

HIGH SCHOOL COUNSELORS' ATTITUDES TOWARD THE SEXUALITY OF  
STUDENTS WITH INTELLECTUAL DISABILITIES

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## **ABSTRACT**

The purpose of this study was to examine high school counselors' attitudes toward the sexuality of students with intellectual disabilities. One hundred and twenty-two high school counselors in Alabama were the participants for this study. Participants completed the *Attitudes towards Sexuality and Students with Intellectual Disability Scale* (ASSIDS) and a demographic questionnaire, both developed for this research. This study examined the relationship between counselors' attitudes and variables hypothesized to predict their attitudes. The predictor variables for this study were: (a) frequency serving students with intellectual disabilities, (b) comfort discussing sexuality with students with intellectual disabilities, (c) number of academic courses taken addressing intellectual disabilities, (d) number of academic courses taken addressing sexuality, (e) number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, (f) number of workshops or conference presentations attended (within last three years) addressing sexuality, (g) counselors' age, and (h) counselors' gender. Data were analyzed using stepwise regression. The results revealed that comfort discussing sexuality with students with intellectual disabilities and the number of workshop or presentations counselors attended that addressed sexuality were predictive of counselors' attitudes. Comfort discussing sexuality with students with intellectual disabilities was positively correlated with high school counselors' attitudes and number of workshops or conference presentations attended that addressed sexuality was negatively correlated with high school counselors' attitudes. The results of this study have implications for high school counselors and counselor educators and supervisors. Future direction for research and limitations of the study are discussed.

## **DEDICATION**

To my late grandmother, Bettye Jean James, who taught me how to laugh. To my younger cousins, niece, and son-do not wait for life to happen, create it! Take advantage of every opportunity God presents to you. Strive for excellence and do not settle for mediocrity because you are better than average.

## LIST OF ABBREVIATIONS AND SYMBOLS

$B$	Beta
$\bar{M}$	Mean
$P$	Probability
$R^2$	Multiple correlation squared; measure of strength of relationship
$SD$	Standard deviation
$t$	Computed value of $t$ test
$<$	Less than
$=$	Equal to

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## **CHAPTER I**

### **INTRODUCTION**

Sexuality is an important aspect of human development. The development of sexuality begins in early childhood and spans across the lifespan (Murphy & Young, 2005). The World Health Organization (WHO, 2004) described sexuality as a central aspect of being human. The organization stated that sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, reproduction, and sexual identity. Sexual identity is a critical aspect of sexuality. It refers to a person's sexual self-esteem, sexual preoccupations, sexual satisfaction, and body image perceptions. Thus, sexual identity is important to the overall psychological well being and life satisfaction of all human beings (Black, 2005; Moin, Duvdevany, & Mazor, 2009). A positive sexual identity developed during adolescence can lead to a better self-concept, higher self-esteem, and enhanced overall sexual health across the lifespan (Rostosky, Dekhtyar, Cupp, & Anderman, 2008). Sexual health pertains to a person's state of physical, emotional, mental, and social well being in relation to sexuality. Sexual health requires positive and respectful approaches to sexuality and should be obtained and maintained for all persons (WHO, 2004).

Despite sexuality being a natural occurrence of human development, it is often an unmentionable topic related to persons with disabilities (Black, 2005; Henry, Fuerth, & Figliozzi, 2010; McKenzie & Swartz, 2011). Disability, like sexuality, is a multidimensional and complex

cultural aspect of millions of people lives. Considering the fact that disability is rooted in a person's cultural experience, there is no clear and concise definition of disability. The term disability takes on various meanings based on people with disabilities' individual and cultural experiences, agencies supporting people with disabilities, and societal perceptions of people with disabilities. Though there is no uniform definition of disability, the United States Congress attempted to provide an inclusive, yet broad, definition of disability in the Americans with Disabilities Act of 1990 (ADA), legislation designed to protect the civil rights of people with disabilities. According to the ADA, a person with a disability is someone who has (a) a physical or mental impairment that substantially limits one or more major life activities (e.g., self-care, performing manual tasks, seeing, hearing, walking, concentrating, thinking, communicating, and working, (b) people with a history of a disability (e.g., mental illness, cancer, substance abuse), and (c) people perceived to have a disability.

United Cerebral Palsy (UCP, 2009) identified five areas in which disabilities are typically categorized. These areas are visual impairments, hearing impairments, cognitive impairments, mobility impairments, and speech impairments. Visual impairment refers to an inability to see images clearly and distinctively. Hearing impairment refers to a person's limited ability to hear. Cognitive impairment is based on a person's ability to reason, comprehend, and learn. Mobility impairment refers to a person's inability to use one or more of his or her extremities. Speech impairments range from having difficulties with articulation or voice strength to complete inability to verbally communicate (UCP, 2009).

People with disabilities represent the largest minority cultural group in the United States. Approximately 54 million Americans report having some type of disabling condition (U.S. Census Bureau, 2008). Though people with disabilities are considered a minority group, they are

not a homogenous and monolithic group (Hanjorgiris & O'Neil, 2006). Research indicates that regardless of disability type or intra group differences, people with disabilities experience ongoing stereotypes and biases, discrimination, alienation, discredited identities, and issues in developing satisfying social relationships and exploring their sexuality (Hanjorgiris & O'Neil, 2006; Henry et al., 2010; McKenzie & Swartz 2011).

Intellectual disability is the term currently preferred for the diagnosis traditionally known as mental retardation. The Centers for Disease Control (CDC, 2012) classifies intellectual disabilities as a type of developmental disability that limits mental functioning and skills such as communication, self-care, and social skills. These limitations often cause children to learn and develop more slowly than children with average intelligence and adaptive skills. According to the National Center on Birth Defects and Developmental Disabilities (NCBDDD, 2005), intellectual disabilities is the most common developmental disability. Approximately 6.5 million people in the United States have an intellectual disability (The ARC, 2009). Recent data from the National Center for Education Statistics indicates that 13% of all students enrolled in public schools have a disability (Aud et al., 2011). According to the same report, seven percent of children ages 6-21 years who receive services under the Individuals with Disabilities Education Act (IDEA) are classified as having an intellectual disability.

The data indicates that intellectual disability is prevalent among adolescents attending public schools across America. Though young people with intellectual disabilities may learn at a slower pace, they are capable of learning about many abstract concepts, such as sexuality, and they experience sexual development at the same rate as teens without intellectual disabilities (Gordon, Tschopp, & Feldman, 2004; Murphy & Young, 2005; Tepper, 2005). During the formative years of adolescent development, it is important for teens with intellectual disabilities

to have accurate information about their sexuality. The need for appropriate knowledge about sexuality is especially critical for the overall sexual health and identity development of young people with intellectual disabilities (Gordon et al., 2004; Isler, Tas, Beytut, & Conk, 2009; Leutar & Mihokovic, 2007; Murphy & Young, 2005; Rostosky et al., 2008; Tepper, 2005; Walker-Hirsh, 2007).

High school counselors may encounter students with intellectual disabilities who have sexuality inquiries. Broad areas of sexuality, such as dating, sexual self-esteem and body image, education, and safety awareness, present apprehensions for students with intellectual disabilities in the same manner as they present anxieties for students without disabilities. Furthermore, the presence of a disability can often amplify or compound typical challenges, causing individuals to experience additional sexuality-related inquiries (Cook, 2001; Farrow, 1990; Howard-Barr, Rienzo, Pigg, & James, 2005; Kaplan, 2006; Kreinin, 2001; Littner, Littner, & Shah, 2001; Murphy & Young, 2005; Nelson, Botkin, Levetown, Moseley, Truman, & Wilfond, 1999; Sipski, 1997; Wiegerink, Roebroek, Donkervoort, Stam, & Cohen-Kettenis, 2006). With this in mind, adolescents with intellectual disabilities may seek school-based counseling in order to help them process their sexuality dilemmas.

High school counselors have the training to help students with intellectual disabilities gain valuable and accurate information regarding sexuality. The role of the 21st century school counselor is continuously evolving. Professional school counselors are charged with providing evidence-based interventions that improve all students' career development, academic development, and personal-social development (ASCA, 2003, 2005, 2012). According to the American School Counselor Association (ASCA) *Student Standards* school counselors are

encouraged to provide personal and social growth experiences to facilitate students' progress through school and the transition into adulthood (ASCA, 2004).

Even though professional high school counselors are not solely responsible for teaching or counseling students about sexuality, many of the personal and social development standards outlined in the Student Standards seem appropriate for school counselors to address in an attempt to assist students with intellectual disabilities gain a positive sexuality identity. Standards such as helping students (a) develop a positive attitude toward self as a unique and worthy person (PS: A1.1), (b) identify values, attitudes, and beliefs (PS: A1.2), (c) identify and express feelings (PS: A1.5), (d) acquire interpersonal skills (PS:A2), (e) understand when peer pressure is influencing a decision (PS:B1), (f) learn about the differences between appropriate and inappropriate physical contact (PS: C1.2), and (g) demonstrate the ability to set boundaries, rights, and personal privacy (PS: C1.3) (ASCA, 2004) are essential to helping students with intellectual disabilities address age-appropriate sexuality subjects.

Due to the sensitive nature of sexuality and disability, especially in school settings, it is important to understand the attitudes of school counselors as they relate to discussing sexuality topics with students with intellectual disabilities. A few studies have investigated the attitudes of helping professionals, parents, and others towards the sexuality of adults with intellectual disabilities. However, to date, no study has exclusively investigated high school counselors' attitudes towards the sexuality of adolescents with intellectual disabilities. Considering the influence that school counselors have on assisting students with exploring socio-emotional issues, including sexuality, it is important to determine what type of attitudes they have toward the sexuality of students with intellectual disabilities.

## **Statement of Problem**

Students with intellectual disabilities may seek counseling services to assist them with addressing their sexuality inquiries. Because counselors in schools may be the first counselors that young people may encounter (Erford, 2007), this study focuses on the attitudes that high school counselors have toward the sexuality of students with intellectual disabilities. No research has been identified that examines high school counselors' attitudes toward the sexuality of students with intellectual disabilities. It is important to understand variables that may predict high school counselors' attitudes towards the sexuality of students with intellectual disabilities. Understanding variables predictive of more positive attitudes toward the sexuality of students with intellectual disabilities could assist counselor educators and supervisors with better preparing high school counselors to meet sexuality development needs of adolescents with intellectual disabilities.

## **Purpose of the Study**

The purpose of this study was to examine high school counselors' attitudes toward the sexuality of students with intellectual disabilities. The study investigated the extent to which the following variables predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities: (a) frequency serving students with intellectual disabilities, (b) comfort discussing sexuality with students with intellectual disabilities, (c) number of academic courses taken addressing intellectual disabilities, (d) number of academic courses taken addressing sexuality, (e) number of workshops or conference presentations attended addressing intellectual disabilities, (f) number of workshops or conference presentations attended addressing sexuality, (g) counselors' age, and (h) counselors' gender.

## **Research Question**

The following research question was posed for this study:

1. Do frequency serving students with intellectual disabilities, comfort discussing sexuality with students with intellectual disabilities, number of academic courses taken addressing intellectual disabilities, number of academic courses taken addressing sexuality, number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, number of workshops or conference presentations (within last three years) attended addressing sexuality, counselors' age, and counselor' gender predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities?

## **Null Hypothesis**

The following null hypothesis was tested:

Ho1: Frequency serving students with intellectual disabilities, comfort discussing sexuality with students with intellectual disabilities, number of academic courses taken addressing intellectual disabilities, number of academic courses taken addressing sexuality, number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, number of workshops or conference presentations (within last three years) attended addressing sexuality, counselors' age, and counselors' gender will not predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities.

## **Definition of Terms**

*Disability:* The ADA defines a person with a disability as someone having a physical or mental impairment, having a record of such impairment, or being regarded as having such impairment (ADA, 2009). There are five areas in which most disabilities are categorized, visual

impairments, hearing impairments, cognitive impairments, mobility impairments, and speech impairments (UCP, 2009).

