

## Attitudes of Professional Staff Towards the Sexuality of Persons with Intellectual Disabilities

Amila Mujezinović<sup>1</sup>, Melisa Čajtinović<sup>1</sup>, Alma Dizdarević<sup>1</sup>, Edina Kuduzović<sup>1</sup>, Emina Hadžić<sup>2</sup>

<sup>1</sup> University of Tuzla, Faculty for Education and Rehabilitation, Univerzitetska 1, 75 000 Tuzla

<sup>2</sup> Center for education, care and support “Los Rosales”, Južni logor bb, 88000 Mostar

### Abstract

Although persons with intellectual disabilities are entitled to sexual education and freedom of sexual expression, they are often discriminated against in this area and denied access to appropriate education. The attitudes of professional staff play a crucial role in shaping how sexuality is addressed in educational, social and care settings. Supportive and informed professional attitudes are essential for promoting healthy sexual development and safeguarding the well-being of persons with intellectual disabilities. The aim of this study was to examine the attitudes of professional staff who provide support to persons with intellectual disabilities toward the sexuality in relation to the respondents' gender and age. To assess professionals' attitudes toward the sexuality of persons with intellectual disabilities adopted version of ASQ-ID (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability) developed by Cuskelly and Gilmore (2007) was used. The study included a sample of 90 respondents (various profiles of professional staff who providing support to persons with intellectual disabilities). The results showed that there are differences in the attitudes of professional staff in relation to the age of respondents, while no statistically significant differences were found in relation to gender of professional staff.

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<sup>1</sup> Corresponding author's email: [amila.mujezinovic@untz.ba](mailto:amila.mujezinovic@untz.ba)

## Introduction

Sexuality represents a fundamental dimension of human existence, as well as a sensitive area of human intimacy. It can be associated with numerous health issues, particularly those related to reproductive and sexual health. Certain groups are especially vulnerable when it comes to sexuality and care for reproductive and sexual health. Due to specific living conditions and dependence on assistance and support from others, fulfilling the need for partnership and sexuality is unattainable for many persons with disabilities or occurs under the control of professionals or family members (Jablan & Sjeničić, 2021). Sexuality is an important component in people's lives, however forgotten in people with intellectual disabilities. Faced with this situation, people with intellectual disabilities tend to be in a situation of vulnerability with greater risk of sexual abuse and altered sexual behaviour that give them difficulties to have a lasting relationship (Medina-Rico, López-Ramos & Quiñonez, 2018).

Persons with disabilities have the right to sexuality which is guaranteed by the Convention on the Rights of Persons with Disabilities. Persons with intellectual disabilities have sexual needs and desires and disability does not diminish the need for closeness and belonging, which is one of the fundamental human needs (Buljevac, 2023). Myths about the sexuality of persons with intellectual disabilities include beliefs that they are infantilized and asexual (Mackenzie & Swartz, 2011). These myths reflect negative societal attitudes and contribute to the denial of sexual rights of persons with disabilities (Tugut et al., 2013). When it comes to the sexuality of persons with intellectual disabilities, it can be stated that the greatest sexual oppression is directed toward them, as shown by studies conducted in the 1970s. These studies found that in institutions where persons with intellectual disabilities reside, sexual education is often neglected or omitted, while inappropriate emotional expressions, public masturbation and indecent behavior are tolerated (Dučić, Đorđević, & Banković, 2010). These practice and attitudes often lead to previous sterilization and institutionalization of persons with intellectual disabilities with the aim of avoiding sexual relationships and preventing pregnancies.

Attitudes towards sexuality, its support and education have an important role in promoting sexual rights and importance of reproductive health. Previous research shows that people with intellectual disabilities have less knowledge about sexual health and are more vulnerable to victimisation. People with intellectual disabilities reported that they had experienced sexual abuse, including online sexual abuse. The participants who had experienced sexual abuse reported trauma and fear related to their experiences. In addition, they reported that have trouble to finding someone to have romantic relationship (Svae, Blixt & Søndena, 2022). The findings of previous research describe the inabilities of social and legal systems in dealing with sexual abuse among people with intellectual disabilities who require intensive support (Björnsdóttir & Stefánsdóttir, 2020).

