

Attitudes of Group Home Employees Towards the Sexuality of Individuals with Intellectual Disabilities

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Abstract This article identifies personal factors that influence group home employees' attitudes towards the sexuality of individuals with disabilities. Seventy-one individuals currently employed in group homes in a single state in the United States completed two surveys: a demographics survey and the Attitudes to Sexuality Questionnaire-Individuals with an Intellectual Disability. Data were analyzed using nonparametric tests due to the non-normal nature of the data. Results indicate that having an in-service training on sexuality has a positive influence on attitudes towards sexuality for individuals with an intellectual disability. In addition, personal factors (having an immediate family member with an intellectual disability, gender) also influenced attitudes towards sexuality and intellectual disability. However, data suggested no relationship between age or level of education and attitudes towards sexuality and intellectual disability. This study provides new information about factors that influence attitudes towards the sexuality of individuals with intellectual disabilities. It also provides data to support previous research on the topic.

Keywords Intellectual disability · Attitudes · Sexuality · Group homes · Group home employees

Introduction

Sexuality is a human right, and yet the sexuality of people with disabilities has long been ignored in our society [1]. This is especially prevalent for individuals with intellectual disabilities, who are often seen as perpetual children, and therefore are not seen as sexual beings [2]. These same individuals, in other cases, may be viewed as oversexed or sexually

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uncontrollable [2]. People with intellectual disabilities have lower levels of sexual knowledge [3, 4] and may not receive sex education from their parents [5]. For these reasons, the sexuality of individuals with intellectual disabilities is an important but neglected topic.

Literature Review

As numerous studies have shown, people with intellectual disabilities have lower levels of sexual knowledge than their counterparts without disabilities [4, 6–9]. Similarly, IQ has been shown to be related to sexual knowledge, with individuals with lower IQs having lower levels of sexual knowledge [10]. However, sex and sexual knowledge have more practical implications than solely sexual activity. Attitudes towards the sexuality of individuals with intellectual disabilities is largely negative [1, 2], and as recently as the mid 1990's, special education teachers and administrators supported the involuntary sterilization of women with intellectual disabilities [11]. This is likely related to our larger society's negative attitudes towards pregnancy for women with disabilities in general [12].

Women with intellectual disabilities often face the negative attitudes of physicians when seeking reproductive healthcare. Women with intellectual disabilities are less likely to receive reproductive health care [13]. Similarly, physicians often assume that women with intellectual disabilities do not understand contraception, and these physicians are often unable or unwilling to explain contraception to these women [14]. Because of this, women with intellectual disabilities often receive more invasive forms of contraception (i.e. the Depo-Provera injection as opposed to daily oral contraception).

In general, parents of individuals with intellectual disabilities have negative attitudes towards the sexuality of their children [15]. Parents report worrying about their child's sexuality [16]. However, they often do not talk with their children about sex [5]. This is especially unfortunate given the high rates of abuse for individuals with intellectual disabilities [17–19].

When a woman with an intellectual disability becomes pregnant, she faces other barriers as well. Parents with intellectual disabilities are often urged to give up their baby for adoption or to have an abortion [20]. However, with supports, individuals with intellectual disabilities are fully capable of raising children [21–23].

Previous research on personal factors that affect attitudes towards sexuality and intellectual disability for people who work with individuals with intellectual disabilities have been somewhat contradictory. While some studies have shown that younger people have more positive attitudes towards sexuality and intellectual disability [15, 24], other research has shown no relationship between attitude and age [25]. Similarly, while one study demonstrated that males held more liberal attitudes towards sexuality and intellectual disability [26], another study found no relationship between the two [24]. Regarding education, some studies have shown that people with higher levels of education have more positive attitudes towards sexuality and intellectual disability [26, 27], other studies show no relationship [25, 28]. The relationship between personal factors and attitudes towards sexuality for people with intellectual disabilities has yet to be thoroughly understood.

