

Specialists and Sexuality of Individuals with Disability

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Abstract The article is a research report from a study on selected groups of specialists' attitudes towards sexuality of people with intellectual and physical disabilities. 98 persons, including special educators, social workers, nurses and physiotherapists, completed semantic differentials of the author's design. The Author's own research concerned a broader meaning of sexuality taking into account its physical and psychosocial aspects. Sexual behavior, partnerships, contraception and sex education were among the concepts analyzed on the constructed differential. It was concluded that specialist respondents show more consent (stronger acceptance and more positive evaluation) to most aspects of sexuality of physically but not people with intellectual disabilities. Only sterilization is more accepted by them in relation to individuals with intellectual disability.

Keywords Sexuality · Intellectual disability · Physical disability · Attitudes of professionals towards sexuality of people with disabilities · Poland

Introduction

Sexuality is considered an important attribute of the human individual. It is a multidimensional component of human functioning. In the broad sense adopted here, it involves behavior, emotions and attitudes which express the need for intimacy, love and relationships with others [1].

The analysis of research conducted over several decades shows gradual changes in social attitudes towards the issues of sexuality and procreation of people with disabilities. Yet, these changes should not be regarded as homogeneous in terms of either the nature or range of occurrence. In terms of the quality of social attitudes, variables such as age, sex, education, employment, the nature of relationship with people with disabilities (family

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relationships vs. professional ones, maintaining a regular contact the people with disabilities vs. lack of contact) seem to be of importance [3–5].

Social awareness of problems related to sexuality among the people with disabilities as well as of other issues related to the functioning of these individuals remains at a low level. The most common in this sphere are simplified judgements, false beliefs, stereotypes and prejudices. Sexuality of people with disabilities, which in its essence and in terms of constraints and opportunities is individually varied, has a generalized image, uncritically combined with other characteristics stereotypically attributed to impaired ability. For instance, intellectual limitations are often seen as combined with limited sexual needs, a low level of self-control, inability to predict the effects of one's actions, inability to experience complex emotions, or an uncontrolled excessive sexual drive [6]. People with physical disability, especially with one that is visible, are seen as asexual because they are deprived of both sexual attractiveness and the possibility of having sex [7].

Human sexuality is realized throughout one's lifetime. It results from the interaction of biological, psychological and social factors. In each of these areas there may be conditions for supporting and restricting sexuality of a person with disability. However, what should be stressed and what is highlighted by, for example, Kościelska [8] in her developmental model of intellectual disability, social environment, including specific living conditions and expectations, can have a significant role in compensating for an individual's biological deficits. In a positive environment, an individual has a greater chance of developing their abilities (which always exist regardless of the scope and level of impairment) and acquiring competencies, which may result in optimal preparation for life. Persons with disabilities function in different environments, which applies both to those places that provide them with the conditions for daily existence and institutional forms of education and rehabilitation.

The quality of environments outside the family, seen in terms of support for people with disabilities, is a result of formal organization, but primarily of the competence of specialists employed there. Many publications which deal with the attitudes of professionals towards sexuality of people with disabilities highlight the important role these specialists play in shaping their clients' sexuality; this especially concerns the development of sexual identity and sexual expression [9]. The work of specialists such as special educators, psychologists, doctors, physiotherapists, social workers and others can be defined in reference to the objective, which is shaping sexuality of individuals with disability, as: support in the process of adaptation to disability and especially in building self-image including its sexual sphere; support in solving life problems caused by personal and social limitations; shaping life competencies; creating opportunities to gain positive experience which stimulates development in all spheres; and, finally, sex education understood as the process of developing the skills required to meet one's own psychosexual needs.

Many authors dealing with the issue of sexuality of people with disabilities point out that professionals do not have sufficient competence which would allow effective implementation of these activities. The problems include the lack of knowledge, skills, formal constraints resulting from the way the institution is organised, but also personal attitudes. The latter ones are often influenced by moral and religious views [10]. As a result of these disadvantageous factors, people with disabilities are deprived of appropriate support in the development of their sexuality [11].

