BRIEF REPORT

Staff attitudes towards sexuality in relation to gender of people with intellectual disability: A qualitative study

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Abstract

Background  Research has found staff attitudes regarding the sexuality of people with intellectual disability (ID) to be negative but influenced by several factors. The current study aimed to examine whether gender of people with ID affects such attitudes.

Method  Semistructured interviews were completed with 10 staff members and analysed using thematic analysis.

Results  Results indicated 3 themes: Women are perceived as sexually innocent, men as more sexually motivated, and motivations for sexual relationships are perceived to differ between men and women with ID.

Conclusion  The study indicates unfavourable attitudes towards sexuality in individuals with ID that correlate with traditional, restricted gender stereotypes. The identification of these themes highlights the importance of considering gender when supporting the sexuality of people with ID.

Keywords: staff attitudes, sexuality, intellectual disability

Introduction

People with intellectual disability (ID) have the same needs and desires regarding sexuality as people without disability (Mitchell, Doctor, & Butler, 1978) and should be supported to experience and develop sexual relationships (Craft, 1987). Historically, however, these rights have often not been upheld (Craft, 1987; Löfgren-Mårtenson, 2004), with staff and carers remaining cautious about issues of sexuality (Evans, McGuire, Healy, & Carley, 2009).

Failure to meet the sexual needs of people with ID appears to be underpinned by pervading social stereotypes (Stewart, 1978). McCarthy (1999) suggested that people with ID have been viewed either as “holy innocent” or “oversexed.” In each case this has led to a denial of sexual needs, through either the overprotection of the person or the perceived need to protect society from the person.

Attitudes of staff can reflect a belief that intimacy is inappropriate and should be discouraged amongst persons with ID (Aunos & Feldman, 2002; Mitchell et al., 1978). There do, however, appear to be differences dependent upon staff characteristics.

It has been suggested that staff who are younger (Brantlinger, 1983), of higher professional status (Murray & Minnes, 1994), and/or who have received specific training are more likely to present positive attitudes (Grieve, McLaren, Lindsay, & Culling, 2008). By contrast, staff have been found to hold particularly negative attitudes towards homosexuals with ID and towards people with severe disability (Valios, 2002).

To date, there has been little investigation of whether staff attitudes are influenced by the gender of people with ID. Gender differences have been studied in relation to parental attitudes (Cuskelly & Bryde, 2004), although were not found to be related. Two quantitative studies have also been conducted in Australia (Cuskelly & Gilmore, 2007; Gilmore & Chambers, 2010). Both studies found only minor differences in attitudes towards sexuality dependent upon gender of the person with ID, whereby males were seen as having greater difficulty controlling
their sexual drives. These results differ from what might be expected given wider social stereotypes regarding sexuality and gender (Antonak, Fiedler, & Mulick, 1989). Cuskelly and Gilmore (2007) also reported positive attitudes to the sexuality of people with ID, which is an uncommon finding that may reflect characteristics of the sample or methodology. The current study therefore aimed to qualitatively examine whether the gender of people with ID is associated with staff attitudes in the UK towards the sexuality of people with ID.

**Method**

**Sample**

Ten participants (seven female, three male, aged between 17 and 64) who worked directly with adults with ID in a variety of capacities were interviewed.

Opportunity sampling, employing a snowballing approach, was used to identify participants via the first author’s professional networks, though only two participants were previously known to the author.

Emails were sent to contacts in social services, local day centres, and support agencies who work with people with ID, requesting volunteers to be interviewed for the purpose of the study. These contacts were asked to cascade the request to colleagues in their service and any respondents were interviewed where possible.

**Measures**

A semistructured interview schedule was developed drawing upon topics used in measures reported in the literature and revised following a pilot interview (see Appendix).

**Procedure**

Ethical approval was gained from the Tizard Centre. Informed consent was obtained and interviews lasting approximately 1 hour were conducted by the first author.

