

# Defining “Sexualized Challenging Behavior” in Adults With Intellectual Disabilities

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**Abstract** Inappropriate sexual behaviors are a subset of challenging behaviors that limit the community integration of individuals with intellectual disabilities. Despite the stigmatizing effect of problematic sexual behavior, research efforts in this area have been limited and often used narrow prospective definitions. As such, research has been limited to a focus on “sexual offending” and “abuse,” terms which are often criticized in their applicability to people with intellectual disabilities given their connotations of criminal intent or insight. The authors propose adopting the term “sexualized challenging behavior” and define it by using empirical methods. Using a qualitative methodology, they examined a six-month sample of service-based documentation reporting sexual behaviors that were problematic. They also conducted semi-structured interviews with a staff-based sample and explored their views in relation to sexual behavior. Common themes emerged across both documentation and staff interviews regarding the nature and characteristics of such behaviors. Their proposed definition encompasses a continuum of self- and other-directed behaviors related to touch, exposure, and communication, which they view as distinct from sexual offending. The findings further suggest that sexualized challenging behaviors have distinct characteristics that differentiate them from nonsexualized challenging behaviors. The authors conclude that sexualized challenging behaviors can be defined as a distinct class of behaviors that require further study among a broader cohort of adults with intellectual disabilities.

**Keywords:** challenging behavior, intellectual disabilities, sexual behaviors, sexuality, staff views

## INTRODUCTION

Challenging behavior is an area of burgeoning interest in the intellectual disability (ID) field. Over the past two decades research in the field has been seeking to establish definitions, prevalence, causes, and reliable treatment. While there is no one universally established definition of challenging behavior, Emerson's (2001, p. 3) description of “culturally abnormal behavior of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit the use of or result in the person being denied access to ordinary community facilities” is frequently used. Researchers have also sought to capture the topographies of certain behaviors such as aggression and self-injurious behavior (Harris, 1993; Hillery & Mulcahy, 1997) to further inform the nature and potential influences on such behavior. One such challenging behavior is that of a sexual nature. This behavior has been found to be extremely difficult to deal with, and its consequences for the person involved stigmatizing and negative (Ward & Bosek, 2002). Despite this, there has been little systematic research in this area.

The reason why sexualized challenging behavior, aside from its sensitive nature, has not been the focus of a large body of research may be its association with other burgeoning fields of research in the ID field; namely sexual offending and sexual abuse. Studies have shown that sexual offending by individuals with ID is a significant problem (Lindsay, 2002) and it is now widely accepted that the risk of sexual abuse is significantly higher in this population than the general population (Murphy, 2007). However, reviews within these areas have been beset with difficulties, not least in the area of defining what constitutes sexual offending and abuse in a population that may not have a complete understanding of the rules governing appropriate sexual and social behavior (Lindsay, 2002; O'Callaghan & Murphy, 2007). In addition, it is important to recognize that this literature covers a range of behavior at one end of a spectrum, which at its opposite end has healthy sexual behavior. This study focuses on a group of behaviors that exist between these two positions, behaviors which, as Emerson conceptualizes may be “likely to seriously limit the use of or result in the person being denied access to ordinary community facilities,” and which are sexual, albeit normal, in nature. It is within this context that this paper considers the nature of sexualized challenging behavior.

Of the research that has been done on aspects of sexualized challenging behavior, some authors have considered issues of definition. Brown and Barrett (1994) have discussed “sexually problematic behavior” and while they do not detail the specifics

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of this term, they assert that it is usually applied to situations in which a person's sexual behavior is unacceptably impinging on others. Fegan, Rauch, and McCarthy (1993) similarly suggest that sexually inappropriate behavior be submitted to the "yardstick of social acceptability" and defined as such where it will subject the person to ridicule, legal risk, or unacceptability to the community. Further specificity was apparent in the study by Ward, Trigler, and Pfeiffer (2001) who sought to examine service responses to persons with ID who showed inappropriate sexual behavior, which they defined as sex acts involving nonconsenting partners, sexual behavior that is public or intrusive, and/or sexual behavior that presents a danger to the individual or others. Green, Gray, and Willner (2002, 2003) used Thompson's (1997) definition of Type A abuse (illegal sexual behavior) or Type B abuse (involving the sexual exploitation of a person whose ability to consent was compromised) for their examination of the extent, nature, and victims of the "sexually inappropriate behavior" of males with ID. The most recent example by Crocker et al. (2006) considered "sexually aggressive behavior" within a prevalence study of various types of aggressive behaviors displayed by persons with ID. This "sexually aggressive behavior" category was defined for the study with four levels of severity ranging from sexually threatening, inappropriate, or suggestive statements to exposure of genitals, nonconsenting touch, and coercive sexual activities with or without physical abuse. Using a staff retrospective report methodology, Crocker et al. found that approximately 10% of the 3,165 adults analyzed (representing 97.5% of the total service population) were reported as having displayed sexually aggressive behavior in the previous 12 months. It was also found that significantly more male than female clients were reported to have displayed this behavior. However, it should be noted that the frequency or severity of these behaviors was not collated, which is important given that these factors may have influenced the extent to which staff recalled and therefore reported incidents.