The importance of institutions in the development of a person with disability is differentiated depending on what actions they perform and for how long compared to the lifespan of an individual. Various care centres that organize substitute living conditions for people with health problems and impairments are of particular importance here because

they create the environment for developing core competencies and personal characteristics of their clients. Ostrowska [11] indicates problems that arise in connection with the specific organization of such institutions (limited living space, intimacy and privacy; uniformity and standardization of needs; dependence on the personnel): neglecting sexual needs, inappropriate forms of responding to the expressions of these needs (ranging from helplessness to various forms of restrictive behavior), lack of support in the process of socialisation of the clients' sexual needs, but also insufficient support in the sphere of psychosexual development. Numerous studies carried out in this field by foreign authors point out to the helplessness of the personnel working in care centres in the face of sexuality of persons with disabilities. The staff working with individuals with disability see the expressions of this sexuality and understand its importance for an individual's development; at the same time they realize and report little competence to properly support people with disabilities in this sphere. For many professionals working with people with disabilities the problem is determining the limits of their own actions in supporting the sexuality of people with disabilities, especially in those cases when these are not established by law or by internal regulations of the institution [4, 12]. As part of their duties, many professionals choose various forms of cooperation with the families of people with disabilities. In such cases the problem is the coherence of actions and, what is inextricably bound with it, the unanimity of views and attitudes towards issues such as sexuality, procreation, marriage and partnership.

Attitudes and professional experience of specialists related to the issues of sexuality of people with disabilities were the subject of numerous in-depth analyses, mostly by foreign authors [4, 5, 13–20]¹. General conclusions that can be drawn from their studies point to positive changes taking place in this area (i.e., greater acceptance and understanding for sexuality of people with disabilities), in addition to a diversity of attitudes, depending on the issue to which they relate (e.g., sexual needs and their expressions such as masturbation, contraception including sterilization, marriages and procreation). Previous analyses also helped to determine the nature of problems associated with sexuality of the persons with intellectual or physical disabilities. These problems result from the specific organization of institutional life, competences of specialists, and expectations and opinions within the environment of the institutions.

Getting to know the attitudes and the closely related experiences of professionals is one of the conditions leading to the optimal organization of environments supporting people with disabilities. As mentioned earlier, these attitudes and personal beliefs are linked to certain methods of work, which do not always favour the promotion of sexuality of persons with disabilities. Development of attitudes of acceptance and understanding for individual needs of people with disabilities should, therefore, be one of the most important issues in preparing specialists, and a subject for coaching in the course of their professional functioning.

Methods

The aim of this study was to determine which emotional and evaluative attitudes towards various aspects of sexuality and phenomena associated with it are presented by

¹ A smaller incidence of research in Poland is related to the fact that interest in issues of sexuality of disabled people, especially individuals with intellectual disabilities, is relatively recent in our country (dates back to the mid 1990's).

professionals who support people with physical and intellectual disabilities during specific professional activities.

The basic assumptions of the author's research include the following:

1. Broad understanding of sexuality including its behavioral, psychosexual and socio-sexual elements [2].
2. Treating human sexuality as a phenomenon which is subject to the effect of biological, psychological and social factors. Assuming that experience of specifically organized conditions and ways of life is particularly important for shaping sexuality of people with disabilities (seen as a phenomenon which is realized through socially acceptable behavior) [21].

The author's research problems are outlined in the form of the following questions:

1. How are emotional and evaluative attitudes of professionals towards sexuality of people with physical disabilities and with intellectual disabilities shaped?

Do these attitudes differ depending on the nature of disability which serves as a point of reference in the evaluations carried out?

2. Are professional qualifications of differentiating importance within the range of analyzed attitudes of professionals ?

Previous studies give basis to hypothetical solutions to the research problems formulated here. It may be expected that attitudes of respondents will be more *accepting* in relation to the sexuality of people with physical disabilities but without mental deficiencies. This term means here higher scores for those aspects of sexuality which point to its optimal realization, and at the same time lower scores for the phenomena threatening it, mainly because of the motives for exercising and violating the rights of individuals with disability by means of sterilization. This hypothesis is corroborated by collected empirical evidence which includes the results of research conducted on a representative group of Poles by Izdebski [22], and research using the semantic differential carried out on students by Parchomiuk [23]. Results of analyses by foreign authors point to the general trend which confirms a kind of disability hierarchization based on the degree of social acceptance of sexuality (see a review of studies by Milligan and Neufeldt, [24]). It should be noted, however, that the expected differences in attitudes can take place on different levels, depending on the rated aspect of sexuality.

