

SEXUAL ATTITUDES OF MEMBERS OF STAFF

PETER R. JOHNSON and RHONA DAVIES ¹⁾

- 1) Rhona DAVIES, M.Ed.
Peter R. JOHNSON, Ph.D.
Psycho-Educational Services,
6333 - 109A Street,
Delta, British Columbia, CANADA

INTRODUCTION

Research and clinical experience suggest that the sociosexual behaviour of mentally handicapped persons is a major concern of rehabilitation practitioners, family members, and even the community at large (Craft & Craft, 1985; Craft, 1987; Johnson, 1984, 1987). Over the last few years we have been asked to provide training workshops for hundreds of staff in the field of mental handicap, and have begun to see some interesting patterns in people's attitudes and responses.

The first issue is one of conflicting information. The vast majority of staff tell us that, in general terms, they are supportive of handicapped people being sexually active and forming intimate relationships with others. By contrast, the many handicapped people with whom we have worked tell us that the opposite is true. We have consistently heard students in our programmes say that staff are actively preventing them from forming sexually intimate relationships. They often mention that these staff seem to have fundamentalist religious values.

Secondly, staff tell us that it is the parents of handicapped people who hold the conservative attitudes towards sexuality. It is they who prevent their sons and daughters from being sexually active.

Finally, there is the concern that many people regard their handicapped charges as qualitatively different from other human beings, and thus develop two sets of sexual attitudes, one for those who are handicapped and another for those who are not. For example, Deishler (1973) found that while 94% of a group of staff thought that masturbation was a normal activity, 39% still said they would stop mentally handicapped people from indulging in this behaviour. Furthermore, Elgar (1985) decided that sexual relationships were not appropriate for people with autism.

While these opinions may be apparent in many parts of Canada and Britain, there is little systematic evidence to support these perceptions (Brantlinger, 1987). Consequently, this paper seeks to clarify the situation by examining the following hypotheses:-

1. Staff have attitudes which suggest they would be likely to assist mentally handicapped people in expressing their sexuality and forming intimate relationships.
2. There is a difference between the sexual attitudes of staff and parents of mentally handicapped persons.
3. The sexual attitudes of staff vary depending on whether they are referring to mentally handicapped or non-handicapped persons.

METHOD

A questionnaire was developed in a graduate seminar on research design and statistics at the University of British Columbia in Vancouver (Hughes, 1983). This device uses a five-point scale ranging from Strongly Agree to Strongly Disagree in order to measure the sexual attitudes of the respondents. The questionnaire contains 18 items concerning issues such as sex education, intimate relationships, promiscuity, marriage, abortion, sterilization, homosexuality, masturbation, and premarital sex. Respondents are asked to rate their degree of support for each item, e.g. sex education should be mainly the responsibility of the family.

There are two forms of the questionnaire. On form A, the first nine items concern all people, while numbers 10 to 18 refer specifically to people who live with a mental handicap. On form B the order is reversed. For example, item 2 on Form A reads – Sex education should mainly be the responsibility of the family, while on Form B it states – Sex education of mentally handicapped children should be mainly the responsibility of the family. In this manner, it was hoped to identify any differences between the respondents' general sexual attitudes and those concerning mentally handicapped people.

A pilot study was carried out in order to assess both the split-half reliabilities of the instrument and the external validity of the questions. The results were sufficiently encouraging to suggest meaningful results would be obtained by using a larger sample of respondents.

Consequently, the questionnaire was used in a series of workshops on sexuality and mental handicap. These sessions were held in a number of communities in British Columbia, and at a large conference in Winchester which attracted participants from all over Britain. Towards the beginning of the workshop, people were informed of the research project and asked to complete the questionnaire, a task which took approximately ten minutes. The forms were completed anonymously and responses formed the basis for group discussions later in the day.

The first hypothesis concerning the enabling attitudes of staff was tested by using the Chi-Square Test to compare the range of responses obtained from staff with the kind of symmetrical bipolar distribution one would expect from an unbiased population.

Hypotheses two and three were examined by using a simple one-way analysis of variance to compare responses to Questionnaires A and B. Separate analyses were performed on the responses of parents and staff.

RESULTS

Responses were obtained from 204 staff of whom 71.1% were female and 28.9% were male. Their ages ranged from 18 to 56 years with a mean of 34.49. More than 95% of this group could be classified as paraprofessional. The younger people typically had completed a one-to-two year community college programme in order to obtain certification as a human service worker, or had a bachelor's degree and little practical training. The older staff often had many years of experience but no formal training. Less than 5% of the respondents had professional training in fields such as psychology, social work and nursing.

A small group of parents with mentally handicapped children also completed the questionnaire. These were 27 mothers and one father who ranged in age from 30 to 65 years with a mean of 50.36.

The results indicated that staff do indeed have the kinds of attitudes which

suggest they would assist clients to express their sexuality and form intimate relationships [$X^2 = 52.17, p < 0.001$]. For example, 166 of 195 respondents Agreed or Strongly Agreed that "The law has no business regulating the sexual relations of adults who are able to give informed consent". Overall the mean number of enabling responses was 76.45%, while restrictive responses had a mean of 11.31% with a mean of 12.24% being undecided.

Some questions produced little dissention. For example, all but one person stated that masturbation is a normal aspect of sexual development, and only 7 disagreed that staff are in need of sex education. Furthermore, only 2% were opposed to sex education being an integral part of the school curriculum, while only 10 of 201 disagreed with parents providing contraceptive information to their teen age children.