While the above studies have indicated useful attempts in defining sexually challenging and inappropriate behavior, which have captured common elements such as the importance of consent and awareness of public and private boundaries, substantial differences remain between them in terms of the emphasis they place on either the context or the topography of the behavior. With some notable exceptions, there has also been a distinct lack of empirical research driven by these definitions limiting their usefulness and relevance in the ID field. Furthermore, the above works have been confined to American (Ward et al., 2001), Canadian (Crocker et al., 2006), and British samples (Brown & Barrett, 1994; Green et al., 2002) and given the presumed impact of cultural and societal norms on what is classed as appropriate or inappropriate sexual behavior, their applicability in other cultural contexts (e.g., Irish) is likely to be limited. Furthermore, the definitions have not been informed by empirical study and have largely been asserted prospectively and under expert opinion. They do not appear to have driven empirical literature in this area and the definitions have not generalized beyond the author's own studies.

In using the term, "sexualized challenging behavior" the authors do not wish to define a diagnostic term that could be used to further disempower or stigmatize individuals with intellectual disabilities. Rather in seeking to further conceptualize this term

we recognize and uphold that the intention of this term, as of the original term "challenging behavior" is to emphasize that this behavior challenges the services and their staff to find more effective ways of understanding the origins and function of an individual's behavior (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007). As with all challenging behavior we approached this particular issue from the general viewpoint that asserts all challenging behavior has a function and is multifaceted in its origins and maintenance and should never be conceptualized as a deficit intrinsic to the individual. Within this context, the current study aims to empirically define the term, "sexualized challenging behavior" as it is experienced within Irish ID services.

## METHOD

### *Research Design*

The study used a qualitative research design, which incorporated both staff interviews and retrospective reviews of relevant documentation. A qualitative approach permits an exploration of the participants' own understandings and insights regarding the topic at hand (Robson, 2002). This was considered especially relevant for the current study topic of sexualized challenging behavior as it facilitates an inductive exploration of new themes that may emerge in the data, particularly important in an area that has not previously been considered in this way.

### *Research Context*

The study was conducted in two services of a large healthcare provider in the Republic of Ireland. Both services provided residential, day, education, and training services to approximately 600 children and adults with ID. Catchment areas serviced by these providers included parts of the greater Dublin area, County Wicklow and Kildare.

### *Measures*

*Behavior Incident Report form and Nonaccidental Injury and Abuse forms* All staff members within these services are required to complete Behavior Incident Report forms when there is an occurrence of challenging behavior. The procedures require that they provide a written description of the behavior and describe the context in which it occurred as well as indicating whether the behavior they are describing fell within the category of physical aggression, destructive behavior, self-injury, or sexually inappropriate behavior. In addition, the staff are required to complete Nonaccidental Injury and Abuse (NAI) forms where an individual within a service (whether staff or client) has been subject to either an injury not caused by accident, or an abusive incident. The unit of analysis from these forms was the written description of the incident, rather than the individuals involved.

*Semi-structured interview* A semi-structured interview schedule was compiled by the researcher. It was designed to allow the staff

to give their perspective on what constitutes sexualized challenging behavior. The schedule included several questions related to the topography of behaviors displayed as well as the continuum of behaviors displayed. The study aimed to define *sexualized* challenging behavior and questions were also included to ask the staff their thoughts on what makes the behavior "sexual" in nature. Prior to formal data collection, the schedule was piloted on a colleague with three years experience in the field of ID; however, no changes were required.

### Participants

Staff from managerial, clinical, and frontline positions were invited to participate to represent the various levels within the organization. Of these, six staff members (one male, five females) were selected for interview. The sex ratio is reflective of the general staff complement within the services considered. The participants had a minimum of 10 years experience within the ID field and in total had accumulated 137 years experience working in the field (mean 18.7, SD 7.3). They were employed as registered program assistants ( $n = 2$ ), clinical nurse manager ( $n = 2$ ), and social workers ( $n = 2$ ). All staff members who were approached for interview gave consent.