It is assumed that the variable *professional qualifications* will have varying importance for the studied attitudes towards the sexuality of people with physical and intellectual disabilities. The rationale for the relationship between the attitudes towards *disabled sexuality* and the variable *professional qualifications* is the specific nature of professional education (developing specific competences required to work with people with impairments) of educators, social workers, nurses and physiotherapists, as well as differences in the professional experience. Yet, the hypothetical assumption adopted here did not find confirmation in other authors' research results. Although many of them relate to a group of specialists, comparative analyses were rare. Moreover, they were performed with respondents including parents of people with disabilities, people working in public utility institutions; or they took into account the forms of employment (selected on the basis of the nature of the services provided for people with disabilities—open and institutional) [19], which does not correspond to the classification of institutions adopted here.

Primarily, the aim of the research was also to determine whether attitudes of professionals towards sexuality of people with physical and intellectual disabilities are influenced

by the variable *forms of employment* (forms of education, rehabilitation and care). However, due to the specific distribution of the variables, such an analysis was not performed since professional qualifications were to a large extent consistent with the form of employment (specified further below).

Semantic differentials designed by the author (used previously in studies with student respondents), and a questionnaire which determines the nature of experiences the respondents had with sexuality of the people with disabilities (gathered in the course of their professional career, or in other areas of functioning), and the collected data necessary to determine the characteristics of the group, were used in the author's research.

The first semantic differential allowed to determine the respondents' emotional-evaluative attitude towards the physical and psychosocial components of sexuality of people with intellectual disabilities. Sixteen concepts were analyzed, most of which were positive; only one negative concept was introduced—sterilization.

The same concepts were analyzed in relation to persons with physical disabilities (the second differential).

Overall, 98 persons (81 women and 17 men) participated in the study. Respondents are aged 20–55 ($M = 34.51$). Most of them live in cities (64.3%). Due to the formal vocational qualifications (resulting from the education they received), groups of special educators (40 persons, i.e. 40.8%), social workers (34, i.e. 34.7%) and the least numerous group of nurses and physiotherapists (15, i.e. 15.3%) were distinguished among the respondents. There were also individual cases of respondents who did not belong to any of the above mentioned groups (9 persons: a mathematician, an economic technician, and others). They were excluded from the analysis which takes into account the variable *professional qualifications*.

All special educators were university graduates, some mentioned their specialist qualifications (5 persons—oligophrenopedagogics, 1 person—typhlopedagogics, 2 persons—therapeutic pedagogy with physical rehabilitation). In the group of social workers, 18 persons (52.9%) had a university degree, others had post-secondary education. A number of nurses and physiotherapists had a university degree (10 persons, i.e. 66.7%); in other cases, they had secondary vocational education.

After analyzing the criterion of professional qualifications and the workplace, it was found that in most cases social workers were employed in social welfare centres (27 persons, i.e. 79.4%). Several people worked in nursing homes (4 persons) and self-help homes (3 persons) as caretakers or instructors of occupational therapy.

Special educators employed mostly in special education facilities (22 persons, i.e. 55%) performed various functions, including teaching in grades I–III (6 persons), teaching a given subject in higher grades (12 persons) and being a tutor in a boarding-school dormitory (3 persons). Some special educators with additional qualifications in occupational therapy were employed in nursing homes (12 persons, i.e. 30%), self-help homes (3 people), occupational therapy workshops (2 persons) and integration clubs (2 persons).

Nurses and physiotherapists mainly carried out their professional functions related to rehabilitation and basic medical care in nursing homes (13 persons, i.e. 86.7%), but in some cases also in self-help homes and an association.

Respondents from the category of other occupations (8 people) worked in nursing homes as caregivers, while 1 person in was employed in therapy workshops.

These professionals had various levels of seniority in their place of employment, ranging from 1 month to 30 years ($M = 10.2$).

The study was carried out in the Lublin province.

Results

Attitudes of Professionals Towards Sexuality of People with Disabilities—an Analysis Taking into Account the Type of Disability

The conducted analysis revealed that the attitudes of professionals working with people with disabilities in education, rehabilitation and support in daily functioning differ significantly depending on the reference plane, which is here the type of disability (Table 1). When the assessed phenomena are related to the sexuality of people with physical disabilities, attitudes are more favourable, i.e., positive aspects were in most cases rated higher, but sterilization, representing the negative aspect here, received lower scores, which may mean that it is less accepted by this group of people.