*Intellectual disability:* Intellectual disability is the term currently preferred for the diagnosis traditionally known as mental retardation. Intellectual disability is a type of cognitive impairment characterized by significant limitations both in intellectual functioning and in adaptive behavior. This disability originates before the age of 18 years (American Association on Intellectual and Developmental Disabilities, 2011).

*Sexuality:* Sexuality is a central aspect of being human. It encompasses both social and physiological constructs. Sexuality development is a multidimensional process and is intimately linked to the basic needs of belonging, affection, feeling valued and attractive, and sharing thoughts and feelings. It consists of not only anatomic and physiological functioning, but also sexual knowledge, beliefs, attitudes, values, gender-role socialization, body image, social relationships, and future social aspirations (Murphy & Elias, 2006; WHO, 2004).

*Professional School Counselor:* A professional school counselor (PSC) is a certified or licensed professional with a master's degree in school counseling or the equivalent. Professional school counselors have unique qualifications and skills needed to address all students' academic, personal/social, and career development needs. Professional school counselors implement a comprehensive school counseling program that promote and enhance student achievement based on the ASCA National Model. Professional school counselors' are differentiated from other school personnel by their attention to developmental stages of student growth, including the needs, tasks and student interests related to those stages (ASCA, 2009).

## **Assumptions**

This study reflected the following assumptions:

1. All participants were honest when responding to the questions in the survey packet.
2. The sample of participants included high school counselors representing varying education, training, and experiences working with students with intellectual disabilities.

## **Limitations**

The present study had the following limitations:

1. The present study included only high school counselors employed in public schools in Alabama. Therefore, the results cannot be generalized to high school counselors working in public schools in other areas of the country.
2. The present study only included high school counselors working in public schools. Therefore, the results cannot be generalized to high school counselors working in private schools.
3. The present study used a self-report method of data collection. It is possible that participants responded in a manner that they believed was socially desirable.
4. Public schools in Alabama emphasize an abstinence only approach to sexuality education, thus participants in this study may differ from high school counselors who work in settings that allow for comprehensive sexuality education.

5. The present study utilized three different data collection methods. Participants who responded electronically may differ from those who responded via postal service.

### **Organization of the Study**

This dissertation is composed of five chapters. Chapter one reviews relevant considerations for the study, introduces the problem, and outlines the purpose of the study. Chapter one also states the research question, research hypothesis, defines relevant terms, discusses assumptions, and acknowledges limitations of the study. Chapter two presents relevant literature related to this study such as: sexuality and disability, sexuality and adolescents (including adolescents with disabilities), the role of high school counselors and students with disabilities, and attitudes toward the sexuality of people with disabilities. Chapter three outlines the methodology used in selecting participants, the instrumentation used in the study, and procedures for collecting and analyzing data. Chapter four reports the results of the study. Chapter five discusses the results and implications of the study.

## **CHAPTER II**

### **REVIEW OF THE LITERATURE**

To prepare for this study, a literature review was conducted on the following subjects: (a) sexuality and disability, (b) sexuality and intellectual disabilities, (c) adolescents and sexuality, (d) adolescents with intellectual disabilities and sexuality, (e) school counselors, (f) students with intellectual disabilities, (g) comprehensive sexuality education, and (h) attitudes towards sexuality and disability. There is a paucity of research focusing on sexuality and intellectual disabilities, especially as it relates to adolescents with intellectual disabilities. The majority of research on the topic has been conducted outside of the United States.

As a result of limited literature on sexuality and adolescents with intellectual disabilities, this literature review synthesizes research conducted on sexuality and disability, sexuality and intellectual disabilities, sexuality and adolescents, and the role of school counselors in order to provide a conceptual framework for understanding the narrower topic of sexuality and adolescents with intellectual disabilities. The literature on sexuality and disability, particularly sexuality and intellectual disabilities, highlights many of the challenges that adolescents with intellectual disabilities experience on their path to sexuality development. Likewise, research on school counselors' involvement with students with disabilities indicates that school counselors have the knowledge, skills, and abilities to work effectively with students with intellectual disabilities. Thus, the lack of literature concurrently discussing sexuality and adolescents with intellectual disabilities provides even more evidence for the relevance of this study.

This chapter will present several topics applicable to this study. The first section will discuss the general research on sexuality and disability. The second section will discuss sexuality and adolescents, including research related to adolescents with disabilities. The third section will discuss the role of high school counselors and students with disabilities. The final section will present literature related to general and helping professionals' attitudes toward the sexuality of people with disabilities.

### **Sexuality and Disability**

Few studies concurrently discuss sexuality and disability. Society tends to focus on individuals' disabilities while neglecting them as sexual beings. Individuals with disabilities, just like people without disabilities, have multiple identities, all of which need to be recognized and valued (Henry et al., 2010; McKenzie & Swartz, 2011). The presence of a disability can affect the development of sexual confidence, desire, function, and the ability to find a partner (Murphy & Young, 2005). The sexuality of people with disabilities may be hindered both by functional limitations and intentional or unintentional societal barriers (Murphy & Young, 2005). It is often the societal barriers that produce more of a hindrance than the presence of a disability (Berman et al., 1999). Society tends to hold dichotomous, erroneous views about the sexuality of people with disabilities. They are either regarded as childlike, asexual, and in need of protection or viewed as inappropriately sexual or as having uncontrollable sexual urges (Murphy & Elias, 2006).

People with disabilities often internalize social values and attitudes that devalue them and deny them their sexual nature (Milligan & Neufeldt, 2001). As a result, the sexuality of persons with disabilities is often repressed and accompanied by fear and insecurity. During the formative years of adolescence, people with disabilities may develop feelings of unease, shame, fear, and guilt in relation to their sexual organs, sexual reactions, and sexual needs. If these negative

feelings are not resolved, then they can manifest into sexual identity confusion during adulthood (Leutar & Mihokovic, 2007). Leutar and Mihokovic (2007) found that persons with mental disabilities often perceive their sexuality, including sexual behaviors, as indecent, dangerous, and forbidden. Participants in Leutar and Mihokovic's study reported that masturbation was their primary means of satisfying their sexual needs. Yet, these participants reported negative responses about masturbation and perceived it as something bad. The respondents in Leutar and Mihokovic's study corroborated other studies that found people with disabilities have sexual needs and a desire to express those needs; however, they receive messages from external sources that their forms of sexual expression are inappropriate (McCabe, 1999; Milligan & Neufeldt, 2001).

Another critical concern in the literature related to the sexuality of people with disabilities is a perceived lack of sexual knowledge among people with disabilities. McCabe (1999) studied sexual knowledge among persons with and without disabilities. She found people with cognitive impairments and those with physical impairments demonstrated lower levels of sexuality knowledge when compared to people without disabilities. The study further revealed a sexuality hierarchy in terms of sexual awareness among people with disabilities. In all areas of sexuality, people with cognitive impairments exhibited lower levels of knowledge than people with physical impairments.

Leutar and Mihokovic (2007) found similar results in their study of sexual knowledge and people with disabilities. Participants with mental impairments showed insufficient knowledge about sexuality, especially in the areas of sexually transmitted disease (STDs), contraception, sexual appropriateness, and ways to react in instances of sexual abuse. Lack of

sexual knowledge regarding sexuality has a negative impact on the sexual health of people with disabilities.

Without a solid foundation of sexual health, people with disabilities are at risk of sexual exploitation, sexual assault, unintended pregnancy, and STDs (Howard-Barr et al., 2005; Kaplan, 2006; Murphy & Young, 2005; Sweeney, 2007; Wiegerink et al., 2006). Multiple researchers have voiced concerns about the need for people with disabilities to have accurate knowledge about their sexuality. They argued that the need for appropriate sexual knowledge is much broader for people with disabilities because many people with disabilities often require both additional assistance, specialized instruction, and/or adapted services in order to acquire skills needed to reduce sexual vulnerabilities and to become cognizant about how their sexuality impacts their overall physical, emotional, and social development (Koller, 2000; Murphy & Elias, 2006; Murphy & Young, 2005; Reid, Siu, McCrindle, Irvine, & Webb, 2008; Verhoef et al., 2005).

### **Sexuality and Adolescents with Disabilities**

Adolescence is typically a time of rapid growth and a time when young people acquire new capacities and are presented with new challenges. A common advancement of adolescence is the burgeoning number of concerns regarding sexuality (Berman et al., 1999; Buzwell & Rosenthal, 1996) Some of the most important socialization regarding sexuality appears to occur during adolescence and continue throughout a person's life. Physical changes, sexual experimentation, and the development of ideals regarding sexuality make adolescence a fundamental period for sexual identity development (Berman et al., 1999; Brunnberg, Boström, & Berglund, 2009; Buzwell; 1996; Koller, 2000; Muise, 2007; Tolman & McClelland, 2011).

Healthy sexuality identity development is an essential part of becoming an adult. Yet, the presence of an intellectual disability often interferes with adolescents learning about their sexuality. Caregivers and parents of young people with intellectual disabilities often have apprehensions about them learning about certain aspects of sexuality (Aunos & Feldman, 2002; Ballen, 2000; Hingsburger & Tough, 2002; Kreinin, 2000; Leutar & Mihokovic, 2007; Lunsky & Konstantareas, 1998). They believe these young people are childlike and incapable of sexual development (Murphy & Elias, 2006; Murphy & Young, 2005). However, research indicates that teens with disabilities, including those with intellectual disabilities, develop sexuality in similar ways as teens without disabilities (Brunnberg et al., 2009; Kreinin, 2000; Leutar & Mihokovic, 2007; Murphy & Elias, 2006; Tepper, 2005). Not allowing young people with intellectual disabilities to explore their sexuality creates a chasm in social learning, which impacts their capacity to learn how sexuality influences the cognitive, emotional, physical, and social aspects of their lives, regardless of disability.

Even though discussing aspects of sexuality with adolescents with intellectual disabilities may be difficult for parents, caregivers, and other professionals, not discussing it can create unforeseen perils. Sexually-explicit television programs, advertisements, confusing messages about pregnancy, and misinformation from peers about sex can often complicate a young person's sense of healthy sexual development (Baldwin & Bauer, 1994). The risks associated with not providing children with developmental disabilities accurate information about their sexuality may result in complicated issues such as self-doubt, fear and embarrassment, unacceptable socio-sexual behaviors, social ridicule, unplanned pregnancy, and increased susceptibility to contracting sexually transmitted diseases (Ballen, 2000; Bat-Chava, Martin, & Kosciw, 2005; Cheng & Udry, 2005; Galea, Butler, Iacono, & Leighton, 2004).

Research on sexual behaviors of youth and young adults was recently reported in the Youth Risk Behavior Surveillance System (YRBSS), a nationwide survey that monitors six categories of health-risk behaviors among youth and young adults (Eaton et al., 2009). Among the health risks cited in the report are sexual behaviors that contribute to unintended pregnancy and STDs. The report indicated that 46% of high school students reported having had sexual intercourse. The report further indicated that 34.2% of high school students were sexually active, and 38.9% of the sexually active students had not used a condom during their last sexual intercourse. Of all the participants, 7% had participated in sexual activities before age 13 years, and 44% reported having sexual intercourse by the tenth grade (Eaton et al., 2009).

Though the YRBSS report did not specifically apply to adolescents with disabilities, it does reveal sexual behaviors of teens. It is naïve to assume that young people with disabilities are not under the same pressure as their nondisabled peers to engage in sexual behaviors. The report corroborates other studies exploring the sexual behaviors of teens with disabilities. Research implies that young people with disabilities receive less information about sexuality, yet they engage in sexual activities at the same rate as their nondisabled peers. Furthermore, they are more vulnerable to sexual exploitation when compared to same-age peers without disabilities (Alriksson-Schmidt, Armour, & Thibadeau, 2010; Cheng & Udry, 2002; Coren, 2003; Groce, 2003; Siebelink, de Jong, Taal, & Roelvink, 2006; Walker-Hirsch, 2007; Wazakill, Mpofo, & Devlieger, 2009).

