share jokes with them. They too have the right and capacity to enjoy.
8. Maintain a balance between strictness and lenience. This is important to keep an external control on the behaviour of the challenged individuals who are deficient in self-regulatory behaviour skills.
9. Realise the importance of touch in developing a congenial relationship with the challenged children. As one of the teachers in the current study commented, "a light touch on their cheeks, a pat on their shoulders or a firm hold on their hands could work wonders."
10. Involve the parents in planning the lessons and evaluation of their children's progress through feedback arrangements. This would help increase a sense of responsibility for their children's achievements among the parents. This would help raise their confidence level as well as their participation in their child's development. Realise the importance of parental participation and cooperation for effective modification of behaviours among the intellectually challenged.

11. Monthly parent-teacher meetings to be conducted and the issues related to the care, management and development of the intellectually challenged students to be discussed.
12. Home visits are to be undertaken by the teachers, in the case of parents not turning up for the monthly meetings or when the student is absent for a continuous period without notice. Home visits are also important to ensure a congenial environment for the development of a challenged child.
13. Create a platform for the teachers to discuss the issues or concerns related to the care and management of the intellectually challenged.
14. Provide in-service training to the teachers to help them polish their skills and techniques as well as to add more into their repertoire.
15. Ensure better service conditions for the special education teachers.
16. Make adequate provision for rest and recreation for the teachers.
17. Provide counselling services to the teachers.
18. Ensure that pre-intake counselling is given to aspiring special education teachers about the nature and responsibilities of their job.

Suggestions to Address the Sexuality of the Intellectually Challenged

1. Conceptualise a person-centreed sexuality education programme considering factors such as degree of intellectual impairment, presence of physical disabilities, existing skills and deficits, and individual goals.
2. Avail the service of an inter-disciplinary team, which includes a psychologist, nurse, social worker, sexuality education instructor and other relevant staff. The sexuality education instructor could coordinate the team activities.
3. It is important to assess the specific needs of the individuals before administering the sexuality education programme. For individuals who exhibit sexual behaviours that are deemed socially inappropriate (e.g., public masturbation) or deviant (e.g., exposing oneself to a child), reduction of these behaviours would be the programme goal.
4. Group instructional approach may be employed to increase knowledge related to sexual functioning. Individual remedial instructions may be given to those who are not able to gain up to the desired level.

5. Assertion and social skills are important in interpersonal relationships, and, therefore, relevant to sexuality. Behavioural Skills Training (BST), which consists of instruction, modelling, rehearsal, praise and corrective feedback, could be used effectively to teach a variety of skills, including assertion and social skills(Horner and Keilitz, 1975). BST can also be used to teach skills to persons with intellectual disability in the areas of sexual abuse prevention (Lumley et al., 1998; Miltenberger et al., 1999).
6. Programmes should logically progress from rudimentary sex education (e.g., body part identification) to more advanced concepts (e.g., good touch/bad touch) and complex behaviour skills (e.g., sexual abuse prevention skills, assertiveness training).
7. It is important to consider the cognitive level of the individual when providing educational information.
8. The special education teachers, parents and other care providers should be given training that educate them and prepares them to respond positively to expressions of sexuality. The inter-disciplinary sexuality education team could take up the responsibility of providing the training.

Conclusion

Intellectually challenged individuals suffer major setbacks as social participants, mostly due to their inability to comprehend the social behavioural standards set by the typical members of the society. Many deficits in the challenged individual relate more closely to their upbringing than to their mental subnormality. Most of the residential programmestend to have a custodial nature due to inadequate number of caretakers and indifferent attitude of professionals to problems in group living arrangements. Caretakers, often due to lack of training, resort to their own crude methods to manage the repeated behavioural problems of the inmates, which further worsens the situation. A genuine effort on the part of the challenged individual's support system to understand their behaviour and their underlying causes, would go a long way in reducing the stigmatising maladaptive behaviours. Inputs on effective strategies to handle inappropriate behaviour among the intellectually challenged should be included in the special educator's training. The effective strategies adopted by the special education teachers in the current study to manage the

inappropriate sexual behaviour among the intellectually challenged may bemodified, structured and individualised to be used in similar situations. Experimenting in using such strategies with similar populations and documenting evidence related to their usefulness would help increase the credibility of the strategies used. This would help the professionals working with intellectually challenged individuals have a repertoire of successful strategies on hand and could resort to them when in need. Residential programmes should strive to provide a social learning experience to the inmates, with the expert intervention of trained caretakers, teachers and other professionals. Appropriate measures are to be taken for behaviour control and for encouraging independent functioning.

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