

Unprepared: An Appeal for Sex Education Training for Support Workers of Adults with Developmental Disabilities

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Abstract The sexuality of adults with developmental disabilities (DDs) is a topic seldom addressed, even by those who are charged with their care. The importance of acknowledging that these individuals have the right to express sexual desires and be given comprehensive sex education is paramount for both their physical and mental health. This qualitative study involved presenting a series of open-ended questions to individuals currently or previously employed as support workers. These questions concerned the training and knowledge of these support workers regarding the sexuality of adults with DDs, and the policies relating to such issues in the institutions in which they work. Results reflect the lack of experience that support workers have as well as their lack of confidence in dealing with their clients when issues concerning sexuality arise.

Keywords Developmental disability · Support worker · Sexuality · Policies · Canada

Introduction

The topic of sexuality is extremely controversial and causes particular uneasiness when considered in relation to individuals with disabilities. Those with developmental disabilities (known in the literature as those with cognitive/intellectual impairments, Autism Spectrum Disorder, and Down's syndrome) often encounter stigma regarding their sexuality. There are a myriad of stereotypes regarding the sexuality of individuals with DDs, which range from beliefs that they are asexual [1] to convictions that they are hypersexual

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[2]. As a result, these individuals' sexual rights, including the right to sex education, are often denied.

Individuals with DDs assert that an important part of their transition from adolescence to adulthood is the development of a sexual identity [3]. People with DDs have identified many barriers that inhibit their sexual development including the lack of access to sexual education [3]. They state that receiving sex education and having access to information about safe sex and romantic relationships is extremely important to them [4]. Despite this, these individuals are several times less likely to receive sex education than people without DDs [5]. When individuals are deprived access to sexual education, they are subsequently deprived of important knowledge that can keep them safe and healthy. In fact, people with developmental disabilities have been found to lack knowledge concerning numerous essential sexual education topics, including STIs, puberty, safe sex, sexual health, and sexual rights [6], and to have less knowledge about such topics than individuals from the general population [7].

One of the barriers preventing this transmission of information stems from the fact that “explicit and frank discussions regarding human development, relationships, sexual behavior, and sexual health may be difficult and elusive for professionals and caregivers of people with significant disabilities” [8, p. 234]. Nevertheless, such conversations are still extremely necessary and important [3], particularly within sex education programs. These programs are shown to significantly increase the sexual knowledge of individuals with DDs, and are critical in order to assure that this population is cognizant about critical issues including sexual abuse and consent, as well as how to have safe sex and use contraception [9].

In addition to general discomfort surrounding discussions about sex, another obstacle affecting the sex education of individuals with DDs are the personal beliefs and attitudes of their caretakers regarding the sexuality of their clients. Our previous work in this area involved measuring Canadian support workers' attitudes towards the sexuality of adults with DDs, which were shown to be positive overall [10]. Other recent studies show that the attitudes of care staff toward the sexuality of people with DDs range from somewhat negative [11] to positive [12], however, they tend to rate sexual expression less positively for this specific population than for the general population [12]. While our study did not show significantly different attitudes based on the gender of the individual with DD [10], others have shown that care staff report differing attitudes about sexuality depending on their clients' gender; for example, women with DDs are perceived as sexually innocent and naïve, whereas men are considered as more sexually motivated and inappropriate [11].

Indeed, acknowledging the attitudes of support staff is critical, as “...professional and personal care given to individuals with disabilities is impacted by individual beliefs” [13, p. 70].

One very important factor that has been shown to influence support worker attitudes towards the sexuality of individuals with DDs is that of professional and educational history. Education and training are shown to be significantly associated with attitudes regarding the sexuality of clients with disabilities where those with higher educational degrees [14, 15] and more professional training [14] report more liberal attitudes regarding sexuality than other staff. Staff members with sexuality training in particular report statistically more positive attitudes towards males with DDs engaging in non-reproductive sexual activity [12].

Many acknowledge the heightened importance of specific training in sexuality for staff members working with clients with DDs [2, 3, 8, 12, 16–18]. A lack of training has been identified as the biggest contributor to staff members' difficulty in discussing sex with their clients with DDs [16]. Not only do staff indicate that more training would increase their

confidence in handling clients' sexuality issues [17], such training is also shown to improve their attitudes towards the sexuality of individuals with DDs overall [12, 17].

