College Student Perceptions of the Romantic Relationships for People with Disabilities

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RESEARCH QUESTIONS
1. Will college students view the romantic relationships of people with disabilities differently than the romantic relationships of people without disabilities?
2. Will college students view the sexuality of people with disabilities differently than the sexuality of people without disabilities?
3. Will demographic factors affect the perceptions of college students?

LITERATURE REVIEW
• Being involved in romantic relationships is an important biological and social need for many human beings [1].
• This desire is just as strong in people who have developmental and intellectual disabilities [2].

Sexuality
• People with intellectual disabilities want to express their sexuality, just like any other group of people. However, despite their inherent sexual desires, this population usually has very limited knowledge about sex [2].
• People with developmental disabilities often face unique challenges regarding sexuality including “dealing with societal stereotypes, finding acceptable partners, and coping with disability-related obstacles to new relationships” [3].
• Despite the fact that many caregivers (including parents and/or guardians) are held accountable for sex education, many caregivers are unsure of how to navigate what sexual behaviors are acceptable among this population.
• More experienced caregivers have more liberal attitudes about the sexuality of individuals who are disabled [5].

Personality and Demographics
• Caregivers are more likely to be open and accepting of the sexual behaviors of individuals with disabilities if they have more experience in the field and do not have a religious affiliation [6].
• The age and gender of caregivers does not appear to impact their perception of their client’s sexuality [6].

Stigma and Relationships
• Although people with disabilities face negative attitudes from others about their romantic and sexual desires, they are not the only people who are stigmatized. Individuals in interracia friendships and romantic relationships are also less accepted than their race-counterparts [7].

METHOD
Participants and Procedure
• Forty-four participants (18 women, 18 men, 1 gender non-conforming, 7 not reported) from a large Western university completed an online survey for course credit.
• Participants completed the online survey from a location of their choosing.
• Participants provided informed consent prior to the beginning of the survey.
• Participants completed survey questions about the acceptability of sexual behaviors and relationship behaviors for both people with disabilities and without disabilities.
• Participants answered questions about demographic characteristics as religiosity and dating behavior.
• Participants were debriefed upon completion of the study.

MEASURES
Sexuality Attitudes
• Participants rated their attitudes of sexuality and relationship behaviors using 33-items from the Attitudes to Sexuality Scale [ATS, 8].
• Participants reported on how acceptable each behavior was, once for individuals with an intellectual disability and once for individuals without an intellectual disability.
• Example items included: “Sexual intercourse should be discouraged amongst adults with an intellectual disability” and “Adults with intellectual disabilities should be permitted to have children within marriage.”
• Items were grouped into 8 areas: sex education, masturbation, relationships, sexual feelings, sexual intercourse, sterilization, parenthood, and marriage.
• Participants rated each item on a 6-point Likert scale ranging from 1 = “Strongly Agree” to 6 = “Strongly Disagree”.
• Higher scores indicated a more liberal attitude towards the sexual behaviors.

Sexuality Perceptions
• Participants rated their perceptions of sexual behaviors using the 29-item Perceptions of Sexuality Scale [POS, 9].
• Participants rated each item on a 5-point Likert scale ranging from 1 = “Strongly Agree” to 6 = “Strongly Disagree”.
• Seven subscales were measured:
  • Private displays of affection, public displays of affection, safe-sex between male-female partners or alone, sex between two people of the same sex, prolonged public kissing, anal sex between male-female partners and risky sex between male-female partners.
  • Example items include “Prolonged kissing in public with a partner of the opposite sex” and “Anal sex with a condom with a partner of the same sex”.

Dating Behavior
• Participants responded to the following questions asking about their dating behavior:
  1. What is your current relationship status?
  2. How many people (including your current partner) have you considered yourself to be in a committed relationship with?
  3. Have you ever dated someone you would consider to have a disability?
  4. If so, what kind of disability did/does your partner have? (intellectual/mental or physical)
  5. If so, what is/was the disability of your partner? (fill in the blank)

Religiosity
• This personality trait was measured using a scale with items created by the Family Transitional Project [10].

DATA COLLECTION
• The study was available on SONA for approximately two and a half weeks.
• During this period, 44 participants completed the study (19 freshmen, 9 sophomores, 6 juniors, 2 seniors, 1 second-degree seeking and 5 not reported).
• Of the 37 participants who responded, 25 were currently in a romantic relationship or dating while 12 were single.
• When asked if they had a disability themselves, 4 said yes, 31 said no, 1 unsure and preferred not to say.
• On the other hand, 2 individuals reported dating someone with a disability, 32 had not, and 2 were unsure.
• When asked about religious importance in one’s life, 9 reported very important, 7 somewhat important, 9 slightly important and 12 not at all important.

PLAN FOR ANALYSIS
• Differences in perception based on age, gender, class standing, racial/ethnic background, disability status and relationship status will be analyzed using ANOVAs or t-tests because these are all categorical scales of measurement.
• The religiosity results will be analyzed using Pearson’s r to determine if there is an association between religiosity and perceptions.
• A composite score will be calculated for the perceptions of sexual behaviors in the Attitudes to Sexuality Scale and the Perceptions of Sexuality Scale in order to avoid Type I errors.
• Cohen’s w will be calculated to determine if there is an effect size for the average perceptions of sexual behaviors for people with disabilities compared to people without disabilities.

REFERENCES

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