ATTITUDES OF MEDICAL PRACTITIONERS TOWARDS THE SEXUALITY OF INDIVIDUALS WITH AN INTELLECTUAL DISABILITY

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Why are attitudes to sexuality important?

- Sexuality is an integral part of adult life
- Historically, individuals with ID have experienced many barriers to the expression of their sexuality.
- Attitudes influence the amount and type of information, and opportunities that are made available for sexual expression.
Why are attitudes to sexuality important?

- Attitudes thus have the potential to influence normalised life experiences in the area of sexuality.
- Attitudes are a reflection of the level of awareness, acceptance and supportiveness for people with ID in relation to this aspect of life.
Our program of research

- Development of ASQ-ID – support workers and parents  
  *(Cuskelly & Bryde, 2004)*

- Adaptation of ASQ-ID – community  
  *(Cuskelly & Gilmore, 2007)*

- Support staff & leisure workers  
  *(Gilmore & Chambers, 2010)*
Previous Findings from the ASQ-ID

- ASQ-ID is a robust measure of attitudes.
- Attitudes are generally quite positive.
- There are few differences in attitudes towards male and female sexuality.
- Men are seen as having less self-control than women.
Previous Findings from the ASQ-ID

- Views about parenting tend to be more conservative than about other aspects of sexuality
- Less sexual freedom is seen as appropriate for females with ID than for females without ID.
Disability and sexual issues | Better Health Channel

www.betterhealth.vic.gov.au

Where to get help

- Your doctor
- Family Planning Victoria Tel. 1800 013 952 or (03) 9257 0100
- Yooralla Community Learning and Living Centre Tel. (03) 9607 3511
- South East Centre Against Sexual Assault Tel. (03) 9594 2289
- Office of the Public Advocate Advice Service Tel. 1300 309 337
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Procedure

- Mailout to general practices
- Addressed to practice manager
- Printed on colourful paper
- *WE NEED YOUR VIEWS!*
- Anonymous
- Return envelopes provided
Participants

106 General Practitioners:

n = 76 Brisbane area (66% female)

n = 30 Qld regional areas (55% female)
### Age distribution by region

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Brisbane n = 76 Frequency (valid percent)</th>
<th>Qld Regional n = 30 Frequency (valid percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 29</td>
<td>5 (6.6%)</td>
<td>2 (6.7%)</td>
</tr>
<tr>
<td>30 – 39</td>
<td>22 (28.9%)</td>
<td>4 (13.3%)</td>
</tr>
<tr>
<td>40 – 49</td>
<td>22 (28.9%)</td>
<td>9 (30.0%)</td>
</tr>
<tr>
<td>50 – 59</td>
<td>21 (27.6%)</td>
<td>11 (36.7%)</td>
</tr>
<tr>
<td>60 – 69</td>
<td>6 (7.9%)</td>
<td>2 (6.7%)</td>
</tr>
<tr>
<td>Over 70</td>
<td>0</td>
<td>2 (6.7%)</td>
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</table>
Attitudes to Sexuality Questionnaire
Individuals with an Intellectual Disability (ASQ-ID)

- 34 items
- 2 versions (male and female sexuality)
- Respond in relation to individuals with a mild to moderate ID
- 6 point Likert scale
Attitudes to Sexuality Questionnaire
Individuals with an Intellectual Disability (ASQ-ID)

■ SEXUAL RIGHTS

e.g., *Sexual intercourse should be permitted between consenting adults with intellectual disability.*

■ PARENTING

e.g., *With the right support, women/men with ID can rear well-adjusted children.*
Attitudes to Sexuality Questionnaire
Individuals with an Intellectual Disability (ASQ-ID)

- NON-REPRODUCTIVE BEHAVIOUR
  
  e.g., *Consenting adult men/women with ID should be allowed to live in a homosexual relationship if they so desire.*

- SELF-CONTROL
  
  e.g., *Women/men with ID are more easily stimulated sexually than people without an ID.*
Results

- Mean responses on the four scales were reasonably similar to those reported in previous samples.

- There were no differences in attitudes towards male and female sexuality.
Results

- Views were significantly less positive about parenting than about other aspects of sexuality.

  Paired samples $t$-test

  Males  \[ t(47) = 2.84, p = .007 \]

  Females  \[ t(53) = 3.30, p = .002 \]
Results

- Less sexual freedom was seen as acceptable for individuals with ID

ASQ-ID and ASQ-GP
Sexual Openness Scale (7 items)

Paired samples t-test
Males $t(51) = 2.49, p = .016$
Females $t(53) = 2.16, p = .036$
Some GPs held very negative views

<table>
<thead>
<tr>
<th>Category</th>
<th>Min</th>
<th>Max</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Rights</td>
<td>36</td>
<td>76</td>
<td>61.52 (7.01)</td>
</tr>
<tr>
<td>Parenting</td>
<td>9</td>
<td>42</td>
<td>31.81 (5.61)</td>
</tr>
<tr>
<td>Non-reproductive</td>
<td>10</td>
<td>30</td>
<td>24.98 (3.51)</td>
</tr>
<tr>
<td>Self-control</td>
<td>9</td>
<td>18</td>
<td>14.48 (2.16)</td>
</tr>
</tbody>
</table>
Views about sterilization

Question 29:

Sterilization is a desirable practice for men (women) with an intellectual disability.
Views about sterilization

For men with ID:

23% of doctors agree that sterilization is desirable.
Views about sterilization

For men with ID:

23% of doctors agree that sterilization is desirable.

For women with ID:

41% of doctors agree that sterilization is desirable.
Percentages agreeing that sterilization is desirable (males & females combined)

- Capital city doctors: 37%
- Regional Qld doctors: 20%
Percentages agreeing that sterilization is desirable (total, males, females)

Capital city doctors 37%
Regional Qld doctors 20%
Disability support workers 22%
Leisure industry workers 14%
General community 31%
Conclusions

Although overall attitudes are fairly positive, some doctors hold very negative views.

A significant proportion of doctors appear to disagree with current legislation on sterilization.

The reasoning and beliefs that underlie their attitudes are currently unknown.