



# *CONDITIONALLY SEXUAL*

Constructing the sexual health  
needs of men and teenage boys  
with moderate to profound  
intellectual disability

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# ***BACKGROUND***

- PhD topic: *constructing the sexual health needs of men and teenage boys with moderate to profound intellectual disability (ID)*
  - Study explored 3 broad topics: 1) male sexual health, 2) masculinity, 3) intellectual disability
  - Context of study within disability-specific community-based group homes
  - Study duration: 2004 – 2009; data collected in 2006/2007
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# ***TODAY'S PRESENTATION***

- Overview of the literature
  - Present selected qualitative data from PhD study
  - Discuss what the data suggests about the gendered relationships between paid caregivers and men and boys with ID
  - Suggestions for future practice to enhance the health and well-being of men and boys with ID
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# *The literature; males with ID*

- Approximately 2.7% (n=503,000) Australian population have ID (AIHW, 2003)
- Approximately 60% (n= 299,300) of all people with ID are male (AIHW, 2003)
- 4:1 male to female ratio in diagnosis of autism, 10:1 for Asperger Syndrome; more males than females born with cerebral palsy (Thompson, Caruso & Ellerbeck, 2003)
- ID is NOT male-specific BUT there are a significant number of male-specific matters
- Most of the “gendered” ID literature tends to problematise men and boys with ID (Wilson, Parmenter, Stancliffe, Shuttelworth & Parker, 2009)



## ***The literature; paid caregivers***

- Approximately 80-95% of paid caregivers are female (McConky, McCauley, Simpson & Collins, 2007)
  - Paid female caregivers tend to be fearful of potential and actual aggression/physicality in, and from, males with ID
  - Paid male caregivers are fearful of ANY physical/emotional contact and are fearful of accusations of “inappropriate” contact with both males and females with ID
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# *The Study*

- Qualitative study exploring male sexual health, ID, masculinity, and their *contextualisation* in a group-home setting
  - Data: Interviews with 18 paid caregivers, observation in group homes, collection of relevant artefacts (e.g. policy and procedures, training, local geography, architecture)
  - Data were analysed using the constant comparative method and elicited 3 broad themes: 1) male sexual development, 2) *Conditionally Masculine*, 3) gendered service delivery
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# *Gendered service delivery*

- Distinct differentiation between a *masculine* and *feminine* perspective
  - Limited representation of a gender-neutral model but more a reflection of powerful societal gendered stereotypes
  - Suggestion that male caregivers can be a conduit to the health and well-being of men and boys with ID
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# *A feminine perspective*

- ***TWO SUB-THEMES***
    1. ***FEMALENESS IS DIFFERENT FROM MALENESS***
    2. ***FEMALES EXERCISING CAUTION***
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## *Femaleness is different from maleness*

- ***Unique female qualities:*** “....more gentle, in general, than male staff”; “...obviously, you know, women are more, I don’t know, loving and nurturing ... not to say that some men aren’t”; “I think, possibly, the female staff can be a little bit softer in their approach than maybe the male staff sometimes”
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## ***Femaleness is different from maleness***

- ***Female boundaries:*** “...as a female you just like to think that the male staff are gonna deal with that sort of thing [male sexual health]”; “...I suppose I just don’t feel comfortable really ... with the female clients I would but with the male clients I feel it is a male to male [thing]”
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## *Femaleness is different from maleness*

- ***Defined female boundary:*** “...there’s a new cream that [he] has to have on his foreskin, which [the female staff] they’re freaking out about it ...”; “I am sure that there is an element of embarrassment ... We’ve got quite a number of young girls who don’t want to see that [infected penis] ... And they’re quite within their rights to say ‘no’ as well, but it doesn’t help his hygiene”
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## ***Femaleness is different from maleness***

- ***A female view of males:** “...I think most females don’t trust men completely because that’s who they [females] are ... you have heard lots of stories and lots of things [about male abusers] over the years”; “...then we’ve got the thing with [female client] as well ... she takes a liking to male staff and you know, as much as it shouldn’t, it does worry the girls as males might do night shift on their own ... and we do worry”*
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# *Females exercising caution*

- ***Minimising temptation:*** “...I am just more careful around sexual areas when I am working with men, I don’t like to, sort of, put any ideas into their heads, or to encourage them in any way by talking about it ... I’d hate to think that they would get some sort of idea about anything [sexual]”; “... There is always an issue about how we dress, how we present ... In a sense it could be a bit of a turn on ... In all fairness to the guys ... We have to be careful what we wear”
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# ***A masculine perspective***