### Procedure

All Behavior Incident and NAI Forms classified as describing sexually inappropriate behavior displayed by adults within the period January–June 2006 were selected and anonymized by the senior clinical psychologist within one of the ID services before being passed to the principal researcher. Anonymization was completed by photocopying the original behavior incident forms and subsequently deleting all identifying information from the photocopies using a black permanent marker.

For the interviews, the names of nominated staff members were forwarded to the researcher by the Senior Clinical Psychologists within each service. In order to gain a wide representation of staff within the services, the senior clinical psychologist was asked to nominate a frontline staff member, a managerial staff member, and a member of the clinical team. Information letters and consent forms were then supplied to relevant staff members and once they had verbally consented, an appropriate time for interview was agreed. All interviews were conducted by the principal

researcher and audiotaped in their entirety. The mean duration of the interviews was 47 min (range 30–70 min) and all interviews were conducted in a private setting.

### Data Analysis

All interview recordings were transcribed in full by the principal researcher. Written descriptions of behaviors from both Behavior Incident forms and NAI forms were also transcribed. All data were analyzed following a content or thematic analysis approach (based on Guerin & Hennessy, 2002). The data were separated into key sections based on the structure of the interview schedule and the reports, and these sections are listed in Table 1. The transcripts were reviewed section by section and the full range of responses in each section was recorded. The researcher then reviewed these responses and grouped them into mutually exclusive themes. The resulting themes were refined with the input of a second researcher and a coding frame was devised. This coding frame was then used to analyze all transcripts. In order to determine the reliability of the interview coding scheme, an independent rater analyzed two randomly selected interviews (33%) using the same coding framework. Seventy percent agreement was taken as the minimum acceptable level of agreement between the named researcher and the independent rater. Levels of agreement were also adjusted to give Kappa coefficients.

## RESULTS

The results detail the qualitative analysis of Behavior Incident Reports Forms, NAI Forms, and staff interviews. Within the discussion, key themes that emerged from the analysis are presented and explored. Frequencies are reported in the text where appropriate and sample quotes are used to illustrate and support emerging themes. In the presentation and discussion of all qualitative data, all identifying information is omitted.

Considering the reliability of the analysis, as denoted in Table 1, the level of inter-rater agreement for the sections related to Defining Sexualized Challenging Behavior and Differentiating Sexualized Challenging Behavior exceeded the 70% minimum level of agreement (Guerin & Hennessy, 2002). The section related to the Special Challenge of Sexualized Challenging Behavior fell just below this level at 60% agreement. This may have been

TABLE 1  
Sections within qualitative analysis with reliability analysis

Sections	Broad question	Inter-rater agreement	Kappa coefficient
1	How sexualized challenging behavior should be defined	0.86	0.81
2	Differentiating sexualized challenging behavior from other types of challenging behavior	0.75	0.67
3	Special challenge of sexualized challenging behavior	0.60	0.40

due to the small number of codes within this subsection, which meant that the level of chance was quite high, subsequently reducing kappa-coefficients. Results related to this section are therefore considered with caution.

### *Behavior Incident and NAI Report Forms*

Over the six-month period of January–June 2006, 31 Behavior Incident and NAI forms reported problematic sexual behavior. Twenty-eight (90%) of these were Behavior Incident Report forms that were originally classified as “sexually inappropriate behavior” while the remaining three (10%) were NAI forms that had been identified as containing sexual content. Twenty-nine of the forms indicated the sex of the adult displaying the behavior; of these 93% were identified as males. The categories of behaviors described in these forms are summarized in Table 2 with their relevant frequency counts and percentages as well as illustrative examples. As detailed in Table 2, the documentation described incidents of sexually inappropriate behavior within two broad categories of self-directed (i.e., self-focused) and other-directed behavior. Incidents of self-directed behavior were reported in 45% of forms ( $n = 14$ ) while other-directed behavior accounted for the remaining 55% ( $n = 17$ ) of forms.

The self-focused behaviors largely referred to masturbation or other self-focused touching ( $n = 7$ ) that occurred in public or observable places. Several instances of exposure ( $n = 4$ ) were also described and these were considered as self-focused in the current

context as they did not appear to be purposely targeting a group or individual (as in the common understanding of “flashing” or “indecent exposure”) and were often accompanied by self-injurious or other self-directed touch. Bizarre sexual behavior was also reported, as was perusal of adult content from the Internet in a public location.

