

## SEXUAL ATTITUDES OF PERSONNEL WHO WORK WITH INDIVIDUALS WITH INTELLECTUAL DISABILITY

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The capacity, in the Czech Republic, for measuring attitudes towards this important aspect of a person's life is limited by the lack of an appropriate instrument. The aim of this study was to adapt the new instrument "Attitudes to Sexuality Questionnaire" (Cuskelly & Gilmore, 2007) and translate it into the Czech language. The purpose of this study was to examine, in the pilot study, the attitudes of schoolmasters toward the sexuality of persons with intellectual disability. From among Special Olympics participants, 20 persons (n = 20, 11 females and 9 males) were enrolled in this study.

From the results it is apparent that respondents held positive attitudes toward people with intellectual disability and toward people from the general population. The most positive views were toward the non reproductive sexual behaviour subscale. The less positive views were presented toward the sexual rights subscale.

A review of the literature contained a comparison of the situation in social systems providing services for people with intellectual disability in Australia and the Czech Republic and the development of the attitudes toward the sexuality of people with intellectual disability.

*Keywords: Attitudes, sexuality, person with intellectual disability, social system, Australia, the Czech Republic, Attitudes to Sexuality Questionnaire.*

### INTRODUCTION

We have become increasingly aware that the key challenge to improving the quality of the lives of people with intellectual disabilities is how we might better facilitate the development of their relationships, social interactions or sexual lives. Human beings are essentially social beings, but through ignorance, negative attitudes or past practices we have often isolated people with intellectual disabilities from their peers and the community generally.

The nature of these people's impairments means that they need help from others in order to be aware of as well as to take advantage of the opportunities that life presents. Thus, the relationship between a helper and the helped is the most important relationship in providing services to disabled people. It is the place where money and resources are turned into the kind of life the person wants to live. In the area of sexuality, the role of the disability worker is, in some ways, different to the role parents play. This is due to the attitudes fostered by professional ethics, government policy, organizational policy, the policy of funding bodies and the management of the organization (Fegan et al., 1993).

The capacity in the Czech Republic for measuring attitudes towards this important aspect of a person's life

is limited by the lack of an appropriate instrument. The instruments Attitudes to Sexuality Questionnaire (Individuals with an Intellectual Disability: ASQ-D) and Attitudes to Sexuality Questionnaire (Individuals from the General population: ASQ-P) was developed by Cuskelly and Gilmore (2007) to measure attitudes toward sexuality of persons with intellectual disability. We chose this questionnaire because of its qualities and topicality. It was developed in 2007 in Australia (Queensland) and refers to the current problems and questions regarding persons with intellectual disability.

Australia (the state of Queensland) is a really fully developed country and a comparison of their situation in their social system with the Czech Republic and its system can provide us with a new exchange of ideas leading to an improvement in the situation in the Czech Republic, where the area of the sexuality of people with intellectual disability is sometimes neglected.

The present study, therefore, was designed to establish the new instrument (Attitudes to Sexuality Questionnaire) and to examine the attitudes of schoolmasters. It also compares the current situations in Australia and the Czech Republic in the area of the sexuality of persons with intellectual disability in their social systems.

## METHODS

### The instrument

The standardized "Attitudes to Sexuality Questionnaire" (Cuskelly & Gilmore, 2007), translated into the Czech language, was used in its online form.

The Czech version was translated from English; which translation complied with standardized translating guidelines, including back translation into English. The translation was provided by a family and sexual education planning organization.

The introduction to the questionnaire contains demographic details of a typical respondent (age, gender, the highest education completed and current or previous professional and personal contact with people with an intellectual disability).

Responses are scored on a 6 point Likert scale, with higher scores indicating more positive or accepting attitudes (TABLE 1). In some questions, there are also reverse scored items. The reversed scored items are denoted in the first column by an (R).

There are two components of the instrument:

- Attitudes toward Sexuality Questionnaire (Individuals with an Intellectual Disability: ASQ-ID) – separate, but otherwise identical questionnaires are used to collect data with respect to men and women.
- Attitudes toward Sexuality Questionnaire (Individuals from the General Population: ASQ-GP) – separate, but otherwise identical questionnaires are used to collect data with respect to men and women.