Group home employees have regular, day-to-day interactions with individuals with intellectual disabilities, which occur in the most intimate of settings, the individual's home [29]. Given the importance of sexuality for people with intellectual disabilities, and the close nature of the relationship between group home employees and individuals with

intellectual disabilities who live in group homes, identifying what factors predict positive attitudes towards the sexuality of individuals with intellectual disabilities can be very useful. Identifying malleable factors may allow group homes to assist their employees in developing more positive attitudes towards the sexuality of individuals with intellectual disabilities with whom they work. The purpose of this study is to identify what factors influence group home employees attitudes towards the sexuality of individuals with intellectual disabilities. To that end, the research questions are as follows:

1. Is there a relationship between a group home employee's age and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?
2. Is there a relationship between a group home employee's gender and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?
3. Is there a relationship between a group home employee's level of education and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?
4. Is there a relationship between whether or not a group home employee has an immediate family member with an intellectual disability and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?
5. Is there a relationship between a group home employees' previous training on sexuality and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?
6. Is there a relationship between a group home employees' previous training on sexuality specifically related to disability and their attitudes towards sexual rights, parenting, non-reproductive sexual behavior, and self-control related to sexuality for individuals with intellectual disabilities?

Methods

Participants

Participants in this study were adults who were employed in group homes housing individuals with intellectual disabilities in a state in the New England region of the United States. After receiving Institutional Review Board approval from the author's College and approval from the State's Developmental Disabilities Agency Research Board, recruitment began. Participants were recruited both through a professional organization for individuals who work with people with intellectual disabilities and through the state's developmental disabilities service agency. Both groups were recruited through an email sent from either the professional organization or their district supervisor. Recipients were directed to the survey on SurveyGizmo.com, where they were first taken to an informed consent page with which they were required to agree in order to begin the survey. Informed consent was obtained from all individual participants included in the study. After participants completed the survey, they were invited to send an email to an unaffiliated email address including their full name, in order to be entered in a drawing for one of three \$50

Amazon.com gift certificates as an incentive for participation. This procedure kept their names and email addresses completely separate from their survey responses.

Measures

Two surveys were administered to participants. One, the demographics survey, was created by the author. The demographics survey included questions about age, gender, race, marital status, level of education, household income, job setting, length of tenure working with individuals with disabilities, amount of formal training on sexuality, and amount of formal training on sex and disability. Participants were also asked if they had an immediate family member (parent, child, sibling) with an intellectual disability. The second survey, the Attitudes to Sexuality Questionnaire-Individuals with an Intellectual Disability (ASQ-ID) was developed by experts in sexuality and developmental disabilities in 2004 [15] and further refined in 2007 [30]. Cuskelly and Giolmore's [30] study resulted in a four-factor model that measures attitudes related to sexual rights, parenting, non-reproductive sexual behavior, and self-control as related to individuals with intellectual disabilities. The Sexual Rights, Parenting, and Non-Reproductive Sexual Behavior factors all have Cronbach alpha scores above .8, and the Self-Control factor has a Cronbach alpha score of .67 denoting somewhat strong internal consistency. The ASQ-ID not is intended for use with individuals with developmental disabilities; rather, is used to measure the attitudes of others towards the sexuality of individuals with developmental disabilities [30].

Analyses

All data were imported from Survey Gizmo into a database in Statistical Package for the Social Sciences (SPSS), Version 22.0. Data were then cleaned and coded by the author. Data analyses varied depending on the nature of the variables and the normality of the data. Prior to analysis, all of the variables were checked for outliers and normality. Given the non-normal nature of the data and the presence of a number of outliers (to which no pattern was found), the data were analyzed using non-parametric tests. The variables of gender and whether or not the employee had an immediate family member with an intellectual disability were both analyzed using Mann–Whitney U tests. Level of education, level of training on sexuality, and level of training on sexuality and disability were all analyzed using Kruskal–Wallis H tests. Each variable was run against each subscale of the ASQ-ID (Sexual Rights, Parenting, Non-Reproductive Sexual Behavior, and Self-Control). To analyze the effect of age on each subscale, linearity was initially assessed using a scatterplot, which showed no linear relationship between the variables.