In several rated areas the differences obtained were close to being statistically significant or statistically non-significant. This applies to physical attractiveness, sex education, contraception and masturbation. Specialist respondents assign a similar evaluative importance to these concepts in relation to both physical and intellectual disability. Referring to the obtained results it may be concluded that the respondents expressed

Table 1 Evaluation of concepts on the semantic differential concerning sexuality of people with disabilities—according to the type of disability

Concepts	Mean		t-Student	Ranks ^a	
	Physical disability	Intellectual disability		Physical disability	Intellectual disability
1. Sexualism	47.35	41.22	**	12	9
2. Body	47.47	44.02	*	11	6
3. Sex drive	48.13	41.39	**	10	8
4. Marriage of people with disabilities	48.76	37.75	**	9	13
5. Marriage of a person with disability with a nondisabled person	51.26	40.77	**	4	10
6. Parenthood	49.18	35.29	**	7	15
7. Engagement	50.15	40.37	**	5	11
8. Sterilization	28.44	33.53	**	16	16
9. Physical attractiveness	46.64	44.43	~	14	5
10. Love	54.06	47.56	**	2	3
11. Friendship	58.51	55.53	*	1	1
12. Sexual intercourse	48.9	36.1	**	8	14
13. Contraception	46.71	47.12	n.s.	13	4
14. Sexual needs	49.5	43.34	**	6	7
15. Masturbation	40.80	39.88	n	15	12
16. Sex education	51.37	48.69	~	3	2
				r-Spearman: 0.41 $p < 0.113$	

^a The highest mean is assigned to rank 1

~ close to significant; n.s. non-significant

* Significant at $p < 0.05$

** Significant at $p < 0.000$

stronger approval of the physical and psychosocial manifestations of sexuality of those persons who have only physical limitations.

Interestingly, the favourable emotional-evaluative attitude concerns the somatic sphere of individuals with physical disorders who are more often perceived as physically attractive, although there was a difference close to being statistically significant.

Highly rated by the respondents are partnerships of people with physical disabilities. Respondents perceive them as an opportunity to realize the needs associated with the psychosexual sphere. What also gained greater acceptance was the issue of parenthood of persons with physical, but not intellectual, disabilities. Presumably, this assessment is related to lower acceptance of sterilization in this group of people and a slightly weaker consent to contraception.

Spearman rank correlation analysis provided interesting conclusions allowing to expand possibilities of interpreting the set image of professionals' attitudes (Table 1).

In the first triad in both rated groups of disability there were concepts related to the emotional-affective component of sexuality, such as love and friendship, and also sex education seen as a process of shaping sexuality in a desired way. The similarity between the scores given by respondents expressing approval is limited to those aspects. Others operate on a variety of positions established by the hierarchy which results from the evaluation made according to the type of disability.

Therefore, in relation to physical disability, aspects of sexuality such as marriage with a nondisabled person, engagement and realization of sexual needs appear in this given order. It is worth noting that the specialist respondents rated marriages of two persons with physical disabilities lower (expressed less acceptance). In the fixed hierarchy, concepts related to the physical aspects of sexuality such as realization of sexual needs and sexual intercourse are close to each other in addition to concepts related to aspects that the respondents probably associate with them, namely marriage and parenthood.

The hierarchy of concepts evaluated for individuals with intellectual disability is different. Here specialists draw attention to the physical aspects of sexuality in the following order: contraception, physical attractiveness (moved down the hierarchy of scores related to the persons with physical disabilities), the somatic sphere, realization of sexual needs, sexual drive, and sexuality. Following them, and therefore with a lower emotional-evaluative assessment (lower acceptance), are aspects of partnerships and parenthood.

It is worth noting that the lowest acceptance for both groups of people with disabilities applies to sterilization.

Generalizing these findings, it may be stated that in the image of sexuality of people with intellectual and physical disabilities the emotional-affective aspects and sex education receive the highest scores. The analysis of hierarchies obtained in relation to both groups reveals that for people with intellectual disabilities the physical aspect of sexuality, which includes both the internal needs and the external means of controlling them, is emphasised. The image of sexuality of people with physical disabilities is more complex, which means that its physical and psychological aspects are closely related.