Despite the obvious benefits, the amount of care staff who have taken sexuality courses is as low as 22 % [17]. The amount of staff who have been trained in handling sexual issues ranges from 12 % [16] to 31 % [12]. This lack of training is extremely troubling, as previous studies have shown that at least two-thirds of care staff working with individuals with DDs have experienced a situation in which they had to deal with client sexuality [17]. Furthermore, in a study conducted by Christian and colleagues [19], only 7.1 % of support workers had been trained to teach sex education. Again, this lack of training negatively impacts their clients with DDs, as they will not receive the sexual education that they both want and need.

In addition to more training, care staff report needing clear policies for dealing with client sexual behavior to make them feel more comfortable when such situations arise [17]. Those who are uncomfortable discussing sexuality-related issues with clients report that this discomfort is related to the lack of clarity in their organization's policies [16]. Such policies are important both for the facilitation of safe sexual behavior, but also to reduce risky behavior among clients with DDs [3] and are particularly important within residences and group homes where adults with DDs may spend a large portion of their daily lives. However, policies in group homes are found to be either ambiguous or restrictive [18], and up to 40 % of care staff know very little (or nothing at all) about the policies that do exist [20].

Individuals with DDs themselves express frustration when their sexual needs and relationships are controlled by caregivers, and indicate that lack of support and restrictive policies are definite barriers to their sexual autonomy [21]. Those living in residences often experience overwhelmingly constant supervision [22] as well as an overall lack of privacy [22, 23]. Specifically, residential policies often prevent individuals from having sexual encounters in the privacy of their own rooms [24]. Other barriers within residences stem from rules preventing one from locking one's own bedroom door, to being made to share a bedroom with another resident [24].

When organizations lack sexuality policies, staff who more likely than not lack the requisite training must use their own judgment when dealing with sexuality-related issues [19]. Decisions could then be influenced by personal attitudes towards the sexuality of adults with DDs [25]. However, when policies do exist, they are often very restrictive and deny their clients' human rights. Because support workers are often the providers of their clients' sexuality education when there is some, and because they can either support or deny their clients' sexual rights, their attitudes and knowledge regarding the sexuality of adults with DDs and sexuality-related policies within their work environments are extremely important to consider.

The current study describes the qualitative portion of a mixed-methods project regarding support workers' attitudes towards the sexuality of adults with DDs, as well as their experiences and overall confidence in dealing with such issues by Saxe and Flanagan [10]. The quantitative results indicated that, in general, support worker attitudes towards the sexuality of adults with DDs were accepting. The results also showed that support workers without religious affiliations and those with more advanced educational backgrounds had significantly more liberal attitudes regarding the sexuality of adults with DDs [10]. The following study builds on these quantitative findings by providing rich qualitative information regarding support workers' confidence in dealing with sexuality-related issues among their clients, the topics that they feel are most important to address in sex education

classes with clients, and their awareness of sexuality-related policies within their work environments.

Methods

Participants

The original participant sample comprised of 25 individuals with ($n = 18$) and without ($n = 7$) support worker experience. Of the 18 support workers, 16 provided responses to the three open-ended questions in the sexuality questionnaire and were thus included in the final sample for this portion of the study (Table 1).

Participants ($n = 16$) were recruited from a Canadian university and included individuals who were currently, or had previous experience, working with individuals with DDs. The mean age of participants was 27.9 years ($SD = 6.94$, range 23–52) and 94 % were female. Seventy-five percent of the sample had or were currently obtaining a Master's degree, 12.5 % were in the process of obtaining a PhD, and the remaining 12.5 % were either working towards or had a Bachelor's degree or a professional degree, such as a graduate certificate or diploma. Sixty-nine percent of participants had five or fewer years of support worker experience, 12.5 % had between 5 and 10 years of experience, and 18.8 % had over 11 years of experience. The majority of participants had worked with individuals with autism spectrum disorder (62.5 %), whereas the remainder had been employed to support individuals with intellectual disabilities (31.3 %) or unspecified behavioral difficulties (6.3 %). The severity of clients' disabilities were rated as ranging from mild (25 %), moderate (56.3 %), and severe (18.8 %). Only one participant had received training regarding sex education for adults with DDs, however almost 19 % had experience teaching sex education to this population.