Attitudes of professional staff toward the sexuality of persons with intellectual disabilities vary considerably and are influenced by numerous factors. It is important to emphasize that research on this topic is scarce and insufficiently valued, despite the fact that the sexual education of persons with intellectual and developmental disabilities largely depends on the attitudes of professional staff. Negative attitudes toward intimate relationships, marriage and parenthood among persons with intellectual disabilities are often attributed to fears of pregnancy and socially unacceptable behaviour, as well as insufficient training of professionals to address changes related to sexual maturation (Dučić, Đorđević & Banković, 2010). Previous research indicated that respondents of professional staff show more consent (stronger

acceptance and more positive evaluation) to most aspects of sexuality of physically but not people with intellectual disabilities (Parchomiuk, 2012). Attitudes of related persons (staff, family) have been shown to be key to the information received by adults with intellectual disabilities and attitudes towards sexuality of people with intellectual disabilities have significant effects on their sexual decision making and self-perception. Current research in attitudes towards the sexuality of adults with intellectual disabilities yields heterogeneous results. In general, attitudes were considered positive. However, a preference for low intimacy and friendship or Platonic relationships was found, while stereotypes towards intellectual disability have a strong influence (Correa, Castro & Barrada, 2022). Research indicate that people with intellectual disabilities had an understanding of their sexual rights and the social and environmental barriers that prevent them from fulfilling their rights. The provision of sex education training and promotion of positive attitudes towards appropriate sexual expression is critical to the realization of sexual autonomy for people with intellectual disabilities (Healy, McGuire, Evans, & Carley, 2009). Without access to sex education and the concomitant sex literacy, people with intellectual disability are denied the essential conversation about sex, sexual expression, and pleasure (Alexander & Taylor Gomez, 2017).

Sexual education of young people remains a taboo topic in Bosnia and Herzegovina, while the sexuality of persons with disabilities is an almost entirely neglected and unexplored theme. Unlike other aspects of social inclusion (inclusive education, employment) issues of sexuality are most often reduced to discussions of sexual rights of persons with intellectual disabilities, while much less attention is given to practical issues related to the promotion of sexual health and preventive activities aimed to protect sexual infections and sexual abuse. Research about sexuality of people with intellectual disabilities would help develop adequate interventions, programs and/or campaigns to change attitudes. A deeper understanding about these attitudes would provide empirical evidence to support adults with intellectual disabilities, their families, and different services or facilities' staff (Correa, Castro & Barrada, 2022). The aim of this study is to examine the attitudes of professional staff (special education teachers, speech therapists, caregivers and others) toward the sexuality of persons with intellectual disabilities and to determine differences in attitudes in relation to the respondents' age and gender.

### *Hypothesis*

H1: There is a statistically significant difference in the attitudes of professional staff toward the sexuality of persons with intellectual disabilities in relation to the respondents' gender.

H2: There is a statistically significant difference in the attitudes of professional staff toward the sexuality of persons with intellectual disabilities in relation to the respondents' age.

## **Methods**

### *Sample*

The study sample consisted of professional staff involved in providing support to persons with intellectual disabilities. A convenience sampling method was used, including 90 respondents of different professions, both genders, various ages, lengths of work experience, and religious orientations. The sample consisted of 39 men (43.3%) and 51 women (56.7%). The respondents included special education teachers/rehabilitators, speech therapists,

educators/caregivers, occupational therapists, physiotherapists and other professionals such as subject teachers, pedagogues, and psychologists.

**Table 1.***Gender of respondents*

<b>Gender</b>	<b>N</b>	<b>%</b>
<i>Male</i>	39	43.3
<i>Female</i>	51	56.7
<i>Total</i>	90	100

The largest proportion of participants belonged to the 24–30 age group (33.3%), followed by those aged 31–40 (28.9%) and 41–50 (25.6%). Participants aged over 50 represented 7.8% of the sample, while the youngest group (18–23) was the least represented (4.4%).