The most common other-directed behavior reported was touch, directed at either staff or other clients ( $n = 11$ ). Within both inter-client and client–staff touch, a substantial number of examples ( $n = 6$ ) referred to aggressive behavior reported as sexually inappropriate on the basis of the body part targeted (such as groin or breast). Where nonaggressive touch between clients was reported this was considered as a potential case of abuse due to the reported nonconsenting nature of the activity. One example of client–staff touch without aggression was reported as a sexually inappropriate behavior and this appeared to be part of a larger subset of behaviors concerned with perceived violation of usual client–staff boundaries of communication and touch. Elements of fixation were also reported. Examples of verbal and written communication with sexual content to staff were also reported as sexually inappropriate and one example was given of other-directed exposure.

Considering the NAI and Behavior Incident Report forms, key elements for the definition that emerged included self and other directed behavior in the categories of touch (masturbation, aggressive touch to sexual body part) and communication (including images and language). The public or observed nature of the behavior was also conveyed. The unwanted or nonconsen-

TABLE 2  
Categories of behaviors within behavior incident and NAI forms

Type of behavior	Frequency	Percentage	Illustrative Examples
Self-directed	14	45	
Masturbation/attempted masturbation	7	23	“_____ was lying on the floor in the hall masturbating”
Nondirected exposure/stripping	4	13	“going outside to gate and pulling down trousers to knee level”
Accessing adult images on Internet	1	3	“looking at adult pictures”
Fetishism	1	3	Paraphilia <sup>a</sup>
Unclear content	1	3	“_____ engaged in inappropriate sexual behavior”
Other directed	17	55	
Inappropriate touch to staff	7	23	“_____ very deliberately hit me in the groin. I felt that he specifically targeted this area”
Inappropriate touch to client	4	13	“_____ and _____ were in the back garden playing basketball. _____ grabbed _____ breast”
Invasion of personal space	2	6	“tending to invade [female staff member’s] space and generally hang around where she was working . . . asking her questions about her personal life”
Inappropriate communication	2	6	“made several attempts to engage staff in inappropriate conversation”
Exposure	1	3	“_____ exposed genitals to female staff. Incident highlights _____ inclination to expose himself.”
Voyeurism	1	3	“persistently staring at female staff” (in context of masturbation)

<sup>a</sup>In consultation with staff, example not given due to possible identification of client.

sual nature of the behavior has also been highlighted as has a particular class of behavior that invades personal space and boundaries and which may be targeted at particular individuals. Less common examples included fetishism and voyeurism. Further information regarding these themes is found in the staff interviews.

### Staff Interviews

The six staff interviews explored a range of topics related to “sexualized challenging behavior.” Participants were asked about the type and range of behaviors that would come under such a

term, the defining features of such behavior in comparison to other challenging behaviors, and the special challenge such behavior presents. Table 3 provides an overview of the findings for each of the three sections, listing the main themes and a representative quote.

*Defining sexualized challenging behavior* Four main themes emerged in relation to the opening question of “What types of behaviors do you think would come under the term of sexualized challenging behavior?” To begin, the *specific behaviors* reported by staff members largely echoed those documented in the Behavior Incident and NAI forms and both self- and other-directed behaviors were described. Masturbation in open or public spaces was

TABLE 3  
Overview of sections, themes and illustrative quotations

Section and themes	Illustrative quotations
Defining sexualized challenging behavior	
Specific behavior	“We would have situations where male clients, one in particular, would touch female staff on their breast and would try and caress them and that would be very challenging.”
Behavior characteristics	“It’s so personal—not the way you’d behave yourself or like to see others behave. It’s just inappropriate obviously.”
Setting of the behavior	“Well first, straight of all, it’s out in public or . . . that’s obviously inappropriate, that would make it inappropriate.”
Impact of the behavior	“Also it was challenging in the sense of participation in the group—they [service users] were losing out as they weren’t actively participating.”
Differentiating sexualized challenging behavior	
Behavior characteristics	“All challenging behavior is inappropriate, like I mean people acting out on the street, that is inappropriate—we are private people though, I mean any sexual function you’re brought up that it’s done in private so there, that’s the only difference I suppose. You wouldn’t want to see someone acting out sexually on the street but it’s purely because in the way you were brought up that it’s just not acceptable, it’s never been acceptable.”
Staff reactions	“It’s that our own values are our own comfort zone with sexuality. Because I would have had to identify staff that aren’t comfortable with it, staff that have worked brilliantly with me for years, you know, came into the challenging behavior unit, but cannot at the report read the word penis. You know, there is a comfort zone.”
Staff attributions	“Because it is sexual in a way—it’s either somebody is touching, somebody is trying to do something to you, something sexual.”
Other	“I suppose its long-term effects, possibly, with sexual is that it would have, if you get a physical assault . . . fair enough there’s psychological and possibly physical but I think a sexual assault damages everybody.”
Special challenge of sexualized challenging behavior	
Issues for staff	“Like none of us have training on how to deal with it really and truly—you know proper training . . . You know there is no proper training for the client with sexual behavior problems.”
Issues related to behavior	“We don’t know if it’s abuse. It’s not evident, it’s not obvious and that is the main issue. It’s the complexity of it that makes it difficult.”
Issues for person displaying behavior	“The danger of it going wrong and the consequences of it—like if you thought something was consensual and it came out as abuse or if someone got pregnant—or if the family knew and were furious.”