Measures

Three open-ended qualitative questions were part of a larger online questionnaire that included a demographic questionnaire and two sexuality questionnaires [10]. The survey concluded with three open-ended questions developed by the first author. These questions included the following: a) "How well do you feel you are prepared to deal with sexuality-related issues with your adult clients who have developmental disabilities?", b) "What do you feel are the most important issues that should be dealt with in sexual education courses for adults with developmental disabilities?" and c) "Do you feel that the institutions in which you work(ed) had easy to follow policies concerning sexuality-related issues and adults with developmental disabilities? To the extent of your knowledge, did they even have any such policies?" Participants were given space to respond to each question with several full sentences.

Procedure

Participants from two psychology departments at a Canadian university were recruited through an email list as well as through a posting on a message board. The link for the survey was posted on both the email and message board advertisements. Participants were then able to follow the link to the online survey.

Table 1 Descriptive statistics of support worker demographic variables

Variable	\bar{m}	SD
Age	27.9	6.94
	<i>n</i>	%
Gender		
Female	15	94
Male	1	6
Education level		
Professional degree	1	6
Bachelor's	1	6
Master's	12	75
PhD	2	13
Work environment		
Mainstream school	8	50
Special needs school	2	13
Other	6	38
Amount of years employed as SW		
Less than 1	3	19
1–5	8	50
6–10	2	13
11+	3	19
Client(s) sex		
Male	9	56
Female	2	13
Both	5	31
Client(s) disability		
Autism spectrum disorder	10	63
Cognitive disability	5	31
Other	1	6
Client(s) disability severity		
Mild	4	25
Moderate	9	56
Severe	3	19
Sex education training		
Yes	1	6
No	15	94
Sex education teaching		
Yes	3	19
No	13	81

Analysis

Inductive content analysis was used to analyse the qualitative data. This process required open coding the raw data, creating categories from the coding results, and abstracting general concepts from the categories [26]. Emergent categories were created based on the results from the open coding, as this allows for the themes to surface from the data

itself, rather than from the researcher [27]. This analysis was conducted by the first author.

Results

Question 1: How Well Do You Feel You are Prepared to Deal with Sexuality-Related Issues with Your Adult Clients Who Have Developmental Disabilities?

The main theme that emerged from the data collected from this question was the participants' acute lack of training and confidence regarding how to deal with sexuality-related issues in their line of work. Fourteen of the sixteen participants responded to this question. Nine responses (64 %) were coded as displaying an overall lack of confidence, while the remaining five (36 %) were coded as confident. Participants reported that they did not feel prepared to deal with these issues, which is likely related to the fact that many "...had no training in this area...". One participant admitted to feeling "a bit nervous" in terms of handling such situations, and that they "...have been given no form of how to teach or properly relay information related to sex-ed to students/clients with developmental disabilities."

For those who did feel adequately prepared to handle issues related to clients' sexuality, their confidence was gained through years of experience, not through professional or educational training. As articulated by one participant:

Most of my sexuality-related information was gathered through professional experience, interactions and questions from individuals with developmental disabilities and by coworkers. I feel very comfortable and well-equipped to address this topic. However, all my education classes, my current graduate program included, do not properly address how and when to target sexuality-related issues in special populations.

Question 2: What Do You Feel are the Most Important Issues that Should Be Dealt with in Sexual Education Courses for Adults with Developmental Disabilities?

Three main themes emerged from participants' responses to this question, which included: (a) prevention and protection, (b) appropriate behaviors, and (c) building positive relationships. A detailed figure of the coding results can be found in Fig. 1.

Prevention and Protection

The most common theme that was identified in participants' responses regarding the important topics that should be addressed in sexual education classes for adults with DDs was the prevention of negative consequences of sex, and protection against unsafe sexual situations. In total, twelve of the 16 participants included an aspect from this theme in their answer. In regards to prevention, participants emphasized the necessity of teaching individuals with DDs about "...contraception...", "STD prevention...", and "...pregnancy", as well as "safe sex" in general.