Attitudes of Professionals Towards Sexuality of People with Disabilities—an Analysis Taking into Account Professional Qualifications

Analyses including the variable *professional qualifications* of the specialist respondents, due to the previously identified significant differences in attitudes in relation to intellectual and physical disability, were carried out with the division considering the nature of disability.

The differential effect of the variable *professional qualifications* was noticed in relation to three of the analyzed aspects of sexuality of people with physical disabilities (Table 2). Significant differences were found between special educators and social workers in their attitudes to mixed marriages, i.e., marriages of people with physical disabilities with non-disabled people, and also in their scores given to parenthood. Special educators express greater acceptance for both of these issues. Specialists from this group show the least acceptance towards sterilization of the people with physical disabilities, with social workers revealing the greatest acceptance of it. People in this group differ significantly from special educators, and at a level close to significant, from nurses and physiotherapists.

The analysis taking into account the variable *specialists' professional qualifications* revealed only one differential effect for the studied groups in the sphere of attitudes towards sexuality of individuals with intellectual disability (Table 2). Significant differences were observed in emotional-evaluative attitudes of social workers and special educators towards sexual intercourse between persons with intellectual disabilities. The difference close to significant was also noted in reference to this aspect of sexuality between special educators and nurses and physiotherapists (here joined as one group representing paramedical professions). The highest level of acceptance towards realization of sexual needs in the form of intercourse was revealed by social workers, while the smallest by special educators. To understand and explain the results obtained here, it is

Table 2 Evaluation of concepts on the semantic differential concerning sexuality of people with physical and intellectual disabilities – according to the variable *specialists' professional qualifications* (ANOVA)

Concepts	People with physical disability						People with intellectual disability					
	M(A)	M (B)	M (C)	F	Compared groups	Isd	M(A)	M (B)	M (C)	F	Compared groups	Isd
1	47.25	47.60	48.46				42.12	39.02	45.06			
2	46.54	50.84	46.60				45.68	43.70	44.40			
3	46.45	50.94	48.06				41.25	41.32	43.46			
4	46.64	51.71	46.86				39.75	35.37	39.66			
5	47.45	55.02	49.73	~	1–2	*	41.90	41.05	40.00			
6	44.87	53.15	48.33	*	1–2	*	37.31	33.57	33.80			
7	47.96	53.39	48.00				42.31	37.27	42.53			
8	33.90	24.68	26.33	*	1–2 1–3	*	35.00	31.17	36.13			
9	46.45	47.10	47.93				43.37	44.47	45.66			
10	52.54	55.21	56.33				48.68	47.15	46.13			
11	59.19	61.15	57.33				53.28	56.50	58.86			
12	46.61	52.10	46.40				40.40	31.25	38.13	*	1–2 2–3	*
13	48.25	46.26	44.60				47.15	46.57	46.60			
14	47.93	52.55	48.26				46.21	41.22	44.60			
15	39.80	39.71	42.20				37.53	38.95	43.33			
16	51.22	54.63	47.86				50.96	47.62	46.80			

A: social workers; B: special educators; C: nurses and physiotherapists

~ Close to significant

* $p < 0.05$

important to take into account the experiences of specialist respondents related to sexuality of people with disabilities. Certain experiences can arise in professional situations (especially in nursing homes), but also in other, personal situations. Those were analyzed with regards to the specialists' form of employment (the one where they have the largest representation). Information regarding expressions of sexuality (sexual behavior) of people with disabilities and the knowledge of homo- and heterogeneous marriages in terms of the spouses' disabilities was obtained.

Most respondents employed as social workers perform their professional tasks in social welfare centres. Their professional contact with people with disabilities is often continuous because of the need for systematic provision of support, which is mainly of practical nature. The largest group of social workers from social welfare centres (18 persons, i.e. 66.7% of all those employed in social welfare centres) have not witnessed expressions of sexual behavior of persons with disabilities. If such cases occurred, they concerned clients with intellectual disabilities. The social workers recalled them as situations at work, but they might have taken place at the clients' family homes due to the specific nature of these situations (various forms of sexual harassment, which term is used in this analysis in order to generalize the behavior involving proposals of sexual nature and physical attempts to have a sexual intercourse). In many cases, respondents performing their professional duties in institutions of social welfare knew marriages of people with intellectual disabilities (homogeneous—13 persons, i.e. 48.1% and heterogeneous—11 persons, i.e. 40.7%).