frequently cited as were behaviors reported under the general terms of “inappropriate touch” or “inappropriate behavior with another service user or inappropriate behavior in the home or with a staff member” where such touch was deemed inappropriate if it was nonconsensual, unwanted, occurred in public places, or caused distress or concern to the person involved. Touch between clients and staff was also deemed as sexualized challenging behavior when a particular part of the body was touched by the client. Physical aggression was reported as sexualized challenging behavior if it occurred when the individual was sexually aroused or was targeted at a sexual body part, as noted by one informant, “Because of where he actually goes to pinch you . . . like you can literally go and pinch you somewhere sexual . . . that’s the only reason that it is sexual and that he is hard.” Sexual violence including sexual assault and rape was also classed as sexualized challenging behavior. Exposure directed at others was also reported, as was the invasion of staff personal space and boundaries by clients where such behavior is seen as outside social norms. This invasion of personal boundaries could be either general or targeted at one particular person. However, while some participants indicated that any intimate or affectionate touch between clients and staff was challenging and represented an invasion of boundaries, others felt that this only became challenging if it happened repeatedly. Less common but pertinent examples of specific sexualized challenging behaviors included fetishism and voyeurism. Language was also reported where this was sexualized in content and directed at staff or minors.

In terms of the *general characteristics* of “sexualized challenging behavior,” the most common characteristic was that they were “inappropriate” and outside of the usual social and cultural norms. Another common characteristic of these behaviors was that they were either nonconsensual and unwanted or occurred in situations where consent was unclear. A spectrum of sexualized challenging behavior was also referred to as a characteristic of this area and the staff perceived sexualized challenging behavior as a continuum encompassing both lower risk self-focused behaviors as well as higher risk other-focused violent sexual behaviors.

The *setting* in which the behavior occurred was also pertinent and where behaviors such as masturbation were described, the most common settings referred to as inappropriate were those that were public or observable. One individual indicated that even consensual touching between clients could become a sexualized challenging behavior as a result of the setting in which it occurred, if this was public or observable.

A further element to the sexualized challenging behavior was the *impact* that such behavior had. While one individual emphasized the distress for the individual displaying the behavior, the majority of comments indicated the distress caused to the individuals who were the focus of the behavior. Several comments alluded to the decreased participation and restriction such behavior placed on those individuals who displayed it. The staff were also reported as being personally fearful of exposure to this particular type of behavior.

*Differentiating sexualized from other challenging behavior* Cognizant of the aim of defining sexualized challenging behavior, participants were asked how sexualized challenging behavior differed from other forms of challenging behaviors. In terms of the *distinctive characteristics* of sexualized challenging behavior

one prominent response was that, although all challenging behaviors were inappropriate, sexualized challenging behavior was somehow even more inappropriate as being outside of usual social norms. The violation of privacy usually afforded sexual behavior was also seen as a distinctive characteristic. The issue of lack of consent was also raised as a distinctive characteristic of sexualized challenging behavior, as was the suspicion and lack of clarity surrounding this behavior. For others it was simply the sexual nature of the behavior. One staff noted, “They’re showing their sexual organs . . . they’re touching your sexual organs in some way . . . well that’s very different.”

*Staff reactions* to this behavior also differed and a lack of comfort and unease was reported with sexualized challenging behavior that was not present for other types of challenging behaviors. Staff members also reported a lack of confidence in managing sexualized challenging behavior that was either not apparent, or not apparent to such a degree in managing other forms of challenging behavior. Sexualized challenging behavior was also felt to evoke strong negative personal reactions such as finding it “repulsive” that the staff did not report as evident for other forms of challenging behavior.

*Staff attributions* for sexualized challenging behavior differed from those made for other challenging behaviors, with the former often being attributed to sexual motivation or gratification, attributions that were not made regarding typical challenging behaviors. The final theme distinguishing sexualized challenging behavior was classified as “Other” and contained responses related both to the impact and management of sexualized challenging behavior. The impact of this class of behavior was seen as wider reaching than other types of challenging behaviors in that sexualized challenging behavior was also identified as the only type of a range of challenging behaviors that would be referred to the designated person.