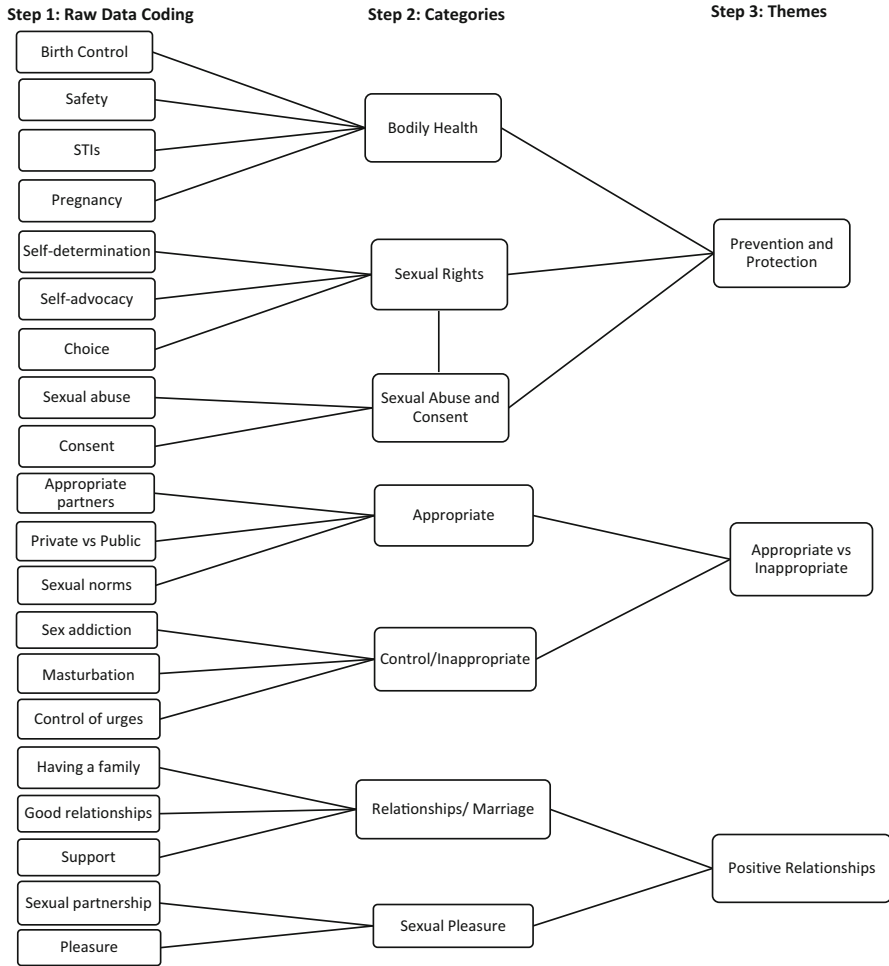


Fig. 1 Inductive content analysis results for Question 2: “What do you feel are the most important issues that should be dealt with in sexual education courses for adults with developmental disabilities?”

Five participants identified the importance of addressing issues related to sexual abuse and consent. Three participants specifically articulated the importance of teaching about “consent”, however this was stated vaguely without defining whether this addressed teaching what getting consent is, how to give consent, or a combination of both. Two participants addressed the need to educate this population about “...appropriate touching by family, friends, teachers etc...” as well as “...sexual abuse and exploitation...” in general.

Appropriate Behaviors

The second most common theme among participants’ answers was addressing issues regarding appropriate or inappropriate sexual behaviours. Seven participants addressed

aspects categorized into this theme, which included knowledge of “...public versus private [behaviors]...”, “understanding their sexual needs and how to control it”, “...normal masturbation practices...”, and “dealing with sexual emotions/needs and desires in an appropriate manner...”. Among these responses, the most commonly addressed issue was that of teaching adults with DDs about the importance of knowing the difference between behaviors that are appropriate in public, and behaviors that need to be private.

Positive Relationships

The final theme that emerged from participants’ responses was that of how to maintain positive relationships, both in terms of having a family and in terms of sexual partnership. This theme emerged from the responses of three participants. One participant indicated that “...what is needed to start a family...” is important to discuss in sex education classes for adults with DDs, and another individual indicated that “[t]he importance of meaningful relationships” should also be included in such a curriculum. Two participants indicated that learning how to be “effective lovers...” as well as how to engage in “...mutual satisfaction...” would be important, emphasizing the need to not only focus on the more negative aspects of sexuality, but those involving sexual pleasure as well.

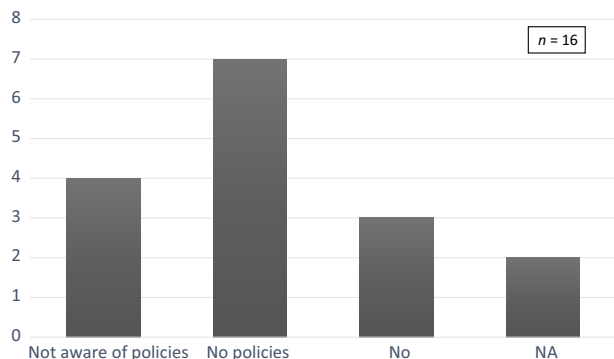
Question 3: Do You Feel that the Institutions in Which You Work(ed) Had Easy to Follow Policies Concerning Sexuality-Related Issues and Adults with Developmental Disabilities? To the Extent of Your Knowledge, Did They Even Have Any Such Policies?