While the YRBSS is a reliable report indicating the sexual behaviors of teens, unfortunately it is one of many studies that focus heavily on sexual risk-taking among young people without considering the positive aspects of sexuality. The sexuality development of adolescents encompasses more than sexual risk-taking behaviors. Though sexual risk-taking

should be included in the conversation about adolescents' sexuality, the promotion of healthy sexuality as part of youth development also needs to be addressed across all contexts where adolescents live and interact (Romeo & Kelley, 2009). Romeo and Kelley (2009) believed that young people need to also become aware of the relational aspects of sexuality, how to respect the personal rights of others, and how to balance their own feelings, desires, and rights in relation to their peers. Relational issues such as interpersonal abuse, sexual assault, and harassment are all threats to the positive sexuality identity of adolescents, yet they are infrequently addressed in sexuality education intervention programs (Romeo & Kelly).

Many sexuality education programs tailored toward adolescents ignore issues such as sexual desire, pleasure, and sexual self-efficacy, providing adolescents with limited positive messages about their sexuality (Welles, 2005). Though harm reduction is imperative to developing a positive sexuality identity, it is equally important for young people to have a sense of subjective sexual well-being and sexual efficacy. According to Muise (2007), subjective sexual well-being in adolescence refers to young people exploring the positive cognitive and affective evaluation of oneself as a sexual being. Subjective sexual well-being includes contentment with sexual relationships and functioning, sexual awareness, sexual self-esteem, body image, and positive affect regarding sexuality.

Sexual efficacy gives teenagers the confidence to say no to unwanted sexual encounters, the ability to assert their own sexual desires and wishes, and the ability to take responsible precautions in sexual encounters (Buzwell & Rosenthal, 1996). The promotion of both subjective sexual well-being and sexual efficacy is even more important for young people with disabilities. Due to sociological issues related to disability, adolescents with disabilities often face extreme analysis by peers in regard to physical attractiveness, personal characteristics, and suitability as a

friend or mate (Gordon et al., 2004; Murphy & Young, 2005). Developing a strong sense of sexual subjective well being and sexual efficacy can aid young people with disabilities with overcoming any issues related to sexuality insecurities.

Another topic related to helping students develop a positive sexuality identity is comprehensive sexuality education. Proponents of comprehensive sexuality education believe that all teens, including those with disabilities, should have opportunities to learn about their sexuality through a comprehensive sexuality education curriculum. According to advocates, comprehensive sexuality education can be the antithesis to sexual vulnerabilities while also promoting positive sexual identity development by enhancing positive social identities and fostering social norms of respect and responsibility in all spheres of human interactions (Jefferies, Dodge, Bandiera, & Reece, 2010; Kirby, 2001; Kirby, 2002; Kirby, 2008; Starkman & Rajani, 2002; Sweeney, 2007).

A lead advocate of comprehensive sexuality education is the Sexuality Information and Education Council of the United States (SIECUS). SIECUS (2004) defined sexuality education as a “lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy” (p. 13). Furthermore, SIECUS “believes that all people have the right to comprehensive sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information, exploring feelings, values and attitudes, and developing communication, decision-making, and critical thinking skills” (p. 13).

Like SIECUS, the American School Health Association (ASHA, 2009) supports a comprehensive sexuality education agenda. ASHA specifically addresses the need for comprehensive sexuality education for students with disabilities. ASHA supports

developmentally appropriate, quality, comprehensive, medically accurate, and skills-based sexuality education for all students. Likewise, the organization recognizes that students with disabilities are sexual beings with developmental issues that are both similar to and unique from their non-disabled peers, and that these issues influence students' sexual health behaviors (ASHA, 2009).

Though organizations might recognize the need for students with disabilities to be included in sexuality training, students served in special education programs are often not given the option to participate in health or sex education programs in schools. And when they are included, the materials are not always appropriate to their needs (O'Donnell et al., 1999). Instead of a general "one size fits all" approach to sexuality education training, educators and other helping professionals are advised to develop programs that meet the unique sexuality needs of students with disabilities. According to several scholars, comprehensive sexuality education for people with disabilities should be more inclusive of topics such as adult self-care, anatomy and physiology, empowerment, relationship and social skills, social and sexual rights, reproduction, safer sex practices, abuse awareness, boundary issues, and assertiveness skills training (American Academy of Pediatrics, 2001; Eastgate, 2008; Grieve, McLaren, & Lindsay, 2006; Koller, 2000; McConkey & Ryan, 2001; Romeo & Kelley, 2009; Tepper, 2005; Walker-Hirsch, 2007).

### **School Counselors and Students with Disabilities**

The purpose of this study was to evaluate high school counselors' attitudes toward the sexuality of students with intellectual disabilities. Therefore, it is important to have an understanding of the general roles and functions of school counselors, the relationship between school counselors and students with disabilities, and the position school counselors can play in

assisting students with intellectual disabilities with gaining a positive sexuality identity. This portion of the literature review will present these topics.

### **The Role of School Counselors**

In order to better understand the role of high school counselors, it is germane to understand the educational background that prepares school counselors to effectively work with students in school settings. School counselors typically receive their educational training through graduate programs that are endorsed by The Council for Accreditation of Counseling and Related Educational Programs (CACREP).

In 2009, CACREP defined a number of required curricular experiences specifically for school counseling programs, such as (a) understanding the effects of atypical growth and development, ability level, multicultural issues on student learning and development; (b) knowledge of strategies for helping students identify strengths and cope with environmental and developmental problems; (c) understanding of multicultural counseling issues, as well as the impact of ability levels, stereotyping, family, socioeconomic status, gender, and sexual identity, and their effects on student achievement; (d) having knowledge about building effective teams of school staff, parents, and community members to promote academic, career, and personal/social development of students; (e) understanding the importance of the counselor's role as a system change agent.

The standards further emphasize that school counselors should be trained to (a) provide individual and group counseling and classroom guidance; (b) design and implement prevention and intervention plans related to the effects of atypical growth and development, health and wellness, ability level, and multicultural issues; (c) advocate for the learning and academic experiences necessary to promote the academic, career, and personal/social development of

students; (d) consult with teachers, staff, and community-based organizations to promote student development; and (e) use referral procedures with helping agents in the community to secure assistance for students and their families (CACREP, 2009). These standards outline both the knowledge and skills necessary for the roles and responsibilities of school counselors.

While many school counselors receive their educational training from CACREP accredited programs, many receive much of their professional development through the American School Counselor Association (ASCA). ASCA is a national professional organization for school counselors. The organization provides school counselors with tools needed to be effective practitioners. The organization also provides a solid foundation for the roles and responsibilities of school counselors, distinguishing them from other school personnel. In 2003, ASCA introduced the first edition of *The ASCA National Model: A Framework for School Counseling*.

The ASCA National Model has been revised over the years, yet the foundation of the model has not changed. The model serves several purposes for school counselors. It reinforces the concept that school counselors help all students improve academic achievement, navigate personal and social development, and plan for successful careers after graduation. It provides uniformity to school counseling programs and expands the job duties of school counselors by dividing their responsibilities into four domains: foundation, delivery, management, and accountability (ASCA, 2003, 2005, 2012).

According to the ASCA National Model (2003, 2005, 2012) the foundation of a school counseling program is based on counselors' ability to identify the needs of both the school and students, to have a vision for student success, and to develop a comprehensive school counseling program that benefits all students. The delivery domain focuses on the method of implementing

the school counseling program to students. School counselors are responsible for providing both direct and indirect services to students. Direct services refer to school guidance curriculum, individual student planning, responsive services, individual counseling, and group counseling.

Indirect services refer to services provided on behalf of students, such as leadership, advocacy, and collaboration (ASCA, 2003, 2005, & 2012) The management domain refers to school counselors' responsibility for incorporating organizational processes and tools designed to manage a school counseling program based on school and students' needs of the school's needs. The accountability domain refers to school counselors implementing evidenced-based comprehensive school counseling programs and regularly evaluating them to determine their effectiveness both for the school and students (ASCA, 2003, 2005, & 2012).

Due to their educational training in human growth and development, professional school counselors working in high school settings have unique knowledge, skills, and abilities to address the developmental and personal needs of adolescents. As mentioned, adolescence is time of rapid growth and change. Adolescents face diverse challenges and increased pressures, both personally and developmentally.

Professional school counselors working in high schools are the personnel within the school system to assist these students with making tangible and multifaceted decisions (ASCA, *n.d.*). Besides having knowledge of human growth and development, high school counselors also have a general knowledge of mental health, which gives them an advantage to respond to challenges presented by students at school. They respond to students' mental health needs by helping students become aware of themselves and others and by helping students develop appropriate peer relationships and effective social skills through both direct and indirect methods, such as individual and small group counseling, consultation, and collaboration.

Professional school counselors work collaboratively with parents, school personnel, and other community agencies to maximize students' personal growth. The collaborative function of school counselors will be more extensively discussed in their roles with students with disabilities, yet it is important to mention that they not only collaborate to provide services for students with disabilities, but also for the entire student population. Sears and Granello (2002) noted the importance of school counselors serving all students. They suggested that school counselors should be engaged in consultation and collaboration with other professionals to have an impact on the entire student body. Other school counselor scholars such as Brown, Dahlbeck, & Sparkman-Barnes (2006) and Steen and Noguera (2010) agreed with Sears and Granello's assessment regarding the value of school-community collaboration. They asserted that school counselors are well aware of the growing needs of students and, therefore, value the benefit of collaboration with mental and physical health providers in order to improve the overall well-being of students.

### **School Counselors and Students with Disabilities**

In 2010, ASCA amended its position statement on school counselors' roles when working with students with disabilities. ASCA (2010) encouraged school counselors to advocate for students with disabilities in the school/community, to assist with transition planning, to counsel parents and families of students with disabilities, and to make referrals to other appropriate specialists for students when necessary. ASCA also recommended that school counselors provide direct and indirect intervention services to students with disabilities including, but not limited to, providing social skills training, performing individual and group counseling, providing feedback on social and academic performances, and engaging in other activities designed to reinforce self-esteem.

Though school counselors are responsible for implementing a counseling program for all students, the role of the school counselor in providing services to students with disabilities has been marginally examined (Milsom, 2002). Historically, school counselors have had limited contact with students with special needs (Tarver-Behring & Spagna, 2004). Yet, in recent years, the general role of school counselors has been transformed, and during that transformation the relationship between school counselors and students with disabilities has expanded. School counselors no longer simply refer students with disabilities to professionals trained to serve that population (e.g., special educators, school psychologists, rehabilitation counselors, community agencies (Scarborough & Gilbride, 2006) but work collaboratively with stakeholders to meet the needs of students with disabilities.

The following studies will be presented chronologically to highlight the empirical data on school counselors' involvement with students with disabilities and their preparation to with students with disabilities: Fioroni (2001), Milsom, 2002, Wood and Baker (2002), Studer & Quigney (2003), McEachern (2003), Milsom & Akos (2003), and Torrence (2012).

**Fioroni (2001).** In a dissertation study, Fioroni (2001) investigated high school counselors' roles and responsibilities in providing services to students with learning disabilities. She found that counselors were engaged in direct services, such as providing individual counseling and career/college counseling to students with learning disabilities. Fioroni also found that high school counselors were engaged in indirect activities related to consulting with teachers, attending meetings on behalf of students with learning disabilities, and identifying and referring students with learning disabilities to appropriate support personnel. Fioroni's study implied that school counselors are not delegating their responsibilities to other school or agency personnel; rather, they are actively engaging in many activities related to successful academic

and personal outcomes for students with learning disabilities. Though counselors in the study were providing counseling and counseling-related services to students with disabilities, many did not feel like their master's program sufficiently prepared them to work with students with disabilities and some reported not having had any coursework or in-service training in special education or disability studies.

