straight talking guide’ is a mental health service user, and the book also includes quotes and longer sections from a range of other people who have direct personal experience of mental health services. This kind of knowledge is invaluable.

That is not to say that the book is full of platitudes and pleasantries aimed at helping people to ‘cope with’ their madness and distress. Instead, it includes hard-hitting discussion about the history of the psychiatric system, the dominance of ‘diagnosis’, inequalities in mental health, how it can feel to be on the receiving end of mental health services and the challenges the mental health service user/survivor movement presents to dominant understandings of madness and distress. This is precisely the sort of information I would have found helpful as a new mental health service user.

Throughout the book, there are also quotes from a range of mental health service users/survivors. One that stood out particularly for me was Patricia Chambers talking about how black mental health service users are treated within the mental health system:

We are coming into the system at three times the rate of other racial groups. We are more likely to be restrained when in the system than any other racial group and more likely to be given medication rather than talking therapy and we are making up the majority of patients on the locked and secure wards and the average stay on the secure wards is ten years and the cherry on top of the cake is that you can lose your life in the mental health system. Something that if you’re black you’re very much aware of. (45)

If I have any criticism of the book, it is that there is rather too much text crammed into a small space and some readers, particularly if they are feeling distressed, may be overfaced by this. However, for people for whom reading is not a barrier, this book provides an invaluable guide to being a mental health service user. For others, who prefer to ‘dip in’ or take things more slowly, chapter headings are usefully displayed on every double page, making it easy to find your way round, and a helpful list of contacts and resources (137) is also included.

This book provides a useful source of information for anyone (service user, relative, friend or professional) wanting to find out more about being a mental health service user. It will be particularly helpful for mental health service users who are questioning dominant understandings of madness and distress; I hope it will become a ‘pocket companion’ for people who find themselves in this situation.

Kathy Boxall
University of Sheffield, UK
kathy.boxall@sheffield.ac.uk
© 2012, Kathy Boxall
http://dx.doi.org/10.1080/09687599.2011.653104


This book presents an effective challenge to the idea that there is ‘a causal link between learning difficulties and risk’ in contexts where there is the possibility of
sexual violence (11). It problematises the idea that sexual vulnerability is inherent to people with learning difficulties. Rather, it argues, sexual vulnerability can be seen as being created or abetted in specific social contexts. This argument is developed on the basis of research that Hollomotz carried out with 12 men and 17 women with learning difficulties, with the support of a research advisory group comprising 15 members of a self-advocacy group. She analyses the research data generated through what she calls ‘an ecological model’ – through this model, which she explains at length, she investigates how vulnerability is created through the way ‘environments react to people with the label “learning difficulties”’ (39).

The author focuses on how the process of seeking to protect from harm people who are regarded as being vulnerable can in itself create further vulnerability. Hollomotz challenges commonly-accepted ideas about vulnerability and convincingly argues that the response to the vulnerability, perceived or otherwise, of people with learning difficulties to sexual abuse should not be predominantly sheltered protection. As she asserts, the research participants, like other people with learning difficulties:

> do not live in a protective bubble. Even when information about sexuality is withheld from them they will inevitably learn about sexuality through observing their environments, the media and direct personal experiences. (55)

It is therefore far more preferable for them to be informed about sexual matters than to be left to learn incidentally. The risk of picking up misleading information can render them more vulnerable.

It should therefore be ensured, the book argues, that people with learning difficulties are equipped with the necessary skills and tools to protect themselves from harm and that they have avenues for seeking support when needed. This approach is advisable not least because, as Hollomotz reports, in most cases of sexual abuse the abuser is known to the victim. Indeed, the protected environment in which a person with learning difficulties is supposedly placed can itself harbour a sexual abuser. In such a situation, measures taken to protect from abuse can themselves serve to protect the abuser more than the abused.

For Hollomotz, information and experience are two key factors that enable people with learning difficulties to protect themselves from potential abuse and to minimise vulnerability. Knowing how to assert one’s right of not being touched in ways that one is not comfortable with is one such tool. On the other hand, not all sexual approaches are necessarily unwanted and knowing how to distinguish between them is important. This is reflected in the case of some of the people with learning difficulties who participated in Hollomotz’s research, who were told that all sexual contact is bad. As the author argues, this approach not only gives a false sense of protection, but it also means that the people with learning difficulties concerned may remain without an outlet through which to express their sexuality.