Fourteen of the 16 support workers who answered this question indicated that they either worked in environments in which there were “no policies” or that they were “...not aware of any such policies” (see Fig. 2). One individual explained that:

[t]here are currently no policies to follow in any of the schools I have worked in over the past 6 years, to the best of my knowledge. One school did have a teacher/nurse who did provide students with information primarily related to puberty, anatomy, health and personal boundaries. Sexuality was not directly addressed.

Another participant indicated that “...[no] such policies were in place for teachers...” and that “...[a] school counsellor was responsible for this area”. The remaining two

Fig. 2 Frequency of coded responses to Question 3: “Do you feel that the institutions in which you work(ed) had easy to follow policies concerning sexuality-related issues and adults with developmental disabilities? To the extent of your knowledge, did they even have any such policies?”



support workers indicated that this question was not applicable to them; one clarified this is because they do not work with adult clients.

Discussion

The results of the current study substantiate previous research regarding support workers' lack of sex education training. Responses to the demographic questionnaire indicated that most participants had not received any training regarding sex education and adults with DDs. These answers were reflected by the discomfort expressed by participants when asked whether they felt prepared to deal with sexuality-related issues with their clients with DDs. This lack of preparation and instruction was expected, and has been the subject of many research studies concerned with support worker education and training [e.g. 17, 19, 28].

The results from this study reveal that support workers are conscious of several important topics that individuals with DDs should be taught in sexual education classes. Results indicate that support workers are most aware of the need to teach such individuals about contraception. This finding is very encouraging, since individuals with DDs typically do not have enough knowledge about contraception [29, 30] and do not use contraception consistently [31]. Consent was another major issue that support workers believed to be important when teaching individuals with disabilities about sexuality. Because people with such special needs are vulnerable to being sexually abused [22], a sexual education curriculum must include a section concerning consent.

Several other important sex education topics brought up in the literature were omitted in the majority of support workers' responses. Only two support workers in this study indicated that romantic relationships and how to start a family were important issues that should be addressed by a sexual education curriculum. Dating [32] and marriage [33] are two topics that individuals with DDs themselves report being very significant in their lives. Because these are very relevant issues to this population [34], including them in a sex education curriculum would be extremely beneficial. However, if support workers are unaware of their importance, these topics could be easily neglected in sex education classes. For this reason, when sex education curricula are being developed, people with DDs should be consulted. This would provide them the opportunity to share their perspectives and indicate the important topics that they feel are necessary to include.

Only 30 % of participants reported that issues related to sexual exploitation, abuse, and consent were issues that should also be included in sexual education classes for individuals with DDs. The fact that the majority of support workers are unaware of the gravity of these issues and the need to educate their students about them is discouraging. Many individuals with DDs are unaware that they are protected by law from being sexually abused and/or raped [35] and they are more likely to be sexually abused than neurotypical people [22]. Ergo, such individuals must be given the chance to protect themselves, the best method of which is education. However, if support workers do not understand how critical it is to teach their students with DDs about their sexual rights, they will be less likely to address these issues in sex education classes.

Support workers in this study reported either not being aware of any sexuality-related policies at their places of employment, or there being a lack of such policies in general. These results are very consistent with those found in previous studies [28, 36, 37]. This emphasizes the need for all educational institutions who work with people with DDs to devise policies and guidelines related to clients' sexuality and to educate their staff about

them. Support workers themselves understand that staff training programs should focus on explaining such policies [37]. This training would not only prevent them from having to use their own moral judgments to deal with sexuality-related situations, but it would help to alleviate their feelings of unpreparedness and consequently increase their confidence to deal with such situations.

Institutional policies are vital not only for support workers, but for their clients as well. Individuals with developmental disabilities have been denied their human right to sexuality for too long, and new, informed policies are necessary to remedy this issue. Policies should reflect a philosophy that respects the autonomy and self-determination of their clients, and respects their sexual needs [25]. Policies should address various sexual issues, such as guidelines for giving consent, acceptance of public displays of affection, privacy for those in sexual relationships, the opportunity to seek relationship counselling if needed, and accessible sex education and information [25].