There were five questions which appeared to produce more than the average amount of restrictive responses. Two of these concerned homosexuality, while another referred to involuntary sterilization. Finally, responses to a question about mandatory pre-marital counselling indicated that 53.6% of the staff said they would be in favour of the practice.

There was a significant difference in the parents' sexual attitudes towards mentally handicapped people and their non-handicapped peers [$F(1,36) = 5.45, (p < 0.05)$]. It seems this group believe that mandatory pre-marital counselling should be a prerequisite to the marriage of mentally handicapped persons but should not be required for the rest of the population. In addition, even people with strong moral convictions against abortion said this procedure should be more readily available to a pregnant, mentally handicapped woman. Furthermore, these parents favoured sex education programmes for their handicapped children far more often than they favoured them for non-handicapped people. In addition, they appeared to indicate that this type of education would lead more frequently to unwanted pregnancies if presented to those who are not mentally handicapped.

For staff, differences in sexual attitudes toward mentally handicapped and non-handicapped people were not statistically significant. However, trends suggest that this group also thinks that abortion should be more readily available to a pregnant mentally handicapped woman. In contrast, this group tended to be more liberal in its general view of abortion, but believed that all couples should receive mandatory pre-marital counselling. Interestingly, there is a further trend which suggests that homosexuality may be more acceptable in people who are mentally handicapped.

Discussions following the completion of the questionnaires tended to focus on a small number of controversial topics. These included abortion, sterilization, and homosexuality. In addition, staff often mentioned their feelings of inadequacy in dealing with sexual issues, while parents sometimes pointed out they were fearful of the consequences of their mentally handicapped offspring becoming involved in sexual relationships.

Inevitably, at this point, the issue of freedom of choice was raised. People tended to feel uncomfortable when the values of a handicapped person conflicted with their own. In supporting the handicapped individual's right to choose, they often felt they were not acting in the person's best interests. Apparently, these conflicts were less troublesome to staff with fundamentalist religious values who, perhaps due to their literal interpretation of the Bible, seemed to have little difficulty in imposing their values on handicapped people.

DISCUSSION

The respondents to the Sexual Attitude Questionnaires seem to represent a typical cross-section of front-line workers in the field of mental handicap. They were mostly females, had an average age of 34.5 years, and a maximum of two years of college-level career preparation. However, the population in this study may be biased in that they volunteered to attend a training workshop in the area of human sexuality. Therefore, consequent conclusions should be tempered by this factor.

Clearly, the vast majority of these staff have attitudes which should enable them to be supportive of the sexual needs and desires of mentally handicapped individuals. Why then do our handicapped students experience such barriers when they attempt to meet their needs for intimacy? Possibly because the minority with more restrictive attitudes exert a disproportionate amount of power, due perhaps to the majority's often-stated feelings of inadequacy and ambivalence in dealing with sexual issues.

While it is not possible here to establish a profile of the restrictive minority, several factors should be taken into consideration. The group appears to include older people, those with little or no formal training, and those with fundamentalist religious values. One might go so far as to suggest that, as a group, the restrictive minority is abusing mentally handicapped people. Furthermore, it is suggested that their behaviours contravene the law in countries with human rights legislation.

It is interesting to note the topics which produced the least amount of agreement among the staff group. Predictably, disagreements about abortion and sterilization seem to mirror society's concern with these issues. In addition, uncomfortable feelings regarding homosexuality are probably indicative of the considerable degree of perhaps-unacknowledged homophobia still present in our communities. Furthermore, it is suggested that the slight majority who favoured mandatory pre-marital counselling were influenced by the idea that this type of service would have been useful in the development of their own intimate relationships.

Apparently, staff in the study were different from a small group of parents in that there appeared to be little distinction in their sexual attitudes towards mentally handicapped and non-handicapped people.

For the small group of mostly-female parents with a mean age of 50.36 years, there were important differences in their attitudes to the two groups. They perceived their sons and daughters as being more in need of sex education, pre-marital counselling, and abortion services than their non-handicapped peers. Such attitudes are perhaps indicative of the parents' fears that their offspring may become parents themselves. Certainly, many mentioned that in these circumstances they themselves would feel obliged to raise the child; a prospect they viewed with understandable apprehension. In other words, the parents' attitudes seemed to reflect a rather more pragmatic approach to the sexuality of their handicapped children.

In conclusion, it appears that several needs have been identified by this study. The first is that many staff need further intensive training so that they feel adequate in providing sex education and counselling to the mentally handicapped people with whom they work. This training needs to be not only factual but also to provide the participants with the opportunity to explore their own feelings about sexual topics as well as to learn some practical and non-directive counselling skills.

Hopefully, such training will give members of the enabling majority the confidence to confront the disproportionate influence of the restrictive minority. The issue of staff imposing their values on mentally handicapped individuals is a serious one which must be dealt with if the fledgling field of rehabilitation practice is to

achieve credibility as a profession. It is appalling that the quality of the lives of a number of mentally handicapped persons has been influenced so negatively by a minority of staff, many of whom may themselves be in need of intensive psychological treatment.

SUMMARY

The sexual attitudes of 204 staff are explored by means of a questionnaire. Alternative forms enabled a comparison between attitudes toward mentally handicapped and non-handicapped people. A small group of parents ($n = 27$) is also used in a comparison with the attitudes of the staff. Results indicate that the vast majority of respondents have positive attitudes but these are not applied due to feelings of inadequacy and ambivalence, as well as the disproportionate influence of the restrictive minority. Furthermore, while parents have differing attitudes toward the sexuality of mentally handicapped children and their non-handicapped peers, staff do not. Finally, the dynamics underlying these findings are discussed, and recommendations are made regarding further intervention.

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