- ***THREE SUB-THEMES***
    1. ***MALENESS IS DIFFERENT FROM FEMALENESS***
    2. ***MALES AS CAREGIVERS***
    3. ***MALES AS A CONDUIT TO MALE WELL-BEING***
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## ***Maleness is different from femaleness***

- ***Unique male qualities:*** “it is quite important that they [male clients] do have a bit more time with the guys [male staff] because they do different things ... recreationally ... A guy might want to go to the football, I mean I would probably want to go shopping”; “[he was] not such a good worker but he did go and play soccer with [male clients]”
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## *Maleness is different from femaleness*

- **More relaxed:** *“A male worker’s a bit more relaxed than a female ... Males can relate to [client], they’re males...how they talk to him, they call him ‘mate’”; “...a male staff member might understand a bit more how important that [masturbation] was for a male client”*
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## *Maleness is different from femaleness*

- ***Altering natural male actions:*** “...when I have someone [female staff] who is likely to misconstrue ... I will tailor my behaviour, you know I will scrutinise my behaviour more thoroughly ... I can see that being the natural ‘me’ ... the other person might, from what I know about them ... cause me trouble ... I prefer to curb my natural impulses to a degree in front of that person”
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## ***Males as caregivers***

- ***A female perspective:** “male staff are more appropriate when there is risk of challenging behaviour ... I’ve seen male staff who have quelled a situation ... a bit of dialogue between the [male] client and [male] staff ... there’s been a simmering”; “not very good with housework”; “lazy in the house”; “...they are not very good at the housework but they are very, very good at taking [male client] somewhere”*
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## ***Males as caregivers***

- ***The lack of male staff:*** “...alot of them are gay ... it is seen as a gender-specific [female] work place ... gay men are seen as socially feminine”; “...alot of males, more macho types go out and find [traditional male] jobs”; “the guys that do come in here, they do it more as a casual job”; “its not a high paid job and they’re not going to make [enough to] support a family”
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## *Males as a conduit to male well-being*

- ***Gender-specific supports:*** “he has really blossomed with that [1:1 with male staff] ... he looks up to the guys, he really, he loves being with men”; “it was a beautiful bond [with the male staff member] ... a father figure, a male figure”
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## *DISCUSSION*

*WHAT DOES ALL  
THIS MEAN?*

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## *The masculine and feminine caregiver*

1. The masculine and feminine caregiver operate within the same geographies of care BUT negotiate and interact with that landscape in uniquely gendered ways
  2. Masculine: more relaxed and activity-focussed; relational intimacy with clients a risk; a conduit to maleness.
  3. Feminine: more nurturing and controlled; relational intimacy permitted; concerned by maleness.
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# *Supporting sexual health*

- Staff gender is a vitally important consideration when dealing with matters of sexual health
  - Male staff more comfortable with and tend to have a more relaxed approach to male sexual matters
  - Male staff not as confronted by male sexual expression
  - However, male staff will only openly advocate for male clients' sexual health needs if they feel they are "trusted".
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# *Changing times: Implications for practice*

- More male staff
  - Specialist and “accessible” male health workers
  - Greater understanding of male sexuality
  - Focus on what is inherently positive about male clients and staff as opposed to a focus on the negative
  - Look at whether environments can be altered to be more male-friendly
  - Reverse the stereotypical thinking that male staff = risk; police checks and employment screening already do that
  - A focus on enabling positive male physical expression
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## *Research implications*

- Minimal qualitative work has been conducted which explores the behavioural and gendered role of paid caregivers, or the gendered relationship between paid caregivers and people with intellectual disability (Hatton, Rose & Rose, 2004)
  - “Codes of Practice” tend to be written in gender-neutral language (McVilly, 2007) and subsequently offer limited gendered guidance
  - This research has shown we need to also consider our gendered relationships between each other and the gendered influence, both positive and negative, we can have over males with ID
  - This research has also shown that male staff CAN promote male well-being and that the context of a group home is not as male-friendly as it perhaps could be
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## ***Changing times: Toward a masculine health environment***

- While I emphasize the need for more male staff, a masculine health environment is not one devoid of females
  - An environment where maleness is positively valued; where the masculine caregiver is equally as vital as the feminine caregiver; that creates environmental/architectural/geographical places which foster positive outcomes for male health, male sexual health, male expression, male physicality, and male interaction.
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# ***THANKS***

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