*Special concerns of sexually related challenging behaviors* Reactions regarding the special challenges of these types of behaviors focused around three main themes. Given the lower levels of inter-rater reliability found for this section (see Table 1), results are considered in brief and with caution. With respect to *issues for the staff*, the special concerns related to these behaviors were felt to lie in the lack of training and guidelines that the staff reported for this behavior. Such behaviors were portrayed as a special challenge as it “crossed private boundaries” and represented an “invasion of your privacy” in a way that other types of challenging behaviors did not. With respect to the *behavior itself*, the issue of consent was raised as a special concern. The behaviors were also perceived as more complex than other types of challenging behaviors. Related to issues directly *affecting the person*, the concerns over these behaviors lay in the potential consequences of the actions, such as sexual assault or abuse, which are considered to be more socially renounced or negative than other forms of challenging behaviors, and which may have legal consequences.

#### *Formulating a Definition of Sexualized Challenging Behavior*

Reflecting across all data sources, it was apparent that it was often the nature of the behavior itself that defined is as sexualized challenging behavior. The behaviors described were self-directed

or other-directed and covered a huge variety of behaviors including touch, exposure, masturbation, and invasion of personal space, whether general or targeted. Less common but pertinent examples included fetishism, voyeurism, and the accessing of Internet-based images. It was important that any definition allowed for the inclusion of all such behaviors. In both documentation and staff interviews the setting in which the behavior occurred appeared to be a pertinent aspect, and masturbation or other self-directed touch was reported as challenging only where it occurred in public, where other clients were present, or where it was observable to staff members. Touch between clients was also considered challenging if consent was absent or unclear. Behaviors conveyed through staff interviews alone expanded this list to include physical aggression as a result of sexual arousal, behaviors involving sexual violence as well as language and communication.

Staff interviews allowed a greater consideration of the defining characteristics of such behavior and gave a sense of what separated this behavior from other types of challenging behaviors. Central to this class of sexualized challenging behavior was that the behaviors shown were "inappropriate" and outside of the usual cultural and social norms. The issue of consent was also repeated and the unwanted nature of these behaviors was also stressed. A spectrum or continuum of behavior also seemed apparent given the range of behaviors from lower risk behaviors such as inappropriate masturbation to high-risk behaviors such as sexual assault and rape. The impact of the behavior was also given as a defining characteristic and the staff described both the distress it could cause to the individual and others, as well as the implications such behavior had for community participation.

Considering factors resulting from the qualitative analyses, the following definition of sexualized challenging behavior is proposed: *"Sexualized challenging behaviors" are those that are deemed inappropriate as a result of the nature of the behavior (including touch or contact, exposure or display, masturbation, language, communication or images, invasion of personal space or boundaries, fetishism, or aggressiveness linked to sexual arousal) or the setting in which they occur (i.e., a public or observed place). These behaviors may be self-directed or directed at others, including targeting or fixating on individuals. Where others are involved the contact may be unwanted or nonconsensual. These behaviors occur on a continuum from minor behaviors up to and including sexual assault. In addition, the behavior may interfere with normal activity or be harmful or distressing to self or others.*

## DISCUSSION

The current study examined qualitative data including both written service-based documentation and interviews with a purposive sample of staff members in order to develop a definition of sexualized challenging behavior. Qualitative analysis of these sources indicated that a wide range of behavior was considered to fall under the term. While the Behavior Incident and NAI Report forms indicated the specific behaviors that were previously classed as "sexually inappropriate behavior," the interviews gave further insight regarding the characteristics of the behavior that determined its consideration as sexualized rather than nonsexualized challenging behavior.

The definition of sexualized challenging behavior derived from this analysis represents, to the author's knowledge, the first data-driven definition of sexual behavior that has previously been referred to as "problematic," "inappropriate," or "maladaptive" sexual behavior. The need for such an empirical definition was indicated from the literature that suggested definitions of abuse and offending left out many of the "victimless" sexual behaviors that still represent a challenge to services (Brown & Barrett, 1994). Furthermore, such a definition is necessary given evidence in the wider literature that many persons with ID who have displayed offensive or abusive sexual behavior are not charged and never face prosecution, meaning they cannot be considered legally as "sexual offenders" (Green et al., 2002). That such a definition can be used to note occurrences of sexual "misbehavior" of individuals residing in community and other residential settings is also important in light of the recognition that the occurrence of such behavior is often handled within the agency and not reported to authorities (Brown & Barrett, 1994).