**Milsom (2002).** Milsom (2002) explored school counselors' involvement and preparation with students with disabilities in various school settings (e.g., elementary, middle, and high). Milsom examined four major areas that could influence professional school counselors involvement with students with disabilities: (a) activities performed by school counselors for students with special needs, (b) feelings of preparedness by counselors to engage in selected activities with students with disabilities, (c) educational training related to working with students with disabilities, (d) and the relationship between educational training and preparedness to provide services to students with disabilities. The results indicated that school counselors provide a range of services to students with disabilities. Nonetheless, participants believed that additional measures could be taken to better prepare them to work with students with disabilities. Based on the results, Milsom concluded that more education and experience is warranted in order to increase professional school counselors' competence for working with students with disabilities.

**Wood and Baker (2002).** In a mixed design study, Wood and Baker (2002) investigated the roles of elementary school counselors working with students with disabilities. The researchers were particularly interested in exploring (a) counselors' educational training related to working with students with disabilities; (b) time spent engaging in direct and indirect services on behalf of students with disabilities (c) counselors' perceptions of what others (e.g., administrators, parents, teachers, and other school staff) expect of them when working with

students with special needs; and (d) counselors' expectations for themselves while providing services to students with special needs. The results indicated that many counselors had received some educational training to prepare them to work with students with disabilities. Thirty-seven percent had training in undergraduate school and 61% had training during graduate school. The participants also reported that they spent a majority of their time providing direct and consultative services on behalf of students with disabilities.

Overwhelmingly, the participants believed that others expect for them to be counselors, advocates, and consultants on behalf of students with special needs (Wood & Baker, 2002). The counselors also had the same expectations for themselves in regards to their perceptions of their roles with students with disabilities. Though counselors received some educational training prior to becoming professional school counselors, a universal theme represented in the comments section of the qualitative portion of the study was school counselors' concerns about the quality of their counselor education training (Wood & Baker, 2002). Many believed their training program did not help them develop the confidence needed to work with students with disabilities. To compensate for their perceived lack of educational training, many participants took additional post-graduate courses and attended professional development workshops focusing on working with students with disabilities (Wood & Baker, 2002).

**Studer and Quigney (2003).** Studer and Quigney (2003) examined the time professional school counselors spent working with students with disabilities and the activities they performed the most on behalf of students with disabilities. Studer and Quigney found the school counselors spent approximately 11-15 and 16-20 hours annually working on behalf of students with disabilities. When providing services to students with disabilities, the participants reported spending a majority of their time providing individual counseling, guidance and curriculum

services, and other consultative/collaborative services on behalf of students with disabilities. Studer and Quigney suggested that the relatively small amount of time dedicated to students with disabilities may be attributed to the school counselors' lack of perceived training in special education and/or their lack of sufficient time to cover the multifaceted needs of students with disabilities because of their other counseling and administrative responsibilities.

**McEachern (2003).** McEachern (2003) surveyed counselor educators at U.S. universities to determine the curricula school counselor preparation programs use to prepare school counselor trainees to work with students with disabilities. She found that 35% ( $n = 146$ ) of school counseling training programs offered classes in counseling students with disabilities. Sixty-two percent of the counseling programs surveyed did not require students to enroll in a course regarding counseling students with disabilities. Fifty three percent of the counseling programs integrated information about students with disabilities into other counseling and education courses. In regards to clinical experience, 29% of the surveyed programs required students to work with students with special needs during clinical training.

**Milsom & Akos (2003).** Milsom & Akos (2003) investigated current courses and practical experiences focusing on disability offered in school counselor education programs. The study included 137 school counselor education programs, of which 50% were CACREP accredited. Milsom and Akos (2003) found that 43% of the programs surveyed required disability courses. Ninety-eight percent of the programs integrated disability-related information into existing courses, and 25% required practical experience working with students with disabilities. Milsom and Akos concluded that counselor education programs were offering disability-related content to school counseling students through either content specific courses or through integration of other program courses. Milsom and Akos suggested that it is likely, but

not proven, that school counseling students who graduate from programs that require disability specific content courses may be more prepared to work with students with disabilities than those who graduate from programs that integrate information about disabilities into other program courses. Milsom and Akos recommended that school counselor educators ensure that information about disabilities and experiences working with students with disabilities are integrated with in school counseling education programs.

**Torrence (2012).** Torrence (2012) conducted a quantitative study to determine the influence of attitudes toward students with learning disabilities and counselor self-efficacy on school counselors' perceptions of preparedness to provide services to students with learning disabilities. Results from the study revealed that counselors rated themselves between somewhat prepared and prepared to provide services to students with learning disabilities. Additional analyses revealed a moderately strong relationship between counselors' self-efficacy and their perceptions of preparedness and no statistically significant relationship between counselors' attitudes toward students with learning disabilities and perceptions of preparedness. Torrence concluded that the results from the study indicate that school counselors are yet to demonstrate total preparedness in providing services to students with disabilities. Torrence commented that attending to school counselors' level of preparedness to work with students with disabilities needs to be continuously addressed in school counselor training programs.

Most of the available research on school counselors' roles with students with disabilities indicates that counselors are providing an array of services to students with disabilities including therapeutic services, consultation, collaboration, and advocacy. At the same time, research suggests that school counselors do not believe they are adequately trained to work with students with disabilities. An essential theme represented in the literature on school counselors'

involvement with students with disabilities and their preparedness to work with students with disabilities is an overall need for additional training on working with students with disabilities. School counselors, in the reviewed studies, implied that they feel more competent with addressing the needs of students with disabilities when they receive proper didactic and experiential training in the area of counseling students with disabilities (Fioroni, 2001; Hamlet, Gregar, & Schaefer, 2011; McEachern, 2003; Milsom, 2002, Milsom&Akos, 2003; Roberts, Bouknight, & Karan, 2010; Studer & Quigney, 2003; Torrence, 2012; Wood & Baker, 2002).

### **High School Counselors and the Sexuality of Students with Intellectual Disabilities**

Research has unequivocally established that school counselors play an instrumental role in the academic, career, and personal/social lives of students with disabilities. The majority of research on high school counselors' involvement with students with disabilities in the past 20 years has focused mostly on transition planning, with an emphasis on academic and career development (Biller & Horn, 1991; Dickey & Satcher, 1994; Durodoye, Combs, & Bryant, 2004; Hildreth, Dixon, Frerichs, & Heflin, 1994; Humes, 1992; Koch, 2000; McEachern & Kenny, 2007; Milsom & Hartley, 2005; Milsom, 2007; Rojewski, 1996; Satcher, 1993; Scarborough & Gilbride, 2006; Skinner & Schenck, 1992) and less on helping students with personal/social development.

The lack of research on assisting students with disabilities with personal/social issues is disconcerting considering that high school counselors may be the only school personnel specifically trained to meet the interpersonal concerns of students and because personal-social development is a competency domain endorsed by ASCA. Likewise, many students with disabilities may depend upon high school counselors to assist them with personal issues, such as sexuality concerns. Moore, Henefield, and Owens (2008) found that high school students served

by special education perceived school counselors as people within the school system who are able to help them with their social and personal problems.

Considering the personal and social implications of sexuality during adolescence, adolescents with intellectual disabilities will potentially present questions and concerns about sexuality topics to high school counselors. When questions arise, high school counselors should have the appropriate skills and knowledge to address inquiries in a genuine and positive regard. High school counselors are in a unique position to help adolescents with intellectual disabilities successfully attend to their sexuality questions.

Yet, many school counselors are under state mandates that dictate the type of sexuality information school counselors and other school personnel can provide to students. A recent report on sex and HIV education in the United States compiled by the Guttmacher Institute (2012) revealed that only twenty-six states and the District of Columbia allow provision of information about skills for a healthy sexuality (including avoiding coerced sex), healthy decision making and instructions on how to talk to family members about sex when providing age appropriate sexuality-education.

Other states are not mandated to provide sexuality-education, but when they do, thirty-seven states are required to either stress abstinence or cover it within the sexuality education curriculum (Guttmacher Institute, 2012). In essence, state governments and state departments of education decide how school counselors can provide sexuality information to students. In an ideal setting, school counselors will have the professional freedom to provide students with intellectual disabilities with age-appropriate, evidenced-based information about sexuality on both an individual and systemic level.

On an individual level, high school counselors can provide individual counseling to students to address sexuality issues. During those sessions, they can help students with intellectual disabilities navigate the developmental tasks of adolescence and develop a positive self-identity, including a positive sexual identity. A positive sexual identity developed during adolescence can lead to a better self-concept, higher self-esteem, and enhanced overall sexual health across the lifespan (Rostosky et al., 2008).

On a systematic level, high school counselors can advocate for developmentally-appropriate sexuality education programs and make sure that students with disabilities are included. High school counselors are charged with taking the lead in assessing school climates in relations to students with disabilities and advocating for programs that will help them develop appropriate social skills and enjoy emotional health (Milsom, 2006; Taub, 2006). They can also encourage a healthy communication environment in which students feel comfortable discussing their sexuality topics with other trusted school personnel like nurses, coaches, teachers, and even liked peers.

As previously stated, high school counselors are not called upon to become sexuality experts; however, they are called upon to provide quality counseling services to all students, which might include discussing topics related to students' sexuality. In instances where high school counselors may not feel competent to address sexuality topics with students with intellectual disabilities, they can use their collaborative skills and enlist the help of other school and community stakeholders.

School counseling literature emphasizes the importance of school-community collaboration (Bowen & Glenn, 1998; Brown et al., 2006; Hamlet et al., 2011; Milsom, 2006; Scarborough & Gilbride, 2006; Sears & Granello, 2002; Steen & Noguera, 2010; Thompson &

Littrell, 1998; Wood & Baker, 2002). In school settings, high school counselors are often members of multidisciplinary teams that develop appropriate educational plans for students with disabilities. As members of multidisciplinary teams, high school counselors can collaborate with special education teachers, school nurses, and health educators to ensure that students with intellectual disabilities are included in sexuality education courses and that materials presented in those courses are developmentally appropriate.

Though helping students with intellectual disabilities address sexuality issues is within the scope of practice for high school counselors, many may not believe they have the competency to adequately address such issues. In this circumstance, it is imperative that they initiate the assistance of community agencies to meet the personal and social needs of these students. Research on school and community partnerships suggests that collaborative relationships between the two are effective in meeting the emotional, behavioral, and social needs of students (Brown et al., 2006; Walsh & Galassi, 2002).

Administrative time and energy constraints, as well as state government and department of education mandates, placed on school counselors necessitate the need to collaborate with community agencies in order to successfully address the emotional and personal needs of students with disabilities (Scarborough & Gilbride, 2006; Thompson & Littrell, 1998; Wood & Baker, 2002), including anxieties related to an ever evolving sexuality identity. ASCA recommends that school counselors work with stakeholders outside of school settings in order to create effective working relationships with community members and community agencies tapping into resources that may not be available at the school (ASCA, 2012).

## **Attitudes toward the Sexuality of People with Disabilities**

Professional counseling is one of few professions where there is an intersection between personal values and professional values. The literature documents that counselors' values, including their attitudes toward a client population, have a pervasive impact on all aspects of the counseling relationship including, but not limited to, diagnoses and prognoses, establishing counseling goals, the counseling process, and the overall quality of the counseling relationship (Consoli, Kim, & Meyer, 2008; Nelson, Herlihy, & Oescher, 2002). Considering the impact that attitudes have on the counseling process, little research has been conducted investigating school counselors' and other educators' attitudes, values, and beliefs toward students with disabilities (Glenn, 1998; Milsom, 2006). More so, there is even less literature simultaneously discussing school counselors' attitudes towards the sexuality of students with disabilities.