**TABLE 1**

#### Sample item from the attitudinal scale

Women with an intellectual disability should be allowed to engage in non sexual romantic relationships

Strongly disagree	Disagree	Mildly disagree	Mildly agree	Agree	Strongly agree
1.	2.	3.	4.	5.	6.

### Participants

The participants (n = 55, 30 females and 15 males) were selected from among Special Olympics participants. All the data was collected in May 2008. All participants were provided the Attitudes toward Sexuality Questionnaire on line. However, not all participants filled in the questionnaire, only 20 of the participants (n = 20, 11 females and 9 males) did so. Because of the time limitation, we couldn't wait until the rest of the questionnaires would have been returned. The small sample size is one of the limitations of this research.

Participants were selected from among participants in the regional Special Olympics in Šumperk. The re-

search sample was made up of participants from the Olomouc region (Olomouc, Uničov), the Zlín region (Zlín, Fryšták) and the Moravian and Silesian regions (Ostrava, Bruntál). Most of the participants work in either an allowance organization for people with intellectual disability, in institutions, in a centre for people with disability or in special schools. One participant was the parent of a person with an intellectual disability.

### Statistical analysis

To compare the attitudes of women and men toward female and male sexuality, the nonparametric Mann-Whitney U test was used. The Mann-Whitney U test is analogous to the parametric-independent *t* test (Thomas & Nelson, 2005). Central tendency scores (mean, median, modus and standard deviation) were also used. The level of significance was set at

$$P = 0.05.$$

### Procedure

The author of the questionnaire, Monica Cuskelly, gave us written approval to use her questionnaire, translate it and use it for our research purpose.

All respondents were given an information sheet explaining the nature of the study and including their right to refuse to participate.

## RESULTS

### The instrument

The Attitudes toward Sexuality Questionnaire (Cuskelly & Gilmore, 2007), in the form of a translation by Ullmanova (2008), is an appropriate instrument for measuring attitudes toward the sexuality of persons with intellectual disability. It was developed in 2007 in Australia (Queensland) and refers to current problems and questions regarding persons with intellectual disability and their sexuality.

Spilková (2004) revealed, in her study, that the most difficult and most discussed areas in the sexuality of persons with intellectual disability were parenting or unconventional sex. Parenting is one of the four factors contained in this questionnaire. The questionnaire is divided into four factors (TABLE 2).

The questionnaire contained two questionnaires, one of which asks about attitudes toward female sexuality and the second asks about attitudes toward male sexuality. The authors suggested that attitudes toward the sexual expression of men and women with an intellectual disability should be examined separately.

"This latter suggestion is important as attitudes to the sexual expression of men and women have traditionally been different" (Cuskelly & Gilmore, 2007, 215).

**TABLE 2**

The 4 factor structure of the Attitudes to Sexuality Questionnaire (Individuals with an Intellectual Disability: ASQ-ID)