Results

Sample Characteristics

Seventy-one surveys were completed, which was defined as a participant having answered at least 95 % of the survey questions. Most of the sample was female, with an average age of 47.7. Most of the sample was married, and the sample was largely Caucasian. Just over 10 % of the sample had an immediate family member with an intellectual disability. Approximately 41 % of the sample were college graduates, and over half of the sample had

Table 1 Demographics table

Sample characteristics	Frequency (%)
Age, mean (SD)	47.67 (11.41)
Gender	
Male	19 (26.8)
Female	52 (73.2)
Missing	0 (0)
Race	
White	61 (85.9)
Black or African American	7 (9.9)
Hispanic/Latino	1 (1.4)
Asian/Pacific Islander	1 (1.4)
Other	1 (1.4)
Missing	0 (0)
Marital status	
Single, never married	7 (9.9)
Married or domestic partnership	47 (66.2)
Divorced	14 (19.7)
Separated	3 (4.2)
Missing	0 (0)
Level of education	
High school graduate/GED	5 (7.0)
Some college	17 (23.9)
College graduate	29 (40.8)
Some graduate school	7 (9.9)
Master's degree	10 (14.1)
Professional degree	2 (2.8)
Missing	1 (1.4)
Household income	
Less than \$24,999	2 (2.8)
\$25,000–\$49,999	9 (12.7)
\$50,000–\$99,999	39 (54.9)
\$100,000 or more	19 (26.8)
Missing	2 (2.8)
Formal training on sexuality	
In-service training under 2 h	9 (12.7)
In service training between 2 and 4 h	9 (12.7)
In service training 4 h or more	19 (26.8)
Class in high school	2 (2.8)
Class in college	17 (23.9)
Class during graduate/professional school	11 (15.5)
None	3 (4.2)
Missing	1 (1.4)
Formal training on sexuality and disability	
In-service training under 2 h	13 (18.3)

Table 1 continued

Sample characteristics	Frequency (%)
In service training between 2 and 4 h	10 (14.1)
In service training 4 h or more	23 (32.4)
Class in college	3 (4.2)
Class during graduate/professional school	2 (2.8)
None	20 (28.2)
Missing	0 (0)
Immediate family member with intellectual disability	
Yes	8 (11.3)
No	63 (88.7)
Missing	0 (0)
Employer has policy related to sexuality	
Yes	37 (52.1)
No	33 (46.5)
Missing	1 (1.4)
Job tenure working with individuals with ID, mean (SD)	20.97 (10.39)

a household income between \$50,000 and \$100,00 per year. When asked about training on sexuality, just over 1/4 of the sample had participated in an in-service training on sexuality that was four or more hours in duration. Nearly 1/4 reported having taken a course on sexuality in college. When asked about sexuality and disability specifically, nearly 1/3 of the sample had attended an in-service training that was four or more hours in duration; however, nearly 1/3 of the sample reported having received no training on sexuality and disability. The average length of time employed working with individuals with intellectual disabilities was 20.97 years. Almost half of the sample reported that their employer did not have a policy related to resident sexuality. Finally, average scores on each of the four factors of the ASQ-ID were: 53.2 for the Sexual Rights subscale, 27.6 for the Parenting subscale, 20.9 for the Non-Reproductive Sexual Behavior subscale, and 13.1 for the Self-Control subscale. All sample information is included in depth in Table 1. ASQ-ID scores are presented in Table 2.

Age

The effect of age on ASQ-ID subscale scores was to be assessed using a Pearson's Product Moment Correlation. However, when checking the data to ensure that it met the requirement of linearity, a scatterplot demonstrated that there was no relationship between the variable age and ASQ-ID subscales Sexual Rights, Parenting, Non-Reproductive Sexual Behavior, and Self-Control. Given the lack of a linear or curvilinear relationship, no further statistical analyses were run.

Gender

The influence of gender on ASQ-ID subscale scores was assessed using a Mann–Whitney U test, the results of which demonstrated significant differences between males (median rank = 21.32) and females (median rank = 36.54) on the Sexual Rights subscale

Table 2 ASQ-ID subscale scores

ASQ-ID subscale scores	Potential range	Sample range	Mean (SD)
Sexual rights	0–65	29–65	53.2 (7.5)
Parenting	0–35	11–35	27.6 (4.8)
Non-reproductive sexual behavior	0–25	10–25	20.9 (3.4)
Self-control	0–15	7–15	13.1 (1.8)

$U = 589.5$, $z = 2.893$, $p = .004$. Significant differences between males (median rank = 24.33) and females (median rank = 37.55) were also found on the Self-Control subscale $U = 615.0$, $z = 2.25$, $p = .011$. However, gender was not found to be statically significant on subscales of Parenting $U = 469.0$, $z = .265$, $p = .791$, and Non-Reproductive Sexual Behavior $U = 565.5$, $z = 1.343$, $p = .179$. Median rank scores for comparison can be found in Table 3.