Special educators find employment in educational institutions and in the field of social welfare and rehabilitation (nursing homes, self-help homes), hence the analysis of their experiences will take into account both environments. The school environment, due to its specific character (mainly facilities for children and adolescents with intellectual disabilities), was where most of the educators encountered a variety of sexual behaviors of people with intellectual disabilities (16 persons, i.e. 72.7% of all the employed in this environment) (masturbation, disrobing, kissing, attempts of sexual harassment). Eight special educators related similar experiences at work with people with physical disabilities. It is worth noting that educators, while specifying the forms of behavior related to sexuality of people with intellectual disabilities, pointed to “holding hands” and “cuddling in public places.” Such behavior caused emotional reactions on their part, including disgust, and inclined them to take certain corrective actions.

Special educators working in education rarely know married couples with intellectual disabilities (both homogeneous—19 persons, i.e. 86.4%, and heterogeneous—16 persons, i.e. 72.7%). More often they knew marriages of persons with physical but no intellectual disabilities (7 persons, i.e. 31.8%) or of people with physical disabilities with non-disabled ones (13, i.e. 59.1%).

All educators employed in nursing homes and self-help homes witnessed sexual behavior of individuals with intellectual disability, and in a few cases only (7 persons, i.e. 46.7% of all the employed in such institutions), manifestations of sexuality of the persons with physical disabilities. The nature of the observed behavior is diverse, although masturbation is relatively frequent (13 persons, i.e. 86.7% report it in relation to residents of nursing homes with intellectual disabilities); there are also instances of attempts of sexual harassment, disrobing, kissing in public places and manifestations of increased libido (a term used by the respondents). Special educators employed in these environments do not generally know married individuals with intellectual disability (homogeneous: none of the respondents; heterogeneous: 11 persons, i.e. 73.3%). More frequently, they come across marriages of persons with physical disorders (homogeneous marriages: 12 persons, i.e.

80%; heterogeneous: 7 persons, i.e. 46.7%). Only one person reported a marriage of people with physical disabilities which functions in the institutional environment.

Nurses and physiotherapists from nursing homes are most often faced with expressions of sexuality of people with intellectual disabilities (14 persons, i.e. 93.3%), rarely of clients with physical disabilities (5 persons, 33.3%). They indicated that the symptoms of sexual needs included masturbation (8 persons, i.e. 53.3% report it in relation to clients with intellectual disabilities; 2 people, in relation to clients with physical disabilities); various forms of sexual harassment (in 5 cases involving people with intellectual disabilities); in individual cases, in both categories, kissing in public places. Marriages of persons with intellectual disabilities are largely unknown (homogeneous: 11 persons, i.e. 73.3%, heterogeneous: 12 persons, i.e. 80%), more commonly known are those of individuals with physical limitations (familiarity with homogeneous marriages was indicated by 7 persons, i.e. 46.7%, and heterogeneous: 5 persons, i.e. 33.3%).

Discussion

Results of the above research may be related to the research problems and their hypothetical solutions.

It was found that attitudes of specialists towards sexuality of people with disabilities differ substantially for most of its aspects, depending on the adopted reference plane.

The respondents find it more difficult to accept certain phenomena associated with the physical and psychosocial dimensions of sexuality of individuals with intellectual disability than of individuals with physical disability. These results confirm the adopted hypothesis and they are consistent, in their general course, with the results of other studies carried out in this area. Social attitudes and opinions related to such issues (common to the quoted explorations) as marriage, having children and sexual intercourse are less favourable (accepting) in relation to people with intellectual disabilities [22, 23].

Due to the lack of standards which would allow to establish the level of emotional-evaluative attitudes, results of the rank correlation analysis proved helpful; they were used for hierarchization of the analyzed aspects of sexuality in relation to both groups of disability. The most accepted (evaluated), irrespective of the type of disability, are the psycho-social components (love and friendship) and also sex education.

After analyzing the other aspects, it may be inferred that sexuality of people with disabilities is seen mainly in the physical dimension, whereas sexuality of people with physical disabilities but without intellectual deficiencies is seen as more complex—sexual needs are associated here with entering into partnerships and parenthood.

With respect to the results obtained in the group of students of pedagogy [23], these were characterised by significant convergence of the hierarchical order, which points to the scores that are similar in nature (but not in intensity, in most cases); specialist respondents reveal significant differences in both nature and intensity of their scores for particular aspects of sexuality of individuals with physical and intellectual deficits.