Factor	Item
<b>Factor 1: Sexual rights</b>	2. Provided no unwanted children are born and no one is harmed, consenting adult women with an ID should be allowed to live in a heterosexual relationship. 5. Women with ID have less interest in sex than do other women (R). 10. Discussions on sexual intercourse promote promiscuity in women with ID (R). 13. Women with ID typically have fewer sexual interests than other women (R). 15. Women with ID are unable to develop and maintain an emotionally intimate relationship with a partner (R). 16. Sex education for women with ID has a valuable role in safeguarding them from sexual exploitation. 17. In general, sexual behaviour is a major problem area in management and caring for women with ID (R). 18. Sexual intercourse should be permitted between consenting adults with ID. 19. Group homes or hostels for adults with an intellectual disability should be either all male or all female, not mixed (R). 22. Women with ID have the right to marry. 26. Advice on contraception should be fully available to women with ID whose level of development makes sexual activity possible. 28. Marriage between adults with ID does not present society with too many problems. 32. Marriage should not be encouraged as a future option for women with ID (R).
<b>Factor 2: Parenting</b>	1. With the right support women with ID can rear well adjusted children. 6. If women with ID marry, they should be forbidden by law to have children (R). 11. Women with ID should only be permitted to marry if either they or their partners have been sterilized (R). 20. Care staff and parents should discourage women with ID from having children (R). 25. Sexual intercourse should be discouraged for women with an intellectual disability (R). 29. Sterilization is a desirable practice for women with ID (R). 33. Women with ID should be permitted to have children within marriage.
<b>Factor 3: Non reproductive sexual behaviour</b>	3. Consenting adult women with ID should be allowed to live in a homosexual relationship if they so desire. 9. Masturbation should be discouraged for women with ID (R). 12. Masturbation in private for women with ID is an acceptable form of sexual expression. 23. It is a good idea to ensure privacy at home for women with ID who wish to masturbate. 31. Masturbation should be taught to women with ID as an acceptable form of sexual expression in sex education courses.
<b>Factor 4: Self-control</b>	8. Medication should be used as a means of inhibiting sexual desires in women with ID (R). 27. Women with ID are more easily stimulated sexually than people without ID (R). 34. Women with ID have stronger sexual feelings than other women (R).

Legend:

(R) – reverse scored items

**Attitudes of the schoolmasters**

According to age groups, only a small number of older people took part in this study. The men took part in this study, in comparison with the women who participated, were younger.

Men who participated in this study disposed of a higher level of achievement in education than women.

To compare the attitudes of women and men toward female and male sexuality, the nonparametric Mann-Whitney U test was used. Two subscales were used to measure attitudes:

1. subscale – attitudes toward sexuality of the general population,
2. subscale – attitudes toward sexuality of people with intellectual disability.

Central tendency scores were used to examine the effect of respondent gender on responses. Men scored

more positively in their attitudes toward male ( $M = 150.1$ ) and female sexuality ( $M = 146.4$ ) in regard to persons with intellectual disability, but the differences were very small in comparison to women's responses toward male ( $M = 140.7$ ) and female sexuality ( $M = 141.9$ ) in persons with intellectual disability. Men also scored positively toward male ( $M = 45.2$ ) and female sexuality ( $M = 45.0$ ) in the general population, than women – male sexuality ( $M = 43.6$ ) and female sexuality ( $M = 43.8$ ).

According to the Mann-Whitney U test, just the second subscale (Attitudes toward Sexuality of People with Intellectual disability) was significantly different. Men's and women's attitudes toward female sexuality were scored as follows: ( $F = 0.038$ ;  $p < 0.05$ ). See TABLE 3. Men's and women's attitudes toward male sexuality were scored as follows: ( $F = 0.012$ ;  $p < 0.05$ ). See TABLE 4.

In general, respondents' views or attitudes toward the sexuality of people with intellectual disability were quite positive. The same positive patterns were found also toward the sexuality of persons from the general population.

**TABLE 3**

Men's and women's attitudes toward female sexuality

	Attitudes toward the general population	Attitudes toward people with ID	Question n. 34
Mann-Whitney U test	42.500	22.00	47.500
Wilcoxon W	108.500	88.00	92.500
Z	-0.538	-2.099	-0.159
Asymp. significance (2 tailed)	0.591	<b>0.036</b>	0.874
Exact significance (1 tailed sign.)	0.603	<b>0.038</b>	0.882

**TABLE 4**

Men's and women's attitudes toward male sexuality

	Attitudes toward the general population	Attitudes toward people with ID	Question n. 34
Mann-Whitney U test	36.00	17.00	43.500
Wilcoxon W	102.00	83.00	109.500
Z	-1.033	-2.476	-0.472
Asymp. significance (2 tailed)	0.302	<b>0.013</b>	0.637
Exact significance (1 tailed sign.)	0.331	<b>0.012</b>	0.656

The Mann-Whitney U test was also used to compare mean values for the four subscales and found significant differences just in the parenting subscale ( $F = 0.02$ ;  $p < 0.05$ ) for male sexuality and the non reproductive sexual behaviour subscale ( $F = 0.02$ ;  $p < 0.05$ ) for male sexuality. Men again scored more positively than women, but in general the attitudes were quite positive in all of the four subscales.