Family Member with an Intellectual Disability

The effect of having a family member with an intellectual disability on ASQ-ID subscale scores was also assessed through the Mann–Whitney U procedure. Having an immediate family member with an intellectual disability did have a significant impact on scores on the Self-Control subscale $U = 124.5$, $z = -2.234$, $p = .025$, with individuals with an immediate family member with an intellectual disability having more positive attitudes towards the ability of a person with an intellectual disability to control themselves sexually than those without (means 47.94 and 32.11 respectively). However there was no relationship between having an immediate family member with an intellectual disability and scores on the Sexual Rights $U = 113.5$, $z = -1.853$, $p = .063$, Parenting $U = 227.5$, $z = -.239$, $p = .811$, and Non-Reproductive Sexual Behavior $U = 174.5$, $z = -1.313$, $p = .189$, subscales. Median rank scores for comparison can be found in Table 3.

Level of Education

The impact of the group home employee's level of education on their ASQ-ID scores was analyzed using the Kruskal–Wallis H Test. Level of education did not have a statistically significant relationship between any of the subscale scores on the ASQ-ID: Sexual Rights $H(5) = 2.995$, $p = .701$, Parenting $H(5) = 4.735$, $p = .449$, Non-Reproductive Sexual

Table 3 Median rank ASQ-ID subscale scores on selected dependent variables

Dependent variable	Sexual rights	Parenting	Non-reproductive sexual behavior	Self-control
Gender				
Male	21.32*	33.44	29.58	24.33*
Female	36.54*	34.88	36.91	37.55*
Immediate family member with intellectual disability				
Yes	44.79	36.06	43.69	47.94*
No	30.99	43.29	33.86	32.11*

* Statistically significant differences between groups

Behavior $H(5) = 6.623$, $p = .250$, and Self-Control $H(5) = 8.457$, $p = .133$. Median scores for comparison can be found in Table 4.

Training on Sexuality

The relationship between training on sexuality and participant ASQ-ID subscale scores was analyzed using the Kruskal–Wallis H Test. Training on sexuality had a statistically significant relationship with Sexual Rights $H(6) = 14.244$, $p = .027$ and Parenting $H(6) = 16.570$, $p = .011$ subscale scores. For the Sexual Rights subscale, pairwise comparisons showed that participants who had completed an in-service training on sexuality that was 4 h or longer had more positive attitudes towards a person with an intellectual disability's sexual rights than individuals with no training on sexuality and ($p = .021$ when controlling for a Type I error) as evidenced by their median scores. On the Parenting subscale, post hoc pairwise comparisons indicated no significant pairwise differences. Scores on the Non-Reproductive Sexual Behavior $H(6) = 11.398$, $p = .077$ and Self-Control $H(6) = 7.736$, $p = .258$ subscales were not statistically significant. Median scores for comparison can be found in Table 4.

Table 4 Median ASQ-ID subscale scores on selected dependent variables

Dependent variable	Sexual rights	Parenting	Non-reproductive sexual Behavior	Self-control
Level of education				
High school graduate/GED	58.0	28.0	23.0	15.0
Some college	54.0	27.0	20.5	13.0
College graduate	53.0	28.0	21.0	13.0
Some graduate school	53.0	28.0	22.0	12.5
Master's degree	55.0	29.5	21.0	15.0
Professional degree	57.5	33.0	24.5	15.0
Formal training on sexuality				
In-service training under 2 h	51.5	25.0	22.0	12.0
In service training between 2 and 4 h	54.0	26.0	20.0	14.0
In service training 4 h or more	58.5	29.0	23.0	14.5
Class in high school	61.0	28.5	22.5	15.0
Class in college	54.0	29.0	21.0	13.0
Class during graduate/professional school	56.0	30.0	22.0	13.0
None	45.0	26.0	21.0	13.0
Formal training on sexuality and disability				
In-service training under 2 h	51.5	25.5	22.0	14.0
In service training between 2 and 4 h	54.5	30.0	22.0	13.0
In service training 4 h or more	56.0	29.0	22.0	13.0
Class in college	54.0	29.0	21.0	14.0
Class during graduate/professional school	57.7	30.5	21.5	14.0
None				