The results from this research clearly indicate the need for substantially more sex education training for support workers employed to work with clients with DDs. This training should be included in all support worker education programs so that no individual enters the field without this pertinent knowledge. Organizations and programs for individuals with DDs should also take responsibility for this important issue by providing sex education workshops for staff. Furthermore, such institutions need to create clear and fair policies related to client sexuality and ensure that their staff are aware of these policies. Future research should address additional ways of promoting the sexual rights of adults with DDs.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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

Informed Consent Informed consent was obtained from all individual participants included in the study.

References

1. Esmail, S., Darry, K., Walter, A., Knupp, H.: Attitudes and perceptions towards disability and sexuality. *Disabil. Rehabil.* **32**, 1148–1155 (2010)
2. Wilkenfeld, B.F., Ballan, M.S.: Educators' attitudes and beliefs towards the sexuality of individuals with developmental disabilities. *Sex. Disabil.* **29**, 351–361 (2011)
3. Wilkinson, V.J., Theodore, K., Raczka, R.: 'As normal as possible': sexual identity development in people with intellectual disabilities transitioning to adulthood. *Sex. Disabil.* **33**, 93–105 (2015)
4. Friedman, C., Arnold, C.K., Owen, A.L., Sandman, L.: "Remember our voices are our tools:" sexual self-advocacy as defined by people with intellectual and developmental disabilities. *Sex. Disabil.* **32**, 515–532 (2014)
5. Rurangirwa, J., Van Naarden Brown, K., Schendel, D., Yeargin-Allsopp, M.: Healthy behaviors and lifestyles in young adults with a history of developmental disabilities. *Res. Dev. Disabil.* **27**, 381–399 (2006)
6. Galea, J., Butler, J., Iacono, T., Leighton, D.: The assessment of sexual knowledge in people with intellectual disability. *J. Intellect. Dev. Dis.* **29**, 350–365 (2004)
7. McCabe, M.P.: Sexual knowledge, experience and feelings among people with disability. *Sex. Disabil.* **17**, 157–170 (1999)
8. Travers, J., Tincani, M., Whitby, P.S., Boutot, E.A.: Alignment of sexuality education with self determination for people with significant disabilities: a review of research and future directions. *Educ. Train. Autism Dev. Disabil.* **49**, 232–247 (2014)