The most positive views were toward the non reproductive sexual behaviour subscale.

Male sexuality: Range – 5–30  
Male (Mean) – 26  
Female (Mean) – 24  
Female sexuality: Range – 5–30  
Male (Mean) – 25  
Female (Mean) – 24

Less positive views were presented in the sexual rights subscale.

Male sexuality: Range – 17–78  
Male (Mean) – 59  
Female (Mean) – 55  
Female sexuality: Range – 17–78  
Male (Mean) – 56  
Female (Mean) – 56

### Comparison of the social system between Australia (Queensland) and the Czech Republic

Mental retardation – the same classification systems are used: The WHO ICD – 10 (version 2007) and the American Association on Intellectual and Developmental Disabilities (called the American Association on Mental Retardation – AAMR until 2007).

The term “person with intellectual disability” has come to be more respected and used in both countries.

Service standards – these are given the same amount and kind of attention in both countries. The only difference is, that in Australia (Queensland), their Service Standards are represented by a legal document, unlike in the Czech Republic. According to the information available to us about these standards, the issues of sexual education, the sexual lives or the relationships of people with intellectual disability is neglected. Social workers can ignore intellectual disabled people and their needs.

As to the organizations and educational programs which are focused on the sexuality of people with intellectual disability, the current degree to which such organizations are focused on the support staff, people with intellectual disability or educational programs is a favourable amount. In Australia and also in the Czech Republic the situation is comparable. The core differences are in the financial foundation. Whilst almost all organisations in Australia they have their main financial foundation provided by the government, in the Czech Republic the organizations have serious problems with money and because of that a lot of projects can not be carried out. The situation is getting better due to the membership of the Czech Republic in the European Union, but development is slow.

We can say that in Australia there already exist educational programs for support staff and also for people with intellectual disability. The following training packages for staff – an Australian model (Chivers & Mathieson, 2000) or the circle concept (Fagan et al., 1993) are examples of them. In comparison with the Czech Republic, there are existing recommendations, non legislative documents or undergraduate training for students, although not every organisation or institution obeys them.



## DISCUSSION

The main problems involved in forming relationships with intellectually disabled persons can be seen in the physical environment, the response of others, the attitudes of others (especially social workers), segregating educational practices, over protection and the lack of experience that some people with intellectual disability themselves have in coping with the demands of a world in which they are a minority. Sensitive social work intervention should take into account the possible presence of some of these factors, and should encourage persons with disability to take their place in the world and not be segregated from it in schools, day centers or residential units. Key life planning mechanisms are still focused on independent living skills rather than looking at people's needs in the areas of intimacy and this we think still is happening both in Australia and in the Czech Republic. We think that experienced trained staff do seem to ignore this area of people's lives. We support the idea that effective training in the area of the sexuality of people with intellectual disability is about teaching the "rights" attitudes and values and that these are required to be a successful worker. It also implies that this is a more difficult area than others to work in and specialist skills are required.

In Australia we can observe the development of many new instruments for measuring the level of attitudes toward the sexuality and quality of life of people with an intellectual disability. Generally, more attention needs to be given to the attitudes of the care staff or workers who are in close relationships with persons with intellectual disability. New educational approaches are also needed.

The results show that the attitudes of the schoolmasters are quite positive and that stereotypical views were not supported. The less positive views were presented in the sexual rights subscale. We think it is very interesting, because we expected the less positive views toward the parenting scale. Future research can try to observe why it is so.

The limitation of this study should also be mentioned. One of the biggest is that using the Attitudes to Sexuality Questionnaire online was very time consuming and because of that, only a small sample is presented in this study. Also the area of the sexuality of people with intellectual disability is not usually as discussed as other issues and we encountered different responses when we asked the respondents to fill in this questionnaire.

On the other hand, we think that this study is beneficial as an inspiration for future studies. Now we have an appropriate instrument with all the important factors. Maybe in a future study project it will be better to focus on workers or schoolmasters working in the same institution or organisation and make sure that all of them

complete the questionnaire, or be prepared for the fact that it can be time consuming.