**Table 2.***Age of respondents*

<b>Age</b>	<b>N</b>	<b>%</b>
<i>18-23</i>	4	4.4
<i>24-30</i>	30	33.3
<i>31-40</i>	26	28.9
<i>41-50</i>	23	25.6
<i>&gt;50</i>	7	7.8
<i>Total</i>	90	100

More than half of the participants were special education teachers (51.1%). Caregivers constituted 14.6% of the sample, followed by speech therapists (12.2%) and occupational therapists (6.7%). Other professionals accounted for 15.6% of respondents, indicating a multidisciplinary composition of the professional staff.

**Table 3.***Profile of professional staff*

<b>Profile of professional staff</b>	<b>N</b>	<b>%</b>
<i>Special education teacher</i>	46	51.1
<i>Speech therapist</i>	11	12.2
<i>Caregiver</i>	13	14.6
<i>Occupational therapist</i>	6	6.7
<i>Other professionals</i>	14	15.6
<i>Total</i>	90	100

### *Measuring Instrument*

To assess professionals' attitudes toward the sexuality of persons with intellectual disabilities, the adopted version ASQ-ID (Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability) developed by Cuskelly and Gilmore (2007) was used. The questionnaire was adapted (using the variables applicable to the sample that refer to population of persons with disabilities-without gender version) and translated into Bosnian/Croatian/Serbian (BHS) languages. The variables are presented as statements and respondents indicate their level of agreement. Participants are required to respond to their level of agreement with use of a 6-point Likert scale. Each question is scored between 1 and 6, with higher scores indicating more positive/liberal attitudes.

### *Procedure*

The study was conducted among professional staff from the Tuzla Canton and the Herzegovina-Neretva Canton in institutions for the education and care of persons with intellectual and developmental disabilities. Respondents present professional staff who have direct contact with people with intellectual disabilities. Results were entered and analysed using IBM SPSS Statistics (Statistical Package for the Social Sciences). Descriptive statistical parameters (frequency, mean, standard deviation, percentage distribution) were calculated for all questionnaire measures. Differences in attitudes in relation to gender were analysed using an independent samples t-test, while differences in relation to age were examined using analysis of variance (ANOVA).

### **Results**

The findings indicate a wide range of attitudes among professional staff, reflecting both supportive and restrictive views toward the sexuality and reproductive rights of persons with intellectual disabilities. The findings indicate a wide range of attitudes among professional staff, reflecting both supportive and restrictive views toward the sexuality and reproductive rights of persons with intellectual disabilities.

The 6-point scale include scored between 1 (Strongly disagree); 2 (Disagree); 3 (Mildly disagree); 4 (Mildly agree); 5 (Agree); and 6 (Strongly agree), with higher scores indicating more positive/liberal attitudes.

**Table 4.**

*Answers of professional staff related to sexuality of persons with intellectual disabilities*