**Analysis**

Thematic analysis, based on the six steps described by Braun and Clarke (2006) and corresponding with Boyatzis (1998), was used. Thematic analysis allows flexibility, provides a rich account of phenomena (Braun & Clarke, 2006), and is of particular use within early stages of research (Boyatzis, 1998).

Interviews were transcribed and initial codes noted, with the third author (acting as research supervisor) verifying these initial analyses. Analysis was therefore conducted across the entire transcript, rather than being structured around individual question areas of the interview schedule. Data were reviewed to ensure no information was duplicated or absent. The first and third author defined and mapped each theme and corresponding subthemes. Broader themes were then generated and further verified by the second author.

**Results**

Three themes emerged that indicated gender differences in attitudes towards sexuality in people with ID.

**Theme one: Women with ID as sexually innocent**

In nine interviews, women with ID were described as sexually naive. Subthemes included that they do not think about sex, are more vulnerable to sexual abuse, and consequently need more protection. Three participants described women as naive about the sexual connotations of certain behaviours:

> Sometimes the females entice men but not really noticing what they are doing ... they just want a cuddle and haven’t got an appreciation of what it might mean.

It was also suggested by another three participants that women with ID are not interested in issues of sexuality:

> The women don’t really ... They’re not fussed that much.

Upon being asked whether men or women are more vulnerable to sexual abuse, eight interviewees suggested women, perceived as sexually naive, were more vulnerable:

> I do feel that females are more [vulnerable] ... very open to you know, being persuaded into something.

Similarly, when asked about supporting the sexuality of people with ID, eight staff perceived that the consensus within services is that women need to be more protected, which, again, links to a perception held by participants of the sexual innocence of women with ID:

> I go to reviews and hear that “oh she can’t go out” ... and you hear that more about the women than the men.

**Theme two: Men with ID as more sexually driven**

Nine interviews contained suggestions that males with ID are more sexually driven than females.
Subthemes included how males are driven by and readily act upon their sexuality in ways that are often problematic for others. In contrast to views of women, three participants noted that men with ID were perceived as thinking about sex frequently:

The men here are a lot more sexually—well wanting sort of thing.

Four participants also described males with ID as being more driven by biological sexual desires:

They are more driven by hormones I think than females are.

Men with ID were also portrayed by four participants as expressing their sexuality more openly and readily seeking out sexual contacts:

Men would probably be more proactive in seeking out females.

In five interviews, the actions of males were viewed as predatory:

Males in general are more predatory.

Similarly, one participant reported concerns about men with ID in terms of aggression related to sexual drives, increasing concerns of the vulnerability of females with ID:

With women, it is the concerns over whether they can get pregnant. I think with the men it is more of whether they can become aggressive.

Finally, when asked to provide examples of sexually driven inappropriate behaviour in those they support, two participants provided examples of females, whereas five described scenarios involving males with ID:

I have seen difficulties in male service users knowing what is appropriate and what is not appropriate.

**Theme three: Motivations for intimate relationships**

Seven interviews contained subthemes suggesting that motivations for intimate relationships differ between men and women with ID. Interviews revealed that staff generally experience anxiety regarding intimate relationships amongst people with ID. Homosexual relationships in particular were reported by five participants to be anxiety provoking or inappropriate.

I guess support workers feel more anxious and have their anxieties raised “oh my god its two men,” that’s even kind of worse if you like.

It was suggested in seven interviews that men and women with ID were perceived as having different motivations for intimate relationships:

I think with men its more sexual gratification and with women it is more emotional.

Four participants expressed a view that males are motivated to form an intimate relationship by the need for sexual gratification:

I think [the motivator for a male] is purely sexual.

Similarly, it was evident in five interviews that men with ID were viewed as being unmotivated to develop other aspects of an intimate relationship:

I haven’t met a man yet who didn’t want a relationship, but not really with marriage and kids.

Participants presented a different view of the relationship motivations of women with ID. Three reported women as being more concerned with the emotional or non-physical aspects of intimate relationships:

[For females] it’s more about the love side of things.