Little research has investigated attitudes toward the sexuality of people with intellectual disabilities among counselors in other specialties (e.g., marriage and family, mental health, rehabilitation). The majority of research conducted on sexuality variables related to people with intellectual and other disabilities has occurred with people in the general population and representatives of healthcare and allied health care professionals such as nurses, physicians, and staff members of residential settings. As a result of the limited literature available on school counselors' attitudes towards the sexuality of students with disabilities, the literature review is broadened to include studies pertinent to the examination of general attitudes towards the sexuality of people with disabilities, as well as research on other health care professionals' attitudes toward sexuality and disability.

## **General Societal Attitudes**

Attitudes toward people with disabilities are typically expressed on two separate levels: societal and personal. According to Leonard and Crawford (1989), societal attitudes refer to society's treatment of people with disabilities in regards to civil rights, employment, housing, and other societal gains. Personal attitudes refer to individual's reaction towards a person with a disability within personal interactions, such as comfort about having a neighbor, coworker, or client with a disability (Leonard & Crawford, 1989). Historically, people with disabilities have encountered obstacles overcoming societal and personal attitudes in their quest for social inclusion and acceptance. Through disability right movements, people with disabilities have made progress in alleviating some negative societal attitudes. Nevertheless, there still remain stereotypical personal attitudes that encumber the full social acceptance of people with disabilities, especially in regard to sexuality.

Stereotypical sexual characterizations of people with disabilities render them as either incapable of understanding sexuality, devoid of sexuality altogether, or sexually inappropriate and sexually aggressive (Brunnberg et al., 2009; Gordon, Feldman, Tantillo, & Perrone, 2004; Hassouneh-Phillips & McNeff, 2005; Krumer-Nevo & Weiss, 2006; Leutar & Mihokovic, 2007; Milligan & Neufeldt, 2001; Murphy & Young, 2005). These stereotypes are typically based on how people view certain types of disabilities. For instance, Milligan and Neufeldt (2001) found that people with physical impairments are viewed as asexual because of actual or presumed sexual dysfunction. Their gratification opportunities are considered so limited that sexual needs are either deemed to be absent or subjugated.

Besides overall biases towards the sexuality of people with physical disabilities, gender biases are also cited in the literature. Stereotyping of women with physical impairments as

asexual and undesirable is pervasive in dominant Western culture (Leibowitz & Stanton, 2007). Common misconceptions about female sexuality and disability include thoughts such as women with physical impairments are not actively involved in sexual relationships, women with physical disabilities are celibate, and all women with physical disabilities are heterosexual (Basson, 1998). The consequences of stereotyping female sexuality, along with the narrow societal constructions of beauty and sexuality, often contribute to women with physical impairments' internalizing societal messages condemning their desirability as sexual partners (Hassouneh-Phillips & McNeff, 2005; Leibowitz & Stanton, 2007).

The sexuality of people with cognitive impairments is often viewed less favorably than those with physical impairments. The concept of people with cognitive impairments being viewed as less favorable than those with physical impairments is not surprising considering the research on general attitudes towards people with cognitive disabilities, including those with intellectual disabilities. Research shows that the degree of social rejection and social stigma varies with specific disabilities, creating a well-defined hierarchal order. Studies examining the hierarchical attitudes toward disabling conditions consistently cite intellectual disabilities as the least socially accepted by service providers and the general population (Aulagnier et al., 2005; Carney & Cobia, 1994; Hayward, 2005; Gordon et al., 2004).

Several researchers have also found that various groups, such as college students (Katz, Shemesh, & Bizman, 2000; Scotti, Slack, Bowman & Morris 1996), parents of children with intellectual and developmental disabilities (Aunos & Feldman, 2002; Johnson & Davis, 1989), and older adults (Karrellou, 2003; Oliver et al., 2002) typically demonstrate negative attitudes about certain aspects of sexuality for people with intellectual disabilities. For instance, Katz et al. (2000) evaluated college students' attitudes toward the sexuality of persons with intellectual

disabilities and persons with paraplegia. They found that participants had negative attitudes toward both groups; however, more negative attitudes were attributed towards persons with intellectual disabilities. The participants reported that people with intellectual disabilities had less control over their sexual drives and were less responsible in sexual matters. Oliver et al. (2002) found similar results in a study examining younger (18-29 years) and older (65 years and older) community members' attitudes regarding acceptability of sociosexual expressions (e.g., holding hands, dating, kissing, sexual intercourse while dating, and marrying) for persons with and without intellectual disabilities. They found that older adults were less accepting about people with intellectual disabilities dating, marrying, and having children.

Other authors have implied that a lack of understanding and knowledge about people with intellectual disabilities often leads to fear, avoidance, and unwillingness to accept them as sexual beings (Ballen, 2000; Christin, Stinson, & Dotson, 2001; Isler et al., 2009; Milligan & Neufeldt, 2001; Oliver et al., 2002). Lack of knowledge about people with intellectual disabilities lead to people viewing them as asexual, oversexed, sexually uncontrollable, unable to procreate, dependent, childlike, and incapable of having long-term intimate relationships and strong objections toward procreation (Ballen, 2000; Christin et al., 2001; DeLoach, 1994; Di Giulo, 2003; Isler et al., 2009; Milligan & Neufeldt, 2001; Murphy, 2006; Oliver et al., 2002; Toomey, 1993).

Leutar and Mihokovic (2007) provided a compelling explanation for the misconceptions that are usually ascribed to people with intellectual disabilities. These authors stated that although people with cognitive impairments are generally characterized as expressing their sexuality in inappropriate or socially uncomfortable ways, any inappropriateness is not a direct result of the cognitive impairment, but rather a result of their sexuality being handicapped by

society. Leutar and Mihokovic argued that persons with cognitive impairments often have difficulties understanding their sexuality and appropriately expressing it. As a result, societal norms and expectations often handicap their expression of sexuality, resulting in perceived sexual inappropriateness.

### **Counselors and Other Health Professionals' Attitudes**

A few studies indicate that health professionals are not unanimous in their attitudes toward the sexuality of people with disabilities. Health professionals' attitudes range from positive to negative and from liberal to conservative (Aunos & Feldman, 2002; Bazzo, Nota, Soresi, Farari & Mines, 2007; Chance, 2002; Christin et al., 2001; Cuskelly & Bryde, 2004; Di Giulio, 2003; Drummond, 2006; Hingsburger & Tough, 2002; Hogg, Campbell, Cullen & Hudson, 2001; Milligan & Neufeldt, 2001; Murray, MacDonald, & Brown, 1999; Oliver et al., 2002; Ryan, 2006; Toomey, 1993). For instance, Christin et al. (2001) examined the attitudes and knowledge of support staff providing services to individuals with developmental disabilities. The authors were primarily interested in staff views regarding women and sexuality. The results indicated that a majority of staff felt comfortable supporting women with exploring their sexuality. Staff was especially supportive of women clients receiving accurate sex education that focused on reproductive rights, dating, and the choice to form sexual relationships.

While the Christin et al. (2001) study provided evidence that helping professionals are generally positive about the sexuality of people with disabilities, other studies have presented mixed results when examining service providers' attitudes. Murray et al. (1999) investigated attitudes toward the sexuality of clients with intellectual disabilities among staff working in residential and outpatient settings. Participants reported moderate to highly liberal attitudes towards the sexuality of people with intellectual disabilities. However, the study revealed

discrepancies between staff providing outpatient services and those providing direct residential services. Staff working as healthcare personnel, management, and those in professional positions (including counselors) reported significantly more liberal attitudes towards clients' sexuality than direct staff working primarily in paraprofessional occupations.

Bazzo et al. (2007) reported similar findings from their study of social service providers working in both inpatient and outpatient facilities. The researchers examined staff attitudes toward clients with intellectual disabilities being able to explore aspects of their sexuality. Though staff as a whole had more liberal views towards the sexuality of people with intellectual disabilities, those providing outpatient services responded more favorably than those providing inpatient direct services.

Likewise, in a dissertation study, Ryan (2006) explored staff attitudes about clients forming sexual relationships. Participants in the study worked as direct care staff, direct care supervisors, and staff supervisors at agencies providing residential, employment, and day rehabilitation services for clients with developmental disabilities. The results revealed that staff members across the spectrum typically exhibited negative attitudes towards the subject.

### **Summary of Literature Review**

For this chapter, several bodies of literature were reviewed and synthesized to support the purpose of this study. The following is a summarization of the literature reviewed for each section.

#### **Sexuality and Disability**

The first section provides information about sexuality and disability. The literature suggested that people with disabilities have the right to develop a healthy sexuality. Yet, people with disabilities are often viewed as asexual and lack the knowledge needed to fully understand

the interactions of their disability and sexuality. The sexuality and disability literature strongly emphasized the importance of people with disabilities having an opportunity to appropriately express their sexuality. The ability and opportunity to appropriately convey sexuality is vital if people with disabilities are to achieve safety, acceptance, and personal fulfillment and attain their personal expressed goals of relationships, marriage, and parenthood (Lesseliers & Van Hoove, 2002; Oliver et al., 2002).

### **Sexuality and Adolescents with Disabilities**

The second section discussed research conducted on sexuality and adolescents with disabilities. The research indicated that adolescence is a time when young people begin to explore their sexuality. Teens with disabilities are often discouraged from exploring their sexuality due to perceptions that they are asexual and incapable of understanding their sexuality. Several researchers indicated that teens with disabilities are engaging in sexual behaviors at the same rate as teens without disabilities. The literature also supports students with disabilities participating in comprehensive sexuality education classes. Researchers believe that comprehensive sexuality education programs not only give students information to protect them from sexual vulnerabilities, but also help them establish subjective sexual well-being and sexual self-efficacy.

### **School Counselors and Students with Disabilities**

The third section focused on the role of school counselors. This section was expanded to discuss the general roles of professional school counselors, their roles with students with disabilities, and how they can facilitate positive sexuality identity in students with intellectual disabilities. Professional school counselors are uniquely trained to meet the academic, career, and personal/social needs of students in various school environments. School counselors provide

both direct and indirect counseling and related services to both students and the school systems in which they are employed.

Research indicates that school counselors are actively involved in the educational, academic, and personal/social lives of students with disabilities. The literature suggests that school counselors are engaged in providing individual and group counseling, group guidance, transition services, consultation, and collaborative services to students with disabilities. Though school counselors are providing services to students with disabilities, research indicates that many school counselors feel inadequately trained to effectively work with students with disabilities. Several studies indicate school counselors do not believe they receive quality pre-service and/or in-service training on providing services to students with disabilities, although many of these studies are dated.

Though no specific studies reviewed for this study discuss school counselors' roles in providing sexuality-related counseling to students with disabilities, it may be inferred that school counselors can use their traditional roles to assist these students with sexuality concerns. The sexuality-related counseling services that school counselors provide to students with intellectual disabilities depends on the sexuality education curriculum adopted by their respective states. If counselors work in schools that allow for comprehensive sexuality education they can work with students on both an individual and systemic level.

On an individual level, school counselors can provide developmentally-appropriate individual and group counseling to help students with intellectual disabilities address sexuality issues. On a systemic level they can advocate for sexuality education programs within the school system and collaborate with school personnel to make sure students with intellectual disabilities are enrolled in sexuality education classes and that material is presented in a developmentally

appropriate manner. If counselors work in schools that promote an abstinence-only agenda, then they can facilitate referrals to community professionals or provide students with the communication skills needed to discuss their concerns with parents and other trusted adults.

### **Attitudes toward Sexuality and Disability**

The last section of the review focused attitudes toward sexuality and disability was conducted. The literature review was expanded to include health professionals' attitudes. Even though the literature on helping professionals' attitudes towards the sexuality of people with disabilities is scant, several studies suggest that helping professionals are not synchronized in their views about sexuality and people with disabilities. Though the literature does not focus exclusively on counselors' attitudes towards the sexuality of people with disabilities, the results of several studies can be generalized to counselors working with people with disabilities. Professional counselors and other helping specialties represent diverse backgrounds and, thus, several personal and professional factors, including occupational status, may influence their attitudes towards the sexuality of people with disabilities.