Variables	1	2	3	4	5	6
With the right support, people with an intellectual disability can rear well-adjusted children.	2 2.2%	7 7.8%	16 17.8%	31 34.4%	22 24.4%	12 13.3%
Provided no unwanted children are born and no-one is harmed, consenting adult with an intellectual disability should be allowed to live in a heterosexual relationship.	11 12.2%	11 12.2%	17 18.9%	17 18.9%	22 24.4%	12 13.3%
People with an intellectual disability have less interest in sex than do other people.	23 25.6%	32 35.6%	19 21.1%	6 6.7%	6 6.7%	4 4.4%
If people with an intellectual disability marry, they should be forbidden by law to have children.	26 28.9%	33 36.7%	16 17.8%	9 10%	2 2.2%	4 4.4%
People with an intellectual disability should be allowed to engage in non-sexual romantic relationships.	5 5.6%	13 14.4%	7 7.8%	21 23.3%	17 18.9%	27 30%
Medication should be used as a means of inhibiting sexual desire in people with an intellectual disability.	17 18.9%	40 44.4%	16 17.8%	11 12.2%	2 2.2%	4 4.4%
Masturbation should be discouraged for people with an intellectual disability.	35 38.9%	32 35.6%	11 12.2%	8 8.9%	4 4.4%	0
Discussions on sexual intercourse promote promiscuity in people with an intellectual disability.	21 23.3%	37 41.1%	12 13.3%	6 6.7%	9 10%	5 5.6%
Masturbation in private for people with an intellectual disability is an acceptable form of sexual expression.	5 5.6%	8 8.9%	9 10%	20 22.2%	23 25.6%	25 27.8%
People with an intellectual disability typically have fewer sexual interests than other people.	15 16.7%	34 37.8%	22 24.4%	8 8.9%	11 12.2%	0
People with an intellectual disability are unable to develop and maintain an emotionally intimate relationship with a partner.	21 23.3%	24 26.7%	20 22.2%	19 21.1%	6 6.7%	0
Care staff and parents should discourage people with an intellectual disability from having children.	12 13.3%	31 34.4%	20 22.2%	16 17.8%	7 7.8%	4 4.4%
Sex education for people with an intellectual disability has a valuable role in safeguarding them from sexual exploitation.	1 1.1%	5 5.6%	4 4.4%	27 30%	24 26.7%	29 32.2%
It is best not to discuss issues of sexuality with people with intellectual disabilities until they reach puberty.	13 14.4%	26 28.9%	18 20%	13 14.4%	14 15.6%	6 6.7%
People with an intellectual disability have the right to marry.	0	2 2.2%	3 3.3%	16 17.8%	33 36.7%	36 40%
It is a good idea to ensure privacy at home for people with an intellectual disability who wish to masturbate.	0	2 2.2%	5 5.6%	6 6.7%	42 46.7%	35 38.9%

Responses to the statement “With the right support, people with an intellectual disability can rear well-adjusted children” indicate predominantly positive attitudes. A substantial majority of respondents (72.1%) selected categories reflecting agreement (mildly agree to strongly agree), with the highest proportion endorsing mild agreement (34.4%), followed by agreement (24.4%) and strong agreement (13.3%). Only a small proportion expressed disagreement (1–3), suggesting broad recognition of parenting potential when appropriate support is provided. Moderate support was also evident for the statement that consenting adults with intellectual disabilities should be allowed to live in a heterosexual relationship, provided no harm occurs. Over half of respondents (56.6%) expressed agreement (4–6), while a considerable minority (43.4%) selected varying levels of disagreement. This pattern reflects general endorsement accompanied by some moral or cultural reservations.

Stereotypical assumptions regarding reduced sexual interest were largely rejected. For the statement “People with an intellectual disability have less interest in sex than do other people”, the majority of respondents (82.3%) selected disagreement categories (1–3). Agreement was limited, indicating that most participants do not perceive individuals with intellectual disabilities as having diminished sexual interest. Similarly, the claim that people with intellectual disabilities typically have fewer sexual interests than other people was predominantly rejected, with over half of the sample expressing disagreement and no respondents selecting strongly agree.

Strong opposition was observed toward restrictive reproductive policies. The statement “If people with an intellectual disability marry, they should be forbidden by law to have children” elicited disagreement from 83.4% of respondents (1–3), with only a minimal proportion endorsing agreement (4–6). This distribution indicates a strong rejection of legal restrictions on reproduction. Likewise, the use of medication to inhibit sexual desire was largely opposed, with 81.1% of respondents expressing disagreement, most frequently selecting disagree or strongly disagree. These findings reflect ethical concerns regarding medical control of sexuality.

Attitudes toward masturbation were predominantly permissive. The majority of respondents (74.5%) disagreed with the statement that masturbation should be discouraged for people with intellectual disabilities. In contrast, strong endorsement was evident for the acceptability of masturbation in private, with 75.6% of respondents expressing agreement (4–6). In addition, ensuring privacy for masturbation at home received overwhelming support, as 85.6% of respondents selected agreement categories.

