

## **Book Review**

**Title:** *The Facts of Life. . And More: Sexuality and Intimacy for People with Intellectual Disabilities*

**Author:** Leslie Walker-Hirsch

**Publisher:** Baltimore: Paul H. Brookes Publishing, 2007

**Paper, ISBN:** 978-155766714-4, 320 pages

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**Reviewer:** Rhonda S. Black

Leslie Walker-Hirsch is a pioneer in the field of sexuality for individuals with intellectual disabilities. She is the creator of the widely-used Circles® healthy sexuality curriculum for individuals with mild to moderate developmental disabilities (1993, Circles I: Intimacy and Relationships [revised]; 1986, Circles II: Stop Abuse; 1988, Circles III: Safer Ways; James Stanfield Publishing, <http://www.stanfield.com>) that utilizes a Circle of Friends approach to describe appropriate and inappropriate contact with different people at different levels of friendship/intimacy. Walker-Hirsch has been actively involved in providing sexuality training classes for young adults and adults with disabilities, parents, administrators and direct service providers for more than 25 years. With 15 contributors, Walker-Hirsch has presented a wide range of topics from various perspectives, creating one of the most comprehensive works on sexuality and individuals with intellectual disabilities to date.

The first chapter discusses sexuality education and intellectual disability across the lifespan. It describes sexuality as part of social development and outlines changes in appropriate socialization that occur when transitioning from childhood to adolescence to adulthood. Especially important is the discussion about behaviors such as tickling, appropriate for children, but not young adults – dispelling the myth that those with intellectual disabilities are eternal children. This chapter also highlights the need for sexuality education to decrease social isolation and dependence. Again, the focus is on appropriate social relationships, including intimate adult relationships. Accompanying each topic are case study-like scenarios that bring the issue to life. For example, one case tells of how a young man with Down syndrome touched the breasts of a girl because he was dared to by some popular boys at school. Another case describes how a 12 year-old girl with mild intellectual disability gave her mother a passionate French kiss one evening after her friend had told her that a peck on the cheek was not “real” kissing. The scenario also described how her mother explained different kinds of kisses for different people and purposes. Nine of these scenarios are presented in the first chapter alone.

The second chapter presents key components of a comprehensive sexuality education program based largely on Walker-Hirsh's Circles® curriculum. In addition to basic anatomy and hygiene, this curriculum focuses on empowerment, social and relationships skills, and rights and opportunities. The third chapter covers stages of development and basic instructional techniques addressing attention, memory, incidental learning, and learning transfer. This chapter concludes with a section on positive behavioral supports.

The next four chapters are in my opinion, unique, and set this book apart from similar texts on the market today. These chapters discuss parent perspectives; skills needed by direct support workers; addressing cultural differences between staff/teachers and program participants; supporting gay, lesbian, and bisexual relationships; and includes a wonderful chapter titled "In Their Own Words: Couples Tell Their Stories." The Parent Perspectives chapter, coauthored by Emily Kingsley, a nationally-known pioneer in parent advocacy, discusses awkward situations for parents, such as providing transportation for dates and arranging social encounters, and issues surrounding whether their adult offspring will become parents themselves. The Cultural Diversity chapter discusses how various aspects of culture affect sexuality of persons with disabilities. Courtship and marriage practices, expectations of acceptable behavior for men and women, communication styles, and expectations concerning adults roles are topics included in this chapter. I especially liked the section about avoiding cultural stereotypes. While understanding individuals and their families may have different values from one's own, this chapter emphasizes the nonproductive and nonresponsive nature of making assumptions such as "the Chinese believe XYZ about sexuality." The final chapter in this section is titled "Supporting Diversity in Sexual Relationships: On Being Gay, Lesbian, Bisexual, or Transgender with an Intellectual Disability." This is the first text I have seen to explicitly and purposefully include information on this topic. Diversity in relationships is an especially sensitive topic for residential care providers and one that needs to be openly discussed. This chapter provides some valuable suggestions and resources for service providers to address sexual orientation and gender identity variations as "part of the human experience that deserve to be celebrated" (p. 169).

The next section contains two chapters related to risk management. This text fills a gap in the literature regarding this topic. Scholars such as Richard Sobsey (1991, *Disability, sexuality, and abuse: An annotated bibliography*; 1994, *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?*) have warned us about the vulnerabilities of adults with disabilities with respect to sexual exploitation. In a more personal storytelling manner, Dave Hingsberger (1990, *I to I: Self concept and people with developmental disabilities*; 1995, *Just say know!: Understanding and reducing the risk of sexual victimization*) has taught about the social nature of sexuality and the risks of over-protection to people with intellectual disabilities. This text combines warnings with easy-to-read scenarios to inform the reader about the risks of both exploitation and over-protection. Topics, such as consent assessment and the components of a comprehensive sexual abuse prevention program, are extremely good resources for any service professional. Much of the information again comes from Walker-Hirsch's Circles Curriculum® related to building a community of support and

teaching the differences between friends, acquaintances, and strangers. The final section focuses on treatment issues such as seeing an obstetrician/gynecologist for a pelvic exam, helping individuals recover from sexual abuse and sexuality, and mental health.