In the presentation and analysis of the research data there seems to be somewhat of a paradox between portraying people with learning difficulties as victims, or potential victims, of sexual abuse, and as people who have the ‘resilience’ (to borrow a term from Goodley 2000) to face up to adversity. Hollomotz draws on different theories of vulnerability, including those which posit that it is inherent in the human condition and those theories which see vulnera-
bility as situational: that is, created by the environment people live in. Beckett (2006), for instance, sees people with learning difficulties as being no different from other people, since we are all vulnerable, while Bankoff, Frerks, and Hilhorst (2004, 36) argue that vulnerability is ‘a relationship that humans have with their social environment’. These two standpoints are not necessarily mutually exclusive – Dunn, Clare, and Holland (2008), for example, argue that vulnerability can be both inherent to a person and arising from particular situations. Thus, one can say that we are all potentially vulnerable but only become so if certain conditions prevail. Within the context of this book, vulnerability means people with learning difficulties not being able to fight off unwanted sexual contact. What is interesting is that, from what emerges from Hollomotz’s research, it is clear that this inability is not necessarily a product of helplessness. There were research participants who told her of incidents (not necessarily connected to sexual advances) when they tried to speak up for themselves and were considered to be ‘challenging’ or ‘a drama queen’. There were also occasions when their choices were overridden by professionals or family members. What these incidents teach people with learning difficulties, Hollomotz argues, is that what they say is not taken into account, with the consequence that gradually their resistance is eroded, which further compounds their vulnerability. But the fact that the resistance was there in the first place shows that helplessness is not intrinsic, it is created.

Despite the focus in most of the book on sexual vulnerability, Hollomotz also investigates other aspects of the lives of people with learning difficulties. This broader approach serves to emphasise how sexuality is an aspect that needs to be considered within the totality of a person’s life. The approach also serves to show how overprotection does not only create sexual vulnerability but vulnerability in general in the lives of people with learning difficulties.

Her holistic approach means that Hollomotz’s study not only makes a valid contribution to the literature on the sexuality of people with learning difficulties, but also adds to the body of literature that focuses on self-advocacy and the ability of people with learning difficulties to speak up for themselves. Perhaps even more importantly, it adds to the literature that seeks to understand the situation of people with learning difficulties from their own point of view. The book also makes practical suggestions about how the risk of sexual violence against people with learning difficulties can be reduced. For these reasons, this book should be read by all those whose lives, on a personal or professional basis, are closely intertwined with those of people with learning difficulties.

References

Public policies do not exist in a vacuum; they are living, breathing creatures whose changing response to disability continually shapes and reshapes generations of lives. If this is the case, what can we learn from comparing the evolution of public policies with the actual lived experience of disability and impairment? How has life changed for disabled people in Britain since the 1940s? These are the central questions guiding Sonali Shah and Mark Priestley in Disability and Social Change: Private Lives and Public Policies. Like any good historical study, the answer appears to be ‘It’s complicated’. Shah and Priestley argue that each generation had different ‘opportunity structures’ that informed ‘life course trajectories’ (12) while underscoring the role of public policies in crafting the very political and institutional structures that shaped the public discourse of disability. Changes in the lived experience of disability were contingent not only on policy developments but on evolving and complex arrangements that penetrated the lives of disabled persons. Most public policy regarding disability reflected an unquestioned deference to medical authority. The resulting medicalization of disability shaped disabled persons’ family relationships, schooling, employment prospects, and self-identity. However, disability policy was not static and the advent of the social model of disability and user-led disability organizations prompted a reconfiguration of policies and institutions that created new expectations and opportunities for disabled people.

Disability and Social Change documents the development of disability policy in Britain and how it affected the lives of people with ‘physical impairment and disability’ born in the 1940s, 1960s, and 1980s, respectively (2). Readers are challenged to reconsider public policies in terms of their impact on actual people and evaluate individual and collective lived experiences as a litmus test for the adequacy of public policies. Shah and Priestley’s use of the ‘biographical turn’ (175) in their analysis leads them to several key conclusions about the public and private discourse of disability in Britain. Readers learn about the importance of informal bonds and resources in family relationships, the psycho-social damage inflicted by medical authority, negotiation and resistance against perceived disabling policies and practices, the transformative impact of segregated educational institutions, persistent influence of medical opinion, the influence of ‘disability culture’, and the disappointing extent to which disabled persons are economically integrated into communities through paid employment. The breadth of these findings speaks to the authors’ central purpose: to promote oral narratives as valuable and authoritative sources when fully incorporated into research and analysis of social and historical change.