There was strong consensus on the protective role of sex education. Nearly nine out of ten respondents (88.9%) agreed that sex education for people with intellectual disabilities plays a valuable role in safeguarding them from sexual exploitation. Conversely, the notion that sexuality should not be discussed until puberty received limited support, with disagreement outweighing agreement, suggesting endorsement of earlier, developmentally appropriate education.

Support for the right to marry was particularly pronounced. Over three-quarters of respondents (76.7%) expressed agreement (4–6) with the statement that people with intellectual disabilities have the right to marry, and no respondents selected strongly disagree, indicating near-universal acceptance of this right.

### *Gender Differences*

An independent samples t-test was used to examine differences in attitudes toward the sexuality of persons with intellectual disabilities in relation to gender. The results indicate that

the mean score for female respondents was slightly higher than that for male respondents, and the standard deviation was also slightly higher among women. However, the obtained results ( $t = 0.25$ ;  $p = 0.980$ ) indicate that there is no statistically significant difference in attitudes toward the sexuality of persons with intellectual disabilities in relation to gender.

**Table 5.**

*Differences of attitudes related to gender of professional staff*

Variables	Group of respondents	N	AS	SD	SG	t-test	p
Gender	Male	39	54.410	6.757	1.082	.025	.980
	Female	51	54.375	7.188	1.006		

*Age Difference*

Table 6 presents the results of the univariate analysis of variance (ANOVA) which show that intergroup variability values are higher than intragroup variability values, indicating the existence of differences between the observed age groups ( $F = 2.64$ ;  $p = 0.039$ ).

**Table 6.**

*Differences of attitudes related to age of professional staff*

Variable		SK	df	PSK	F	p
Age	Intragroup variability	477,30	4	119,325	2,640	0,039
	Intergroup variability	3.842,08	85	45,201		
	Total	4.319,38	89			

## Discussion

Overall findings suggest a predominantly rights-based and autonomy-supportive orientation among respondents. Strong endorsement of marriage rights, sexual expression, privacy and sexual education indicates alignment with human rights frameworks and previous research. The results indicate that professional staff reflecting the right to marry, engage in romantic relationships and live in consensual heterosexual partnerships were strongly endorsed by respondents. A substantial majority agreed that people with intellectual disabilities have the right to marry (76.7%) and should be allowed to engage in romantic relationships. Similarly, most participants rejected legal restrictions on having children. Research indicate these attitudes in line with prior research showing growing acceptance of partnership rights among professionals, especially in Western and European contexts (Swango-Wilson, 2008; Schaafsma et al., 2013). Earlier studies reported more restrictive views suggesting that attitudes have become progressively more liberal over time. Contemporary studies suggest a gradual shift away from historically restrictive and eugenic attitudes toward recognition of civil and relational rights (McDaniels & Fleming, 2016). The strong support observed here reflects this

broader rights-based paradigm consistent with the UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2006).

Slightly more ambivalence emerged regarding parenting, which mirrors earlier findings indicating that reproductive rights tend to generate more uncertainty than marital rights. The predominance of mild rather than strong agreement may reflect cautious optimism, possibly influenced by concerns regarding available systemic support. The older studies reported higher levels of acceptance of reproductive control and medical intervention, particularly among institutional staff (Cuskelly & Bryde, 2004).

Very strong support was observed for private masturbation as an acceptable form of sexual expression and for ensuring privacy at home. Over three-quarters of respondents endorsed these positions. One of the strongest areas of consensus was support for sex education as a means of safeguarding against sexual exploitation (nearly 90% agreement). Participants also largely rejected the idea that discussing sexuality promotes promiscuity. The consensus regarding the protective role of sex education strongly supports existing evidence that comprehensive and developmentally appropriate sex education is perceived as essential for reducing vulnerability to sexual abuse and exploitation (Brown & McCann, 2018; Schaafsma et al., 2015). These findings are highly consistent with previous research and reinforce the argument that withholding sexual information increases rather than reduces risk.