Research on attitudes implies that attitudes are socially constructed latent or referred psychological processes. Positive and negative attitudes are present in all people, including counselors. Attitudes are typically acquired through various experiences and are expressed when evoked by specific experiences, thus guiding parameters for certain behaviors (Antonak & Linveh, 2000; Tregaskis, 2000; Yazbeck, McVilly, & Parmenter, 2004). If high counselors have positive attitudes towards the sexuality of people with disabilities, they may be more likely to openly discuss sexuality-related content in counseling sessions. Likewise, if they harbor negative attitudes, high school counselors may be less likely to allow students with intellectual disabilities to explore sexuality-related issues (Kazukauskas & Lam, 2009).

Counselors need to have an understanding of their attitudes related to disability and how those attitudes are translated during the provision of services. In regard to high school counselors, it is imperative that they be cognizant of their own personal biases as related to working with students with disabilities. Attention must be given to attitudes about disabilities, their own, and others. Failure to take a personal inventory regarding attitudes and beliefs about disabilities may translate into interactions that serve to interfere with their effectiveness as high school counselors (Durodoye et al., 2004).

Meeting the needs of a diverse student body means that high school counselors may be called upon to perform roles and functions that fall within and outside of the traditional range of counseling duties, such as carefully addressing certain sexuality topics with students with intellectual disabilities. In response, high school counselors need to be informed on a personal level with regard to self-awareness, knowledge of diverse groups, and appropriate interventions (Durodoye et al., 2004). Kuranz and Perusse (2012) state that beliefs drive behaviors and school counselors must constantly evaluate how they view all students in the school. If counselors are not supportive of all students, they will not act in ways that are beneficial for all students. Considering the influence of sexuality on students with intellectual disabilities, it is important to examine high school counselors' attitudes in order to better understand how their attitudes might guide their reactions towards helping students with intellectual disabilities better understand their sexuality

## **CHAPTER III**

### **METHODS**

The purpose of this study was to examine high school counselors' attitudes toward the sexuality of students with intellectual disabilities. This chapter provides the research question, the null hypothesis tested, participants, data collection procedures, instrumentation, and data analysis process used to test the hypothesis.

#### **Research Question**

The study examined the following research question:

Do frequency serving students with intellectual disabilities, comfort discussing sexuality with students with intellectual disabilities, number of academic courses taken addressing intellectual disabilities, number of academic courses taken addressing sexuality, number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, number of workshops or conference presentations (within last three years) attended addressing sexuality, counselors' age, and counselors' gender predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities?

## **Null Hypothesis**

The following null hypothesis was tested: Frequency serving students with intellectual disabilities, comfort discussing sexuality with students with intellectual disabilities, number of academic courses taken addressing intellectual disabilities, number of academic courses taken addressing sexuality, number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, number of workshops or conference presentations (within last three years) attended addressing sexuality, counselors' age, and counselors' gender will not predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities.

## **Participants**

The participants were high school counselors working in public high schools in the state of Alabama. Cohen (1992) suggested that a sample size for a multiple regression analysis with an alpha of .05, a medium effect size (ES) of .15, and eight independent variables requires a sample size of 107 or 13.4 subjects per variable. In order to achieve the 107 sample size, estimating a conservative response rate of 25%, a minimum of 428 high school counselors needed to be recruited for this study.

## **Procedures**

Three data collection methods were used. The first method involved recruiting participants through the Alabama Counseling Association (ALCA) listserv. Permission to recruit participants using the listserv was sought and given by the ALCA Executive Director. The Executive Director of ALCA distributed an email announcing the study over the listserv. The email included an invitation to participate in the study, a statement of consent, and a link to study materials, available in Qualtrics, which included a demographic questionnaire and the Attitudes

towards Sexuality and Students with Intellectual Disability Scale (ASSIDS). Three participants recruited via this method participated in the study. ALCA is a professional association of over 2,000 counselors, of whom approximately 35% are school counselors. Not all members subscribe to the listserv. It is not known how many high school counselors received the email announcing the study. Therefore, a response rate for this method could not be determined.

The second method consisted of sending out an email to high counselors whose public email addresses were available through their schools' websites ( $n = 173$ ). The email included an invitation to participate in the study, a statement of consent, and a link to the study. Using this method, sixteen high school counselors (9% of those surveyed) participated in the study.

The third method consisted of sending via postal mail a survey packet that included a letter of consent, a demographic questionnaire, the ASSIDS, and a return envelope to 400 randomly chosen high schools requesting high school counselors' participation. One hundred and twenty-seven surveys were returned for a response rate of 31% for this method.

All approaches to data collection yielded 146 completed surveys. Twenty-four surveys could not be used because they were not fully completed, resulting in 122 usable surveys. This number of usable surveys was sufficient to support the sample size of 107 as recommended by Cohen (1992).

### **Instrumentation**

The data were collected using (a) a questionnaire, and (b) the ASSIDS. The demographic information portion of the questionnaire (see Appendix A) included items related to each participants' age, gender, counseling credentials, years of employment as a school counselor, education and training related to intellectual disabilities and sexuality, frequency serving students

with intellectual disabilities, and comfort discussing sexuality with students with intellectual disabilities.

The ASSIDS was used to measure participants' attitudes towards the sexuality of students with intellectual disabilities. The following process was used in the development of the ASSIDS. First, selected items from the Attitudes toward Sexuality Scale (Cuskelly & Bryde, 2004) were adapted to use in the ASSIDS. The Attitudes toward Sexuality Scale was developed by Cuskelly & Bryde (2004) to assess attitudes towards the sexuality of adults with disabilities. For the ASSIDS, thirteen items from the Attitudes toward Sexuality Scale were adapted by modifying their phrasing to reflect questions related to both adolescents with intellectual disabilities and school settings. Second, the researcher developed nine additional items that were grounded in the literature about sexuality and intellectual disabilities. Following item development, the ASSIDS was reviewed by five high school counselors who assessed it for face validity, content validity, and clarity of items. Following review by the high school counselors, all items remained, yielding a 22-item instrument (see Appendix B).

A pilot study was conducted in the fall 2011 to explore the psychometric properties of the ASSIDS. The participants in the pilot study were high school counselors working in public schools in Mississippi. Initially, emails requesting participation in the pilot study were sent to 60 school counselors whose email addresses were publically available. From the email request, 12 instruments were completed, which was not a sufficient number to support analysis of reliability of the revised instrument. Subsequently, the instrument was distributed via postal mail to 300 Mississippi high school counselors, and 52 were returned. Of the 64 instruments returned, 12 were not usable because of missing data. Item-to-total correlations indicated that seven items had low correlations with the AASIDS total score (i.e., items with correlations  $<.30$ ). Those items

were removed from the instrument. Items and their corrected item-to-total correlations can be found in Appendix C. Reliability analysis for the remaining 15 yielded a Cronbach alpha reliability coefficient of .84. The final 15-item instrument can be found in Appendix D. Each item is rated by participants using a forced-choice Likert-type scale ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Scores can range from 15-60. Higher scores indicate more positive attitudes toward the sexuality of students with intellectual disabilities.

### **Data Analysis**

The null hypothesis was tested using multiple regression analysis. The criterion variable for the study was the ASSIDS. The predictor variables were (a) frequency serving students with intellectual disabilities, (b) level of comfort discussing sexuality with students with intellectual disabilities, (c) number of academic courses taken addressing intellectual disabilities, (d) number of academic courses taken addressing sexuality, (e) number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, (f) number of workshops or conference presentations attended (within last three years) addressing sexuality, (g) counselors' age, and (h) counselors' gender.

## **CHAPTER IV**

### **RESULTS**

The present study investigated school counselors' attitudes toward the sexuality of students with intellectual disabilities. This chapter discusses the null hypothesis, description of the participants, and results of the data analysis.

#### **Null Hypothesis**

Frequency serving students with intellectual disabilities, level of comfort discussing sexuality with students with intellectual disabilities, number of academic courses taken addressing intellectual disabilities, number of academic courses taken addressing sexuality, number of workshops or conference presentations attended (within last three years) addressing intellectual disabilities, number of workshops or conference presentations (within last three years) attended addressing sexuality, counselors' age, and counselors' gender will not predict high school counselors' attitudes toward sexuality among students with intellectual disabilities.

#### **Participants**

High school counselors working in public schools in Alabama were asked to participate in the study. Participants completed the study either electronically or by returning mailed survey materials. One hundred and forty-six counselors completed survey materials. Twenty-two surveys were not used because of missing data, resulting in 122 usable surveys.

One hundred and seven participants identified as female and 15 as male. The participants' ages ranged from 24 years to 70 years ( $M = 43.69$ ,  $SD = 10.18$ ). Number of years employed as a

high school counselor ranged from 1 year to 33 years ( $M = 8.98, SD = 6.95$ ). The participants were asked if they had a master's degree in school counseling and if they had any other postgraduate degrees. The majority of participants, 117, reported having a master's degree in school counseling. Five participants reported that they did not have a master's degree in school counseling. Fifty-eight participants reported having a postgraduate degree, and sixty-three reported not having any other postgraduate degree.

The number of academic courses participants attended addressing intellectual disabilities ranged from 0 to 20 ( $M = 3.37, SD = 3.61$ ). The number of academic courses taken addressing sexuality ranged from 0 to 9 ( $M = 1.23, SD = 1.34$ ). The number of conference workshops or presentations attended addressing intellectual disabilities ranged from 0 to 20 ( $M = 1.96, SD = 2.54$ ). The number of conference workshops or presentations participants attended addressing sexuality ranged from 0 to 36 ( $M = 1.60, SD = 3.81$ ).

The number of times the counselors provided individual counseling services to students with intellectual disabilities in the past school year ranged from 0 to 172 times ( $M = 17.52, SD = 22.50$ ). Comfort discussing sexuality with students with disability was measured using a Likert-scale range from 0 (*Very Uncomfortable*) to 4 (*Very Comfortable*). Table 1 gives the range, mean, and standard deviation for the comfort variable.

Table 1

*Comfort Variable*

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
Comfort Discussing Sexuality	0	4	2.00	.79

The ASSIDS gives a total score for attitudes towards sexuality and students with intellectual disabilities. The possible range of scores on the scale is 15 to 60. Higher scores indicate more positive attitudes towards the sexuality of students with intellectual disabilities. Participants' scores ranged from 30 to 58 ( $M = 45.13$ ,  $SD = 4.63$ ). The mean, standard deviation, minimum score, and maximum score for participants is given for the ASSIDS in Table 2.

Table 2

*Total Score on the ASSIDS*

Variable	Minimum	Maximum	<i>M</i>	<i>SD</i>
Attitude	30.92	58.00	45.13	4.63

*N*=122

**Data Analysis**

A stepwise regression analyses was performed to test the null hypothesis. Two variables were significant predictors of school counselors' attitudes. Comfort discussing sexuality with students with intellectual disabilities explained approximately 4% of the variance in total attitudes among participants. There was a positive relationship between comfort discussing sexuality with students with intellectual disabilities and attitudes towards the sexuality of students with intellectual disabilities. Conferences and workshop presentations attended addressing sexuality explained an additional 3% of the variance in total attitudes among participants. There was an inverse relationship between conferences and/or workshop presentations participants attended addressing sexuality and attitudes toward sexuality and students with intellectual disabilities. The more conferences and/or workshops the participants attended, the less positive were their attitudes towards the sexuality of students with intellectual disabilities. Table 3 shows the results of the regression analysis.

Table 3

*Predictors of Attitudes*

Variable	$R^2$	$B$	$SEB$	$t$	$P$
Comfort	.04	1.21	.522	2.56	.012*
Workshops	.07	-.215	.108	-1.99	.048*

\* $p < .05$ **Summary**

The current study found that comfort discussion sexuality with students with intellectual disabilities and workshops and/or presentations attended addressing sexuality were significant predictors of school counselors' attitudes toward the sexuality of students with intellectual disabilities. The results indicated that the more comfortable the high school counselors were about discussing sexuality with students with intellectual disabilities, the more likely they were to hold positive attitudes towards the sexuality of students with intellectual disabilities.