Overall, the text is well-written by noted authors in an accessible format complete with research findings, practical applications and case-study scenarios. The text covers a broad range of topics thus, filling gaps of previous books in this area. I would highly recommend this book for professionals working with young adults and adults with intellectual disabilities. On a more personal note, I have ordered a copy for myself as a must-have for my library.

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Adults with intellectual disabilities (ID) face multiple health disparities and challenges to accessing health care. We conducted a limited literature review related to six aspects of sexual health care of women with ID, including barriers to sexual health care, sex education, sexual abuse and consensual sexuality, contraception, screening for sexually transmitted infections and cervical cancer, and pregnancy and parenting. The self-advocacy movement has asserted that adults with ID have the same right to sexual expression as their peers without disabilities, and many regard sexuality as a human right [60]. People with intellectual disabilities are a known disparity population, and sexual health care is a particularly neglected area of health care for adults with ID. Sexuality and Disability is an international forum for the publication of peer-reviewed original interdisciplinary scholarly papers that address the ... A Journal Devoted to the Psychological and Medical Aspects of Sexuality in Rehabilitation and Community Settings. Editorial board. Aims & scope. Sexuality and Disability is an international forum for the publication of peer-reviewed original interdisciplinary scholarly papers that address the psychological and medical aspects of sexuality in relation to rehabilitation. When this is combined with intellectual disabilities it can make responding to these challenges even more difficult. While positive experiences can enhance quality of life considerably, negative experiences can be life damaging. The publication provides the resources and guidance needed to provide education tailored to support young people and adults to manage intimate relationships, acknowledging not only the characteristics of both conditions, but also how they interact. Her doctoral thesis focused on how sex and relationships education can be adapted for people with both intellectual disabilities and autism. She has worked in various NHS services for both children and adults with intellectual disabilities and autism, and more recently in perinatal mental health services. Most people with intellectual disability can have rewarding personal relationships. However, some may need additional support to develop relationships, explore and express their sexuality, and access sexual health information and services. In Victoria, all people aged 16 years and over, including those with disability, are entitled to privacy and choice, within the law, regarding their sexuality and sexual activity. Sexuality education for people with intellectual disability. A child's sexuality education comes from a range of sources, including their parents, teachers and friends. People with ... Learn vocabulary, terms and more with flashcards, games and other study tools. Only RUB 220.84/month. Sexuality and Relationship Education for People with Intellectual Disabilities. STUDY. Flashcards. what does the Florida developmental disabilities council offer for PWID? downloadable curriculum (changes in your body, social skills, dating, sexual and physical abuse). What does the attainment company offer PWID? Illustrated sex education and social skills program for young adults with limited or no reading ability, picture representation of topics help individuals understand complicated facts of life. What does Circles: Intimacy & relationships teach PWID?

Physical intimacy reduces stress. Intimacy with spouse builds trust. Improved intimacy outside the bedroom. Physical intimacy boosts your immune system. Being physically intimate without sex also has its benefits. Couples sleep better and feel closer to one another when they cuddle their way to sleep. Oxytocin released by physical touching and sex can also relieve pain and headaches, help you decompress, and reduce many forms of physical illness. 9. Makes you look and feel younger. There may be a correlation between a physically intimate relationship and how young you look. Start by marking "The Facts of Life...and More: Sexuality and Intimacy for People with Intellectual Disabilities" as Want to Read: Want to Read saving | Want to Read. Making good decisions about sexuality is a critical part of adulthood, but sometimes people with intellectual disabilities don't get the support or education they need to navigate this complex aspect of life. Professionals will change that with this urgently needed book, which gives social workers, teachers, and direct support professionals the comprehensive information Making good decisions about sexuality is a critical part of adulthood, but sometimes people with intellectual disabilities don't get the support or education they need to navigate this complex aspect of life. The Facts of Life "and More: Sexuality and Intimacy for People with Intellectual Disabilities | Find, read and cite all the research you need on ResearchGate. Understanding and Reducing the Risk of Sexual Victimization of People with Developmental Disabilities. Jan 1995. D Hingsburger. The new challenges in supporting people with mental retardation in the community, the nature and extent of the problem of sexual abuse in programs serving this population, and the differing judicial approaches taken to assessing their ability to consent to sexual relations were discussed. Potential sources of provider liability for harm caused to program participants were explained, and [Show full abstract] recommendations to improve practices were offered. Read more.