9. Murphy, G.H.: Capacity to consent to sexual relationships in adults with learning disabilities. *J. Fam. Plan. Reprod. Health* **29**, 148–149 (2003)
10. Saxe, A., Flanagan, T.: Factors that impact support workers' perceptions of the sexuality of adults with developmental disabilities: a quantitative analysis. *Sex. Disabil.* **32**, 45–63 (2014)
11. Young, R., Gore, N., McCarthy, M.: Staff attitudes towards sexuality in relation to gender of people with intellectual disability: a qualitative study. *J. Intellect. Dev. Disabil.* **37**, 343–347 (2012)
12. Meaney-Tavares, R., Gavidia-Payne, S.: Staff characteristics and attitudes towards the sexuality of people with intellectual disability. *J. Intellect. Dev. Disabil.* **37**, 269–273 (2012)
13. Brown, R.D., Pirtle, T.: Beliefs of professional and family caregivers about the sexuality of individuals with intellectual disabilities: Examining beliefs using a q-methodology approach. *Sex Educ.* **8**, 59–75 (2008)
14. Grieve, A., McLaren, S., Lindsay, W., Culling, E.: Staff attitudes towards the sexuality of people with learning disabilities: a comparison of different professional groups and residential facilities. *Br. J. Learn. Disabil.* **37**, 76–84 (2009)
15. Murray, J.L., Minnes, P.M.: Staff attitudes towards the sexuality of persons with intellectual disability. *J. Intellect. Dev. Dis.* **19**, 45–52 (1994)
16. Evans, D., McGuire, B., Healy, E., Carley, S.: Sexuality and personal relationships for people with an intellectual disability. Part II: staff and family carer perspectives. *J. Intellect. Disabil. Res.* **53**, 913–921 (2009)
17. McConkey, R., Ryan, D.: Experiences of staff in dealing with client sexuality in services for teenagers and adults with intellectual disability. *J. Intellect. Disabil. Res.* **45**, 83–87 (2001)
18. Wings-Yanez, N.: Why all the talk about sex? An autoethnography identifying the troubling discourse of sexuality and intellectual disability. *Sex. Disabil.* **32**, 107–116 (2014)
19. Christian, L., Stinson, J., Dotson, L.A.: Staff values regarding the sexual expression of women with developmental disabilities. *Sex. Disabil.* **19**, 283–291 (2001)
20. Schaafsma, D., Kok, G., Stoffelen, J.M., Van Doorn, P., Curfs, L.M.: Identifying the important factors associated with teaching sex education to people with intellectual disability: a cross-sectional survey among paid care staff. *J. Intellect. Dev. Disabil.* **39**, 157–166 (2014)
21. Rushbrooke, E., Murray, C., Townsend, S.: The experience of intimate relationships by people with intellectual disabilities: a qualitative study. *J. Appl. Res. Intellect.* **27**, 531–541 (2014)
22. Szollos, A.A., McCabe, M.P.: The sexuality of people with mild intellectual disability: perceptions of clients and caregivers. *Aust. N. Z. J. Dev. Disabil.* **20**, 205–222 (1995)
23. Kempton, W., Kahn, E.: Sexuality and people with intellectual disabilities: a historical perspective. *Sex. Disabil.* **9**, 93–111 (1991)
24. Hollomotz, A., The Speakup Committee: 'May we please have sex tonight?'-People with learning difficulties pursuing privacy in residential group settings. *Br. J. Learn. Disabil.* **37**, 91–97 (2009)
25. Samowitz, P.: A sexuality policy that truly supports people with disabilities. *Impact Feature Issue Sex. People Intellect. Dev. Disabil.* **23**, 18–19, 35 (2010)
26. Elo, S., Kyngäs, H.: The qualitative content analysis process. *J. Adv. Nurs.* **62**, 107–115 (2008)
27. Taylor-Powell, E., Renner, M.: Analyzing qualitative data. *Program Development & Evaluation*. <http://www.uwex.edu/ces/pdande/evaluation/evaldocs.html> (2003). Accessed 5 Feb 2015
28. Abbott, D., Howarth, J.: Still off-limits? Staff views on supporting gay, lesbian and bisexual people with intellectual disabilities to develop sexual and intimate relationships? *J. Appl. Res. Intellect. Disabil.* **20**(702), 116–126 (2007)
29. Galea, J., Butler, J., Iacono, T., Leighton, D.: The assessment of sexual knowledge in people with intellectual disability. *J. Intellect. Dev. Disabil.* **29**, 350–365 (2004)
30. Garwood, M., McCabe, M.P.: Impact of sex education programs on sexual knowledge and feelings of men with a mild intellectual disability. *Educ. Train. Ment. Retard. Dev. Disabil.* **35**, 269–283 (2000)
31. Yacoub, E., Hall, I.: The sexual lives of men with mild learning disability: a qualitative study. *Br. J. Learn. Disabil.* **37**, 5–11 (2009)
32. Healy, E., McGuire, B.E., Evans, D.S., Carley, S.N.: Sexuality and personal relationships for people with an intellectual disability. Part I: service-user perspectives. *J. Intellect. Disabil. Res.* **53**, 905–912 (2009)
33. Konstantareas, M.M., Lunskey, Y.J.: Sociosexual knowledge, experience, attitudes, and interests of individuals with autistic disorder and developmental delay. *J. Autism. Dev. Disord.* **27**, 397–413 (1997)
34. McCabe, M.P., Schreck, A.: Before sex education: an evaluation of the sexual knowledge, experience, feelings and needs of people with mild intellectual disabilities. *Aust. N. Z. J. Devel. Disabil.* **18**, 75–82 (1992)
35. O'Callaghan, A.C., Murphy, G.H.: Sexual relationships in adults with intellectual disabilities: understanding the law. *J. Intellect. Disabil. Res.* **51**, 197–206 (2007)

36. Wilson, N.J., Parmenter, T.R., Stancliffe, R.J., Shuttleworth, R.P.: Conditional sexual: men and teenage boys with moderate to profound intellectual disability. *Sex. Disabil.* (2011). doi:[10.1007/s11195-011-9203-y](https://doi.org/10.1007/s11195-011-9203-y)
37. Yool, L., Langdon, P.E., Garner, K.: The attitudes of medium-secure unit staff toward the sexuality of adults with learning disabilities. *Sex. Disabil.* **21**, 137–150 (2003)