Conversely, the results also indicated that the more conferences and/or workshop presentations the counselors attended addressing sexuality, the more likely they were to have negative attitudes towards the sexuality of students with intellectual disabilities. Further discussion and implications of the results are discussed in Chapter V.

## **CHAPTER V**

### **DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS**

While some studies have focused on helping professionals' attitudes towards sexuality and disability (Bazzo, et al., 2007; Chance, 2002; Christin, et al., 2001; Cuskelly & Bryde, 2004; Di Giulio, 2003; Hingsburger & Tough, 2002; Hogg et al., 2001; Milligan & Neufeldt, 2001; Murray et al., 1999; Oliver et al., 2002; Ryan, 2006; Toomey, 1993), few have focused exclusively on sexuality and intellectual disabilities, especially in relation to adolescents with intellectual disabilities. The studies that have concentrated on helping professionals' attitudes have either been conducted outside of the United States or have primarily included participants representing healthcare and allied health care professionals such as nurses, physicians, and staff members of residential settings.

The current study attempted to expand the literature on high school counselors' attitudes towards sexuality and disability by focusing exclusively on high school counselors' attitudes towards the sexuality of students with intellectual disabilities. The study investigated the extent to which professional and personal variables such as frequency serving students with intellectual disabilities, level of comfort discussing sexuality with students with intellectual disabilities, education and training related to intellectual disabilities, education and training related to sexuality, counselors' age, and counselors' gender predict high school counselors' attitudes toward the sexuality of students with intellectual disabilities.

High school counselors working in Alabama public high schools were eligible to participate in this study. Participants completed a questionnaire which questions related to the

variables under investigation. Additionally, participants complete the ASSIDS to determine their attitudes. In total, 146 surveys were submitted and 122 were included in the data analysis.

Two variables were found to predict high school counselors' attitudes towards the sexuality of students with intellectual disabilities: (a) comfort discussing sexuality with students with intellectual disabilities, and (b) the number of workshops or conference presentations attended addressing sexuality. As the high school counselors' comfort discussing sexuality with students with intellectual disabilities increased, their attitudes towards the sexuality of students with intellectual disabilities increased. As the number of workshops or conference presentations high school counselors attended addressing sexuality increased, their attitudes towards the sexuality of students with intellectual disabilities decreased.

## Discussion

Previous research on general comfort discussing sexuality with clients has been found to influence helping professionals' attitudes towards the sexuality of their clients (Akinci, 2010; Anderson, 1986; Anderson 2002; Harris & Hayes, 2008; Juergens et al., 2009; Kazukauskas & Lam, 2009; Louw, 2010; Roche, 1998). For instance, Juergens et al. (2009) and Kazukauskas & Lam (2009) found that rehabilitation counselors who were comfortable discussing sexuality topics also demonstrated more positive attitudes towards their clients' sexuality.

Likewise, the current study revealed that high school counselors' who felt more comfortable discussing sexuality-related topics with students with intellectual disabilities exhibited more positive attitudes towards those students' sexuality. This finding suggests that as high school counselors increase their own comfort discussing sexuality, they will be more comfortable and accepting of the sexuality of their students with intellectual disabilities. It appears from this study and others that comfort with sexuality is an important criterion for

counselors, including high school counselors, to develop in order to effectively provide quality services to clients who present with sexuality matters.

Previous research on education and professional development related to sexuality has suggested that more education and training related to sexuality increases helping professionals' comfort level, sexual attitudes, and willingness to discuss sexuality-related topics with clients with and without disabilities. In an examination of high school counselors' willingness to discuss sex-related topics with students, Roche (1998) found that the counselors who had more training in human sexuality were more likely to discuss sex-related topics with adolescents. Bogey (2008) conducted a meta-analysis of literature related to health professionals and sexuality. Bogey concluded that attending workshops and gaining additional training about sexuality increases health professionals' attitudes and knowledge about sexuality, which makes them overall more confident to discuss sex-related topics with clients.

This study examined the extent to which (a) the number of academic courses taken addressing sexuality and (b) the number of workshops or presentations attended addressing sexuality influenced high school counselors' attitudes towards the sexuality of students with intellectual disabilities. The study found (a) no relationship between high school counselors' attitudes towards the sexuality of students with intellectual disabilities and the number of academic courses they took related to sexuality and (b) an inverse relationship between high school counselors' attitudes towards the sexuality of students with intellectual disabilities and number of workshops and presentations they attended addressing sexuality.

As the number of workshops or presentations attended addressing sexuality increased, high school counselors' attitudes towards the sexuality of students with intellectual disabilities decreased. Perhaps academic coursework related to human sexuality does not include topics

about the sexuality of people with disabilities and, thus, high school counselors are not exposed to the subject. The finding related to attitudes and workshops or presentations attended addressing sexuality generates a greater discussion about the nature of school counselors' professional development in the area of human sexuality.

According to the Guttmacher Institute, the state of Alabama is not mandated to provide sexuality education within the schools (Guttmacher, 2012). The Alabama State Department of Education (ALSDE) requires that any program or curriculum that discusses sexual education must emphasize abstinence and the importance of sex only within lawful marriages (Alabama Course of Study, 2009). To support this idea, some high school counselors who participated in this study wrote notes on their surveys that they are only allowed to discuss abstinence.

Conceivably, if high school counselors in Alabama are attending work-related workshops or presentations about sexuality, the focus is on abstinence education instead of other comprehensive sexuality concepts that were measured in the ASSIDS such as masturbation, contraception, and sexual intercourse. As a result, they may be more likely to demonstrate negative attitudes about the sexuality of any student, including those with intellectual disabilities.

The present study also sought to determine if education and professional development about intellectual disabilities were predictors of counselors' attitudes toward the sexuality of students with intellectual disabilities. No studies were specifically identified that examined this concept, yet a few studies have suggested a marginal correlation between attitudes about working with people with disabilities based on participants' knowledge and training related to disability topics. For example, Aulagnier, Verger, Ravaud et al. (2005) found that general physicians demonstrated discomfort when treating patients with disabilities because of their lack of training about disability. Conversely, Johnson (2007) found that counselor educators who had

more general knowledge about disability had more positive attitudes towards students with disabilities. In the current study neither (a) number of academic courses related to intellectual disabilities nor (b) workshops or presentations attended addressing intellectual disabilities were predictors of high school counselors' attitudes towards the sexuality of students with intellectual disabilities. Even though, school counselors in Alabama are required to take a course in special education, those courses are more focused on academic and legislative issues related to working with students with disabilities rather than personal-social issues like sexuality.

Frequency serving students with intellectual disabilities was explored as a predictor of high school counselors' attitudes towards the sexuality of students with intellectual disabilities. Participants reported serving students with intellectual disabilities, which suggests that they are in contact with these students. However, no relationship was found between frequency serving students with intellectual disabilities and attitudes towards their sexuality. This finding is similar to Karellou's (2003) finding suggesting that frequent quality contact with people with disabilities does not predict attitudes towards the sexuality of people with disabilities. As mentioned, though the high school counselors reported having contact with students with intellectual disabilities, that contact might be more focused academic and transition planning and less focused on discussions about personal issues such as sexuality.

Finally, this study examined the impact that age and gender has on high school counselors' attitudes towards the sexuality of students with intellectual disabilities. Previous research investigating the relationship between helping professionals' attitudes based on both their age and gender has yielded mixed results. Some studies suggested that older people harbor more negative views towards the sexuality of people with disabilities (Cuskelly & Bryde, 2004; Karellou, 2003), while others suggested that older people are typically more positive towards the

sexuality of people with disabilities (Jorissen, 2008; Kim, 2009). Likewise, previous research has yielded mixed results on the role gender plays in influencing attitudes towards the sexuality of people with disabilities. Karellou (2003) found that even though gender had no direct relationship on attitudes, females were more discriminatory towards the sexuality of people with learning disabilities. The Karellou study conflicts with findings in the Feldman, Gordon, White, and Weber (2002) study, which found that women expressed more positive attitudes towards the sexuality of people with disabilities. In this study, neither age nor gender was a predictor of high school counselors' attitudes towards the sexuality of students with intellectual disabilities. Since majority of the participants in this study were female, it would be difficult to accurately state the relationship between gender and participants' attitudes.

### **Implications and Recommendations**

1. Comfort discussing sexuality with students with intellectual disabilities was found to be a predictor of positive attitudes towards the sexuality of students with intellectual disabilities. Comfort discussing sexuality is an important tool for high school counselors to have in order to provide objective counseling services to students with intellectual disabilities. School counselor educators can play an instrumental role in helping school counselors enhance their level of sexuality comfort. During counselor training programs, school counselor educators can (a) incorporate more disability related topics into the school counseling curriculum, (b) advise trainees to take courses in human sexuality, (c) encourage trainees to seek practicum and internship opportunities that will allow for more opportunities to counsel students with disabilities and (d) incorporate sexuality awareness into their supervision which allows trainees an opportunity to process any biases, beliefs, and attitudes they might have about the sexuality of students with

intellectual disabilities. Formal academic training, clinical experiences working with students with disabilities, and supervision is likely to help school counselors recognize that students with intellectual disabilities are sexual beings and are undergoing similar sexuality development stages as students without disabilities.

2. The inverse relationship between high school counselors' attitudes towards the sexuality of students with intellectual disabilities and number of workshops and presentations they attended addressing sexuality underscores the professional challenges many Alabama high school counselors might encounter when dealing with sensitive topics like sexuality. Participants might have limited opportunities to attend workshops or presentations focused on comprehensive sexuality concepts like those measured in this study. In such instances, high school counselors might become cynical about adolescent sexuality because they are not receiving the professional development they need to adequately address sexuality-related topics with students. It is probable that their cynicism contributes to their negative attitudes toward the sexuality of students with intellectual disabilities. Perhaps high school counselors' negative attitudes can be countered by attending sexuality-related workshops and presentations that focus on a holistic approach to addressing sexuality-related topics for adolescents with disabilities.

### **Future Research**

1. The findings of this study conflict with previous studies. Therefore, replication of the current study should be conducted to validate these findings.
2. Future research should continue to focus on the interaction between counselors' attitudes towards the sexuality of students with intellectual disabilities and frequency providing these students counseling services. The statistical relationship between the two variables

in this study was close ( $p = .084$ ) but not enough to indicate significance, therefore future studies should further examine this relationship.

3. The demographic questionnaire asked participants about the number of years they had been employed as school counselors, yet years of experience was not included as a predictor variable in the hypothesis. Future research should investigate the relationship between high school counselors' attitudes and years of experience working as a school counselor and determine if a relationship exists between the two variables.
4. The current study did not find a significant relationship between attitudes and counselors' gender. The sample for this study was disproportionately female, thus, future studies should attempt to recruit more male counselors in order to better determine the impact that gender has on counselors' attitudes towards the sexuality of students with intellectual disabilities.
5. The present study focused only on school counselors working in public high schools in the state of Alabama. School counselors in Alabama are restricted to an abstinence only approach to sexuality within the schools. Future research needs to be conducted using a national random sample of school counselors working in public schools that allow both abstinence and comprehensive sexuality education curriculums. Future research is needed to determine if high school counselors' attitudes differ based on both geographical location and schools' approaches to sexuality education.
6. The present study used a broad definition to define students with intellectual disabilities and did not differentiate between types and severity of intellectual disabilities. Future research should be more specific to determine if high school counselors' attitudes differ based on type and severity of the intellectual disability.