## IMPLICATIONS

We need to develop interventions that will address the issues of staff training, knowledge and motivation with regard to the sexuality of people with intellectual disabilities regarding health promotion by programs that include comprehensive health behavior education curricula geared to adults with intellectual disabilities. Why? Sexual experience is bodily experience. Discomfort with sexuality is discomfort with the body. This is important for many reasons, including the prevention of secondary conditions that create more problems such as sexual harassment, homophobia and abuse experienced by people with intellectual disability. Exploration of gender and sexuality issues through physical activities (such as participation in the Special Olympics) identifies the possibility of various forms of further physical and even sexual experiences. People with disabilities are less physically active than people without disabilities.

Regular physical activity also: Increases muscle and bone strength. Increases lean muscle and helps decrease body fat. Aids in weight control and is a key part of any weight loss effort. Enhances psychological well being and may even reduce the risk of developing depression. Appears to reduce symptoms of depression and anxiety and to improve mood ([http://www.healthypeople.gov/Document/HTML/uih/uih\\_4.htm/](http://www.healthypeople.gov/Document/HTML/uih/uih_4.htm/)).

Comfort with sexuality can increase self esteem. People with intellectual disability need physical activities including sexual activities for their well being and quality of life. The positive sexual attitudes of personnel who work with individuals with intellectual disability can help with that.

## CONCLUSION

The present study established the new instrument "Attitude to Sexuality Questionnaire". This new instrument can be used in the Czech Republic as an appropriate instrument also in an online version. It measures attitudes toward the sexuality of people from the general population and attitudes toward the sexuality of persons with an intellectual disability separately, which is a great advantage. In conclusion, there were few differences in attitudes towards male and female sexuality, and attitudes were only slightly less positive for women than for men. This questionnaire allowed us to distinguish four subscales (sexual rights, parenting, non reproductive sexual behaviour and self control). In general, attitudes were positive toward all of these subscales, but respondents most positively answered regard to non reproductive sexual behaviour. Toward sexual rights sub-

scale respondents answered less positively than toward other subscales. Comparison of the social system between Australia (Queensland) and the Czech Republic revealed some differences in the financial foundation of organisations with Australia disposing of more financial support. Australia has more developed educational programs for schoolmasters and teachers in the area of sexuality of persons with intellectual disability. The amount of publishing done in this area is insufficient in the Czech Republic as compared to Australia.

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## POSTOJE PERSONÁLU PRACUJÍCÍHO S OSOBAMI S MENTÁLNÍM POSTIŽENÍM VŮČI SEXUALITĚ

(Souhrn anglického textu)

Česká republika bohužel disponuje malým počtem vhodných instrumentů k měření postojů vůči sexualitě – tomuto důležitému aspektu lidského života. Cílem

této práce bylo adaptovat nový instrument „Dotazník o postojích vůči sexualitě“ (Cuskelly & Gilmore, 2007) a přeložit jej do češtiny. Tento dotazník je původem z Austrálie a autorka Monica Cuskelly písemně souhlasila s přeložením a používáním jejího dotazníku v České republice. Dalším cílem této práce byla v pilotní studii evaluace postojů vychovatelů vůči sexualitě osob s mentálním postižením a vůči sexualitě osob z běžné populace. Zúčastnilo se 20 osob (11 žen a 9 mužů), které byly vybrány na speciální olympiádě. Z výsledků je zřejmé, že účastníci disponují pozitivními postoji vůči sexualitě osob s mentálním postižením a také vůči sexualitě osob z běžné populace. Přehled literatury obsahuje srovnání českého a australského sociálního systému poskytujícího služby osobám s mentálním postižením a vývoj postojů vůči sexualitě osob s mentálním postižením.

*Klíčová slova: postoje, osoba s mentálním postižením, sociální systém, Austrálie, Česká republika, dotazník o postojích vůči sexualitě.*

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2003–2007 – volunteer in Special Olympics.  
Since 2009 – manager of the individual South Bohemian project.

### *First-line publications*

Participation in conference hold by ORFEUS civic association in 2008 – Sexuality of mentally affected.