Gender was frequently examined as a factor, although its relationship with attitudes remains unclear. While findings are mixed, differences often emerge across various aspects of sexuality and may be influenced by gender stereotypes, beliefs, and general knowledge about disability. Evidence suggests that women with intellectual disabilities experience more disadvantages, perceive greater barriers to their sexuality, and report more negative experiences (Correa, Castro & Barrada, 2022).

The research results showed that there is no statistically significant difference in professionals' attitudes toward the sexuality of persons with intellectual disabilities regard to gender, although previous studies have indicated differences between male and female professionals in practice. These findings are in contrast with some previous studies that reported gender-based differences in attitudes toward sexuality where female professionals showing more protective and conservative attitudes and male professionals demonstrating greater openness and more liberal views related to sexuality (Gilmore & Chambers, 2010; Löfgren-Mårtenson, 2004).

The research results showed statistically significant difference in professionals' attitudes toward the sexuality of persons with intellectual disabilities regard to the age of participants, which is in line with other previous studies. Previous research indicate that younger professionals held more positive attitudes (Meaney-Tavares & Gavidia-Payne, 2012) where older groups have a more permissive attitude towards people with disabilities while in the questions related to explicit sexual relations or parenting the older groups have a more paternalistic attitude (Lopez-Garsia et al., 2023). Other study found that older employees had more negative attitudes, although longer work experience was associated with greater acceptance of users' sexual behaviours and talking about sexuality were related to years of experience in the field (McConkey & Ryan, 2001; Correa, Castro & Gil-Llario, 2024). Older age was related to less positive attitudes and can be concluded to be one of the stronger related factors (Correa, Castro & Barrada, 2022).

## Conclusion

In summary, the findings demonstrate a clear overall tendency toward supportive, inclusive, and rights-based attitudes regarding the sexuality of people with intellectual disabilities. Respondents largely endorsed statements reflecting autonomy, emotional intimacy, privacy and the right to form romantic relationships and marry, as evidenced by the predominance of agreement responses. At the same time, there was strong and consistent rejection of restrictive or paternalistic views, including beliefs that people with intellectual disabilities should be prevented from having children, that their sexual desire should be medically suppressed or that masturbation and sexual expression should be discouraged. Stereotypical assumptions about diminished sexual interest were also largely challenged. Although some variability and mild ambivalence emerged in relation to parenting and emotionally intimate partnerships, these results suggest that participants generally recognize people with intellectual disabilities as sexual beings with legitimate rights to education, privacy and informed decision-making, provided appropriate support and safeguarding mechanisms are in place. Professionals (teachers, healthcare workers or social workers) often express insecurity and a low level of knowledge regarding the sexuality of persons with intellectual disabilities (Colarossi et al., 2023) and a lack of specialized education leads to avoidance of the topic and reliance on personal beliefs rather than evidence-based practices. Research examining demographic differences among professionals indicates that age and gender are significant predictors of attitudes toward sexuality and rights of people with intellectual disabilities. Multiple studies have found that younger professionals tend to express more liberal, rights-based and sex-positive attitudes compared to older professionals, who are more likely to endorse cautious or restrictive views (Meaney-Tavares & Gavidia-Payne, 2012). This generational difference is often attributed to changes in professional training, exposure to human rights frameworks, and evolving social norms. The results of this research indicating the existence of differences between the observed age groups, which is related to previous research studies. Findings across studies suggest difference of attitudes between female and male professionals, but the results of this research indicate that there is no statistically significant difference in attitudes toward the sexuality of persons with intellectual disabilities in relation to gender. Future research should focus on identifying the full range of negative attitudes toward the sexuality of persons with intellectual disabilities, conducting systematic studies and exploring the attitudes of other groups related to this population, such as parents, persons with intellectual disabilities themselves, peers and future professionals in support profession.

## Conflict of interest

None.

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