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## APPENDIX A

### Background Demographic Questionnaire

Do you have a master's degree in school counseling? Yes No

How many years have you been working as a high school counselor? \_\_\_\_\_

What is your current age? \_\_\_\_\_ What is your gender? Female Male

Do you have any other postgraduate degree? If yes, please specify \_\_\_\_\_

*Intellectual disability is the term currently preferred for the diagnosis traditionally known as mental retardation. The term refers to persons who are characterized as having both limitations in mental functioning and by having limitations in skills such as communication, self-care, and social skills. These limitations often cause children to learn and develop more slowly than children with average intelligence and adaptive skills.*

How many academic courses have you taken addressing intellectual disabilities? \_\_\_\_\_

How many academic courses have you taken addressing sexuality? \_\_\_\_\_

How many workshops or conference presentations have you attended (in last 3 years) addressing sexuality? \_\_\_\_\_

How many workshops or conference presentations have you attended (in last 3 years) addressing intellectual disabilities? \_\_\_\_\_

In the past school year, approximately how many times did you provide individual counseling for students with intellectual disabilities? \_\_\_\_\_

What is your level of comfort discussing sexuality with students with intellectual disabilities?

very uncomfortable	uncomfortable	comfortable	very comfortable
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## APPENDIX B

### The Attitudes towards Sexuality and Students with Intellectual Disability Scale Used in the Pilot Study

*Intellectual disability is the term currently preferred for the diagnosis traditionally known as mental retardation. The term refers to persons who are characterized as having both limitations in mental functioning and limitations in skills such as communication, self-care, and social skills. These limitations often cause children to learn and develop more slowly than children with average intelligence and adaptive skills (Centers for Disease Control, 2004).*

Please read the statements below and on the following page and indicate the extent to which you disagree or agree with them using the following scale:

1 = Strongly Disagree    2 = Disagree    3 = Agree    4 = Strongly Agree

*Sex education should be taught in the home and not schools	1	2	3	4
*Students with intellectual disabilities should not have sex	1	2	3	4
*◇It is best to wait for students with intellectual disabilities to raise questions about sexuality before discussing the topic with them	1	2	3	4
*◇Masturbation should be discouraged among students with intellectual disabilities	1	2	3	4
◇Students with intellectual disabilities should be allowed to engage in nonsexual romantic relationships	1	2	3	4
*◇Discussions about sexual intercourse promote promiscuity among students with intellectual disabilities	1	2	3	4
◇Masturbation in private for students with intellectual disabilities is an acceptable form of sexual expression	1	2	3	4
◇Generally, students with intellectual disabilities are able to make the distinction between sexual thoughts and actions	1	2	3	4
◇Sex education for students with intellectual disabilities has a valuable role in safeguarding them from sexual exploitation	1	2	3	4
*◇It is best not to discuss issues of sexuality with students with intellectual disabilities until they reach puberty	1	2	3	4
◇Advice on contraception should be fully available to students with intellectual disabilities whose level of development makes sexual activity likely	1	2	3	4
*◇Students with intellectual disabilities are more easily sexually stimulated than students without intellectual disabilities	1	2	3	4
*◇Masturbation is morally wrong	1	2	3	4

*◇Students with intellectual disabilities have fewer sexual interests than those without intellectual disabilities	1	2	3	4
◇Students with intellectual disabilities should be taught about masturbation as an acceptable form of sexual expression	1	2	3	4
*Students with intellectual disabilities have greater difficulty controlling their sexual feelings than students without intellectual disabilities	1	2	3	4
*Students with intellectual disabilities have greater difficulty controlling their sexual activities than students without intellectual disabilities	1	2	3	4
It is good to ask students with intellectual disabilities what they would like to learn about sex	1	2	3	4
*Students with intellectual disabilities cannot always be responsible for their sexual behaviors	1	2	3	4
*Students with intellectual disabilities have less need for sexual education than students without intellectual disabilities	1	2	3	4
Students with intellectual disabilities have the right to make their own decisions about sex	1	2	3	4
*Most students with intellectual disabilities are unable to make responsible decisions about sex	1	2	3	4

\*Denotes Reversed Scored Items

◇ Denotes Items Adopted from Attitudes toward Sexuality Scale (Cuskelly & Bryde, 2004)

**APPENDIX C:**

**Item-to-Total Correlations from Pilot Study**

Item	Item-Total Correlation
*Sex education should be taught in the home and not schools	.39
*Students with intellectual disabilities should not have sex	.46
*◇ It is best to wait for students with intellectual disabilities to raise questions about sexuality before discussing the topic with them	.33
*◇ Masturbation should be discouraged among students with intellectual disabilities	.32
Students with intellectual disabilities should be allowed to engage in nonsexual romantic relationships	.47
*Discussion about sexual intercourse promote promiscuity among students with intellectual disabilities	.59
Masturbation in private for students with intellectual disabilities is an acceptable form of sexual expression	.42
Generally, students with intellectual disabilities are able to make the distinction between sexual thoughts and actions	.38
Sex education for students with intellectual disabilities has a valuable role in safeguarding them from sexual exploitation	.60
Advice on contraception should be fully available to students with intellectual disabilities whose level of development makes sexual activity likely	.48
*Masturbation is morally wrong	.64
*Students with intellectual disabilities have fewer sexual interests than those without intellectual disabilities	.37
It is good to ask students with intellectual disabilities what they would like to learn about sex	.47
*Students with intellectual disabilities have less need for sexual education than students without intellectual disabilities	.53
Students with intellectual disabilities have the right to make their own decisions about sex	.54

\*Denotes reverse scored items

**APPENDIX D:**

**The Attitudes towards Sexuality and Students with Intellectual Disability Scale  
(Used in the Final Study)**

Please read the statements below and indicate the extent to which you disagree or agree.  
1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

*Sex education should be taught in the home and not schools	1	2	3	4
*Students with intellectual disabilities should not have sex	1	2	3	4
*It is best to wait for students with intellectual disabilities to raise questions about sexuality before discussing the topic with them	1	2	3	4
*Masturbation should be discouraged among students with intellectual disabilities	1	2	3	4
Students with intellectual disabilities should be allowed to engage in nonsexual romantic relationships	1	2	3	4
*Discussions about sexual intercourse promote promiscuity among students with intellectual disabilities	1	2	3	4
Masturbation in private for students with intellectual disabilities is an acceptable form of sexual expression	1	2	3	4
Generally, students with intellectual disabilities are able to make the distinction between sexual thoughts and actions	1	2	3	4
Sex education for students with intellectual disabilities has a valuable role in safeguarding them from sexual exploitation	1	2	3	4
Advice on contraception should be fully available to students with intellectual disabilities whose level of development makes sexual activity likely	1	2	3	4
*Masturbation is morally wrong	1	2	3	4
*Students with intellectual disabilities have fewer sexual interests than those without intellectual disabilities	1	2	3	4
It is good to ask students with intellectual disabilities what they would like to learn about sex	1	2	3	4
*Students with intellectual disabilities have less need for sexual education than students without intellectual disabilities	1	2	3	4
Students with intellectual disabilities have the right to make their own decisions about sex	1	2	3	4

\*Denotes reverse scored items

## APPENDIX E

### IRB Certification

November 30, 2011

Office for Research  
Institutional Review Board for the  
Protection of Human Subjects

Latofia Patterson  
ESPRMC  
College of Education  
The University of Alabama

THE UNIVERSITY OF  
**ALABAMA**  
R E S E A R C H

Re: IRB # 11-OR-342 "High School Counselors' Attitudes towards the Sexuality of Students with Intellectual Disability"

Dear Ms. Patterson:

The University of Alabama Institutional Review Board has granted approval for your proposed research

Your application has been given expedited approval according to 45 CFR part 46. You have also been granted the requested waiver of documentation of informed consent. Approval has been given under expedited review category 7 as outlined below:

*(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.*

Your application will expire on November 29, 2012. If your research will continue beyond this date, complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, complete the appropriate portions of the IRB Study Closure Form.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,



A handwritten signature in black ink, appearing to be "Latofia Patterson".

### Invitation to Participate in Research Study

Dear School Counselors:

My name is Latofia Parker, and I am a doctoral candidate in the Counselor Education Program at the University of Alabama. I am conducting a study to assess high school counselors' attitudes towards the sexuality of students with intellectual disability.

High school counselors serve a wide range of students, including those with intellectual disability. There is a paucity of research investigating high school counselors' attitudes toward sexuality among students with intellectual disability. This study has been designed to evaluate school counselors' attitudes towards sexuality among students with intellectual disability. Understanding variables predictive of positive attitudes toward sexuality and students with intellectual disability could assist in better preparing high school counselors to meet appropriate sexuality developmental needs of adolescents with intellectual disability.

You are invited to participate in this important study. Your participation in this study is completely voluntary. You can decide to stop at any time. There will be no direct benefits to you for participating in this pilot study. There are no foreseeable risks to you as a participant in this study. Your completed survey is completely anonymous and cannot be tracked back to you in any manner. Therefore we request that you do not put your mailing address on the provided envelop when returning study material.

If you would like to participate in this study, please complete the enclosed survey and return it in the pre-paid envelop.

If you have questions about your rights as a person taking part in a research study, make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html). You may email us at [participantoutreach@bama.ua.edu](mailto:participantoutreach@bama.ua.edu). If you questions about this study, please contact Mrs. Latofia Parker at (205)222-6930 by email at [lpatterson@crimson.ua.edu](mailto:lpatterson@crimson.ua.edu) or Dr. Jamie Satcher at (205)384-1178 or [jsatcher@crimson.ua.edu](mailto:jsatcher@crimson.ua.edu).

Thank you in advance for your willingness to participate and assist with this study.

Latofia P. Parker  
Doctoral Candidate  
The University of Alabama

UNIVERSITY OF ALABAMA IRB  
CONSENT FORM APPROVED: 11-30-11  
EXPIRATION DATE: 11-29-12

### **High School Counselors' Attitudes toward Sexuality and Students with Intellectual Disabilities**

Latofia Parker, doctoral candidate in the Counselor Education Program from the University of Alabama, is conducting a study on the *High School Counselors' Attitudes towards Sexuality and Students with Intellectual Disabilities*. The purpose of this study is to examine the attitudes of high school counselors in Alabama toward sexuality and students with intellectual disability.

Your participation in this study involves completing a web survey that will take about 10 minutes. The first portion of the study includes questions about your background as a school counselor. The second portion of the study involves completing the "High School Counselors' Attitudes toward Sexuality and Students with Intellectual Disabilities Scale."

We will protect your confidentiality by not asking for any personal demographical information such as, name, date of birth, or place of employment, Qualtrics, the online survey tool being used in this study is an encrypted confidential way to send out and receive data from online surveys. Though Qualtrics provides superior security features, complete anonymity cannot be promised. Electronic responses could potentially be observed and linked back to the IP address of the computer you use to complete the survey. Nevertheless, only the investigator and her dissertation chair, Dr. Jamie Satcher, will have access to the data. Only summarized data will be presented at meetings or in publications.

There will be no direct benefits to you for participating in this study. There are no foreseeable risks to you as a participant in this study. You may skip any questions you do not want to answer. The findings will be useful to better understanding high school counselors' attitudes towards sexuality and students with intellectual disabilities.

If you have questions about this study, please contact Latofia Parker at (205) 222-6930 or by email at [lpatterson@crimson.ua.edu](mailto:lpatterson@crimson.ua.edu). You may also contact Dr. Jamie Satcher at (205)384-1178 or by email at [jsatcher@crimson.ua.edu](mailto:jsatcher@crimson.ua.edu). If you have questions about your rights as a person taking part in a research study, make suggestions or file complaints and concerns, you may call Ms. Tanta Myles, the Research Compliance Officer of the University at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at [http://osp.ua.edu/site/PRCO\\_Welcome.html](http://osp.ua.edu/site/PRCO_Welcome.html). You may email us at [participantoutreach@bama.ua.edu](mailto:participantoutreach@bama.ua.edu).

**YOUR PARTICIPATION IS COMPLETELY VOLUNTARY.** You are free not to participate or stop participating any time before you submit your answers.

If you understand the statements above, are at least 19 years old, and freely consent to be in this study, click on the link below to complete the study.

UNIVERSITY OF ALABAMA IRB  
 CONSENT FORM APPROVED: 11-30-11  
 EXPIRATION DATE: 11-29-12