When considered against other definitions of equivalent behavior, a number of similarities emerge. In common with Brown and Barrett's (1994) consideration of "difficult sexual behavior" the definition derived in the current study does not include any reference to behavior that would be considered normal and acceptable in a person without disability of the same age. Furthermore, and in common with the general definition of challenging behavior (Emerson, 2001) the current definition also echoes the importance these authors place on the behavior impinging on the individual's community presence, autonomy, and dignity. It also captures the range of inappropriate sexual behavior considered by Ward et al. (2001) in their examination of inappropriate sexual behavior. In common with Fegan et al. (1993), the judgment of behavior as sexually challenging by the staff was often done by considering it against personal and cultural norms; what Fegan would describe as "yardstick of social acceptability." In contrast, however, the current definition does not require the staff member to judge the motivation or consequence of the behavior as sexual as suggested by Brown and Barrett (1994), but rather gives an operational definition considering the range of behaviors and the settings in which they may occur.

However, the most important contrast to the available definitions in the literature lies in the fact that the current study definition was empirically derived from three different data sources rather than prospectively defined solely from expert opinion. The Behavior Incident Report forms provided a useful method by which the behaviors that the staff considered as "sexually inappropriate behavior" could be considered. The NAI forms provided an indication of the sexual behavior that the staff would consider as abusive and necessitating a formal service response while the interviews with staff members provided a broad scope for consideration of many areas related to the topic of interest.

However, it should be noted that analysis of the written documentation was limited to a six-month sample of the Behavior Incident and NAI Report forms ( $n = 31$ ), which while likely to be representative, may not have captured the full range of behaviors that were classed as "inappropriate sexual behavior" within these forms. Furthermore, while this six-month sample may have been skewed by the inclusion of several incidents from the same individual, it represents a complete sample of incidents within this time frame.

In relation to the interviews, while a range of staff from differing levels of the service (frontline, managerial, and clinical) were invited to participate, the group remained a purposive sample and as such, their opinions may not have been representative of all the staff within the services. Nonetheless, it is noted that common themes emerged across all data sources and indeed this triangulation of sources adds further integrity to the data. This commonality of themes is especially important given that, while researcher bias cannot be completely eliminated from staff interviews, the documentation reviewed concurrently was in existence prior to this study and could not therefore have been influenced by the study aims. Inter-rater reliability across interviews was also high indicating that the coding frame could be used effectively by an independent researcher not familiar with the current subject area. While validation of the emergent themes from the qualitative analysis could not be conducted with the research participants due to the time constraints, this definition was used with success to identify research participants with sexualized challenging behavior for another research project. Substantial confidence in the resultant definition of sexualized challenging behavior is therefore indicated by the range and depth of the qualitative analysis employed.

In developing and conducting a study on the definition of sexualized challenging behavior, the authors were particularly conscious that such a study should have broad policy and practice implications rather than simply being an academic exercise. Therefore, it is hoped that in the same way that definitions of challenging behavior have been used to identify subgroups of clients who require considered and innovative service responses, having a reliable way to identify clients who display sexualized challenging behavior should allow their needs to be more reliably met. Furthermore, as services have begun to train the staff in the management of challenging behavior, the identification of clients within services who display sexualized challenging behavior would suggest the need for additional specialized staff training, especially given the strong emotional reactions reported by the staff when faced with this type of behavior. However, that is not to say that sexualized challenging behavior should become a specialist area. While there may be individual clients who present with high risk behaviors such as sexual assault or rape, for whom effective risk management requires close supervision by experienced and trained staff, there will also be many clients who display sexualized challenging behaviors in the context of unmet needs in the area of sexuality. There is therefore a need for all frontline staff to be sufficiently trained to support individuals with this behavior: people with ID will express their sexuality and will require support from competent staff in this regard. Training of the staff in this area would be usefully supplemented by the development of service-specific guidelines and policy documents, firmly embedded within the reality of clinical practice that would help to guide service response.

By conceptualizing "sexualized challenging behavior" our aim is not to diagnose or unnecessarily label, but rather to highlight the complex needs of these individuals for support and initiative from the services that are being challenged by the behavior. This appears especially important in the light of findings from this study that the staff reported feeling uncomfortable and lesser skilled in this area, galvanizing the need to reliably identify individuals to ensure they get the additional support they need. By not highlighting this issue,

there may be a danger that individuals, who are displaying sexualized challenging behavior, may be ignored or further disempowered by the actions of staff and services that are unsure how to manage this particular type of behavior. Like all challenging behaviors, the response to sexualized challenging behavior should include an individualized comprehensive assessment, and formulation of an intervention plan in keeping with best practice guidelines in this area. If it is accepted that people with ID who present behavioral challenges are often "marginalized, stigmatized, disempowered and excluded" (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, 2007) and that those with sexualized challenging behavior are even more likely to be stigmatized (Ward & Bosek, 2002), then the need to identify these individuals so that they can be supported to live full and valued lives within the community is paramount for all services.