Training on Sexuality and Disability

The impact of training on sexuality specific to disability and participant ASQ-ID subscale scores was analyzed using the Kruskal–Wallis H Test. Training on sexuality and disability did not have a significant influence on Sexual Rights $H(5) = 4.821, p = .438$, Parenting $H(5) = 8.818, p = .117$, Non-Reproductive Sexual Behavior $H(5) = 3.713, p = .591$, and Self-Control $H(5) = 2.684, p = .749$, subscales of the ASQ-ID. Median scores for comparison can be found in Table 4.

Discussion

This study adds to a growing body of literature on attitudes towards the sexuality of individuals with intellectual disabilities. By far, the most important result from this study is the knowledge that an in-service training on the topic of sexuality can have a positive effect on attitudes towards sexuality and intellectual disability. Training can lead to more positive attitudes towards the sexual rights of individuals with intellectual disabilities. Similarly, significant differences in training on attitudes towards parenting for individuals with intellectual disabilities indicate that attitudes towards sexuality for individuals with intellectual disabilities can be changed for the better. However, much of the sample did not receive in-service trainings on sexuality, and nearly half of the sample reported that their place of employment had no policy related to sexuality for their residents. Both of these are variables that educators and administrators have the ability to change.

Other non-malleable but significant variables included having an immediate family member with an intellectual disability and the gender of the participant. Participants with an immediate family member with an intellectual disability had more positive attitudes towards the ability of individuals with intellectual disabilities to control themselves sexually. Women had more positive attitudes towards the sexual rights of individuals with intellectual disabilities, and more positive attitudes about the ability of individuals with intellectual disabilities to control themselves sexually. This is especially interesting given that previous research has either shown no relationship between gender and attitude towards sexuality for individuals with intellectual disabilities [24] or that men had more positive attitudes [26].

There was no relationship between age and attitude towards sexuality for individuals with intellectual disabilities, which confirms previous research [25]. The lack of a relationship between level of education and attitude is consistent with previous research, as well [25, 28]. Interestingly, while at least one of the independent variables studied had an impact the Sexual Rights, Parenting, and Self-Control subscales, none of the independent variables studied had an effect on the Non-Reproductive Sexual Behavior subscale.

Implications

The results of this study have a broad range of potential implications. First, given that training can positively change attitudes towards the sexual rights of individuals with intellectual disabilities, educators and group home administrators can work to provide regular trainings on sexuality for their employees. Similarly, given that nearly half the sample reported that their employer did not have a policy related to sexuality and intellectual disability, group home administrators would likely benefit from either developing a

policy or disseminating current policies more widely. Making these two changes in group homes has the potential to change the culture of the group home to one that is more accepting and has more positive attitudes towards sexuality for individuals with intellectual disabilities.

Recommendations for Further Research

Clearly, additional research on the topic of attitudes towards the sexuality of individuals with intellectual disabilities is needed. Current research related to gender, age, and level of education remains contradictory. However, this is the first study that addressed training as a variable. Current literature would benefit from collecting further information on the impact of training on attitudes towards sexuality for individuals with intellectual disabilities. Similarly, identifying what specific types of training have the most positive effect on attitudes would be helpful in focusing potential training.

Limitations

This study has a number of limitations. First, given the high number of statistical analyses run and the relatively small sample size, this study has an increased likelihood of a Type I error. This was controlled for using an adjusted significance test for the post hoc analyses of the Kruskal–Wallis H tests; however, the concern remains. Additionally, given the relatively small sample size and the constricted geographic location of the sample, it is difficult to say how generalizable this study is to group homes around the country and around the world. Despite these limitations, this study provides a novel view of a variable that affects attitudes towards sexuality and intellectual disability in a sample that works closely with individuals with intellectual disabilities. This research also provides confirmation of previously contradictory research on factors affecting attitudes towards sexuality and intellectual disability.

Compliance with Ethical Standards

Conflict of interest The author declares that she has no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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