Looking for reasons for these findings, it is necessary to refer to the image of people with disabilities which functions in the society. There are many stereotypes about people with physical disabilities which present them as deprived of the attributes of sexuality (sexual attractiveness, sexual needs, possibilities of their physical realization); they are perceived as less attractive partners, but there is no clear objection to marriage

and procreation which are seen as “impossible to achieve,” “unnecessary”, but not “forbidden” [2].

The most common stereotype which results from both specific living conditions and their effects in the form of limited abilities and life skills depicts people with intellectual disabilities as “eternal children”. In this image they are deprived not only of sexual needs (and other needs associated with adolescence and adulthood), but also of natural stimulants of their development. In this approach, sexuality is not a problem because it does not exist, just like its correlates, such as partnership or procreation. In the light of the second stereotype, “abnormality” of the mentally retarded is associated with their “abnormal” sexuality, which is excessive, uncontrollable and threatening to others. Such sexuality is characterised by exaggerated physical aspects and neglected psychosocial aspects. Both presented stereotypes (which do not cover the whole spectrum of social views) lead to negligence in supporting sexuality of people with intellectual disabilities.

Although professionals’ attitudes are less accepting towards sexuality of people with disabilities, it cannot be said they are clearly influenced by the described extreme stereotypes. In both groups sex education is highly valued, presumably considered as one of the most important aspects of sexuality. The value of friendship and love is noticed, though it is accepted in different degrees by different respondents. However, it seems that professionals, perhaps because of their own experiences, tend to perceive sexuality of the people with intellectual disabilities as an uncontrolled phenomenon, too intense and thus to be controlled by the use of contraception or even sterilization.

Referring to studies in the field, it appears that many researchers point to the negative attitude of most professionals (special educators, social workers, caregivers in institutions) towards certain issues related to sexuality of people with intellectual disabilities. This is true especially of intimate relationships, including marriage [3, 4, 16] and parenthood [5, 13]. Some studies have shown that they are linked to the degree of intellectual disability [4, 12].

The second hypothesis has been confirmed only in some areas varying in the scope of the analysis conducted with respect to type of disability. Marriage and parenthood are rated the highest by teachers in relation to physical disability, while sterilization, by social workers. In the field of intellectual disability, special educators show the lowest acceptance of a sexual intercourse. Professional and extraprofessional experiences of most special educators include those that are related to sexuality of people with disabilities, mostly with mental retardation. Manifestations of uncontrollable sexual needs such as masturbation in public places may evoke negative emotional reactions, and thus instil certain convictions about the sexuality of this group of people with disabilities (especially if there is no reliable knowledge on the subject). This conclusion is perhaps too general, because the difference found in research related to only one of the aspects of sexuality analyzed here .

The issue of diversified attitudes of specialists with regard to professional qualifications and workplace requires further analysis. Such a study could take into account the specific environment of education and rehabilitation with a higher number of professionals, which could be used to verify their attitudes in terms of environment and professional qualifications. What should be particularly important are nursing homes, the institutions whose quality of functioning has been the subject of many studies, but not in the aspect proposed here.

Conclusion

At the core of personal beliefs and attitudes towards the sexuality of people with disabilities there are values, moral and religious norms, experiences, but also competences.

For people working in institutions, there are also legal and organizational arrangements which determine their duties.

Respondents in the present study represent a selection of institutions dealing with education, rehabilitation and support for individuals with disability of different ages. In terms of their professional competence, there are various activities which optimize their development and functioning. While implementing many of them, they have to cooperate with disabled clients' family members, including parents, and other professionals.

Considering the above issues, the following practical suggestions can be made:

1. It is important that the field of professional preparation of specialists working with people with disabilities should include issues of their broadly understood sexuality. ... knowledge about the sexuality of people with disabilities should be part of training for therapists, teachers, social workers and nurses. And it is not about them being obliged to give sex advice, but merely about reacting naturally and understanding sexuality of people with disabilities and its manifestations" [11, p. 18].
2. In the implementation of activities related to education, rehabilitation and support for people with disabilities, attention should be given to compatibility of actions established by common goals, consistent expectations, requirements and standards.
3. Activities related to education, rehabilitation and support for people with disabilities at the institutional level, should be implemented in consistency with the needs and expectations of people with disabilities, specialists and the organizational and normative regulations.

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