In relation to research, examination of the wider literature in the broad area of sexuality and ID indicates the need for replication of studies using well-defined populations and valid and reliable research instruments. It is hoped that the definition provided in this study will provide a tool by which future studies in the area of sexualized challenging or inappropriate behavior can ensure they are considering similar populations. However, it should be noted that while the current study examined a range of data sources prior to compiling the definition, these were staff driven sources. Future research incorporating the views of individuals with ID who reportedly display this behavior would be a useful adjunct. However, given service concerns regarding the ethical implications of asking individuals with ID about their sexuality, it may be some time before services are comfortable enough to allow further exploration of problematic aspects of sexual behavior. Furthermore, the current study defined sexualized challenging behavior in the context of an Irish ID service. Given the purported influence of culture on the attitudes and experience of sexuality in general, it would be useful to assess if the current definition remains valid in international populations.

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## REFERENCES

- Brown, H., & Barrett, S. (1994). Understanding and responding to difficult sexual behaviour. In A. Craft (Ed.), *Practice Issues in Sexuality and Learning Disabilities* (pp. 50–80). London: Routledge.
- Crocker, A. G., Mercier, C., Lachapelle, Y., Brunet, A., Morin, D., & Roy, M. E. (2006). Prevalence and types of aggressive behaviour among adults with Intellectual disabilities. *Journal of Intellectual Disability Research*, 50, 652–661.
- Emerson, E. (2001). *Challenging behaviour; analysis and intervention in people with learning disabilities*. Cambridge, UK: Cambridge University Press.



- Fegan, L., Rauch, A., & McCarthy, W. (1993). *Sexuality and people with intellectual disability* (2nd ed.). Sydney, Australia: MacLennan & Petty.
- Green, G., Gray, N. S., & Willner, P. (2002). Factors associated with criminal convictions for sexually inappropriate behaviour in men with learning disabilities. *Journal of Forensic Psychiatry*, 13, 578–607.
- Green, G., Gray, N. S., & Willner, P. (2003). Management of sexually inappropriate behaviours in men with learning disabilities. *Journal of Forensic Psychiatry & Psychology*, 14, 85–110.
- Guerin, S., & Hennessy, E. (2002). Pupils' definitions of bullying. *European Journal of Psychology of Education*, 17, 249–261.
- Harris, P. (1993). The nature and extent of aggressive behaviour among people with learning difficulties (mental handicap) in a single health district. *Journal of Intellectual Disability Research*, 37, 221–242.
- Hillery, J., & Mulcahy, M. (1997). Self-injurious behaviour in persons with a mental handicap: An epidemiological study in an Irish population. *Irish Journal of Psychological Medicine*, 14, 12–15.
- Lindsay, W. R. (2002). Integration of recent reviews on offenders with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 15, 111–119.
- Murphy, G. (2007). Intellectual disability, sexual abuse and sexual offending. In A. Carr, G. O'Reilly, P. Noonan Walsh & J. McEvoy (Eds.), *Handbook of Intellectual Disability and Clinical Psychology Practice* (pp. 831–836). London: Routledge.
- O'Callaghan, A. C., & Murphy, G. H. (2007). Sexual relationships in adults with intellectual disabilities: Understanding the law. *Journal of Intellectual Disability Research*, 51, 197–206.
- Robson, C. (2002). *Real world research* (2nd ed.). Oxford, UK: Blackwell.
- Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists. (2007). *Challenging Behaviour: A Unified Approach*. London: Royal College of Psychiatrists.
- Thompson, D. (1997). Profiling the sexually abusive behaviour of men with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 10, 125–139.
- Ward, K. M., & Bosek, R. L. (2002). Behavioral risk management: Supporting individuals with developmental disabilities who exhibit inappropriate sexual behaviors. *Research and Practice for Persons with Severe Disabilities*, 27, 27–42.
- Ward, K. M., Trigler, J. S., & Pfeiffer, K. T. (2001). Community services, issues, and service gaps for individual with developmental disabilities who exhibit inappropriate sexual behaviors. *Mental Retardation*, 39, 11–19.