Five participants also perceived women with ID as being preoccupied with fulfilling traditional gender roles (i.e., child-rearing).

... Not sex but about children, because they see little children running around.

**Discussion**

The current study used semistructured interviews to examine whether the gender of people with ID affects staff attitudes towards sexuality. As an initial qualitative study, there are some limitations. In particular, research has shown that attitudes can be mediated by staff characteristics such as age, level of education (Brantlinger, 1983), and job role (Grieve et al., 2008; Murray & Minnes, 1994). Our sample size was not sufficient to investigate these characteristics, which future studies should consider. In particular, it would be interesting to investigate how the gender of staff members affects attitudes (Evans et al., 2009). Finally, whilst the third author helped to support the validity and reliability of themes, the study would have been strengthened by a second fully independent review of data.

Despite these limitations, the study produced some important findings. Three substantive themes regarding staff attitudes towards sexuality in relation to gender of people with ID were identified. These extend beyond the slight gender differences noted in previous quantitative studies (Cuskelly & Gilmore, 2007; Gilmore & Chambers, 2010) and highlight the importance of considering gender when supporting the sexuality of people with ID.
Interview themes indicated unfavourable attitudes generally towards the sexuality of individuals with ID that mirror those outlined by McCarthy (1999) and others (Aunos & Feldman, 2002). Staff expressed considerable anxiety when considering the sexuality of people with ID and indicated little awareness or commitment to proactively supporting such sexual relationships.

Both men and women with ID were described with reference to negative social stereotypes that denied their positive expression as sexual beings. Similar attitudes have been reported amongst staff who work in other care settings, including services for the elderly (Elias & Ryan, 2011), psychiatric inpatients (Ruane & Hayter, 2008), and people with physical disability (Esmail, Darry, Walter, & Knupp, 2010).

Further, the current study found attitudes that correlate with historic, restricted gender stereotypes. For females this was related to sexual innocence, naivety, and vulnerability. For males this was related to high sexual motivation, biological drive, and preoccupation with sexual aspects of relationships. It is of concern that whilst much has been done to challenge gender-based stereotypes within society, these continue to pervade within settings that support people with ID.

This finding is particularly concerning given that people with ID may be more susceptible to being influenced by the attitudes of others and in particular by staff. Cuskelly and Bryde (2004) reported that in practice, carers’ conservative attitudes directly influence the sexual attitudes and behaviours of people with ID. In the context of such attitudes it is unlikely that people with ID will be supported to develop meaningful intimate relationships.

Work to support the lives of people with ID is improving in many areas such as supported employment (Wilson, 2003) and supported living (Felce & Emerson, 2001). However, there remains a distinct lack of policy and guidance in the area of sexuality beyond that relating to sexual offending and/or abuse (McConkey & Ryan, 2001). In such contexts it is not surprising that staff members experience anxiety and a lack of clarity surrounding sexuality and how best to support relationships (Evans et al., 2009).

Positive steps have been made, however, towards developing training resources in this area (Family Planning Association, 2011; McCarthy & Thompson, 2010), and it is suggested in recent literature that sexuality is sitting higher on the agenda of some services. The emergence of the “specialist dating agency movement” (Jones, 2011) is one such example. Further research may usefully consider how such initiatives can bring about change in the quality of support for the sexual lives of people with ID.

Author note
No research funding was involved in this manuscript.

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

References

Appendix: Interview schedule

1. How men and women with ID express sexuality. a,b,c
2. The motivations of men and women with ID for intimate/sexual relationships. a
3. The use of contraception by men and women with ID. a,b
4. The motivations of men and women with ID to marry and have children. a
5. How sexually appropriate and inappropriate behaviour is defined and managed amongst men and women with ID. a,b,c

Note

Interview questions were informed by the following research:

a The Sexuality and the Mental Retardation Inventory (Murray & Minnes, 1994).
b The Attitudes to Sexuality Questionnaire (Cuskelly & Bryde, 2004).
c The Sexual Attitudes Questionnaire (Mitchell et al., 1978).