Sexuality in persons with intellectual disability and its concept in homes for people with disabilities

(scientific paper)

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Abstract: *Partnerships, intimacy and sexuality are an integral part of everybody's life. The same applies to persons with any type of impairment. For them, fulfilment in the area of partnerships, intimacy and sexuality is a significant factor and indicator of one's value, quality of life and life satisfaction. The paper focuses on sexuality in persons with intellectual disability who live in social care establishments. In these types of establishments, these individuals are often part of a community governed by internal rules and standards. As a result, these establishments can create a specific environment in order to fulfil relational and sexual needs of their clients. The research involved individuals with intellectual disability and employees of homes for people with disabilities (HPDs). The main objective of the research is to find out how sexuality and its manifestations are perceived by the employees and clients of selected homes for people with disabilities. One of the partial objectives was to find out whether HPDs perform sexuality education, whether they use any professional resources and whether they provide continuing education and development in the area of sexuality both for employees and clients. The authors also analysed the knowledge and experience of clients in the area of sexuality, their perspectives of parenthood, privacy, sexuality education as well as partnerships and their establishment. Another aim was to investigate how the perception of sexuality had developed throughout the existence of the establishments. This information was acquired by means of semi-structured interviews and their subsequent analysis. The administration of the interviews was both personal and electronic in three homes for people with disabilities. The research, the results of which are presented in the text below, has brought new information about how specific homes address their clients' sexuality, which resources they use and what experience and knowledge their clients have in the area of sexuality. It turned out that it would be desirable to perform a similar research study across the whole network of homes for people with disabilities in order to find out information that would help resolve further questions concerning partnerships,*

intimacy, sexuality as well as sexuality education of persons with intellectual disability in social care establishments.

Keywords: *Sexuality, persons with intellectual disability, home for people with disabilities, partnership, parenthood*

1 Introduction

Sexuality is undoubtedly one of the basic human needs. The same applies to persons with intellectual disability. The area of sexuality includes many sub-components. As suggested by Venglářová (2013, p. 18), these include the need for intimate contact with a close person, strong emotions, sense of belonging, sense of being needed by others, sexual intercourse, sexual satisfaction as well as parenthood. In her publication, Binarová (2000) claims that sexuality is not just sex, masturbation and orgasm but it also "expresses the diversity of attitudes, values, relationships, activities between a man and a woman. It also includes the differences between a man and a woman, both in physical appearance and behaviour." Already in 1993, Hartl suggested the following: "Sexuality is usually defined as the sum of human behaviours and feelings arising from the physical and mental differences between genders, including anatomical, hormonal and reproductive differences as well as the different roles acquired through learning, physiological satisfaction and psychological pleasure associated with sexual activities, bonding, excitement, connection" (Hartl in Mandzáková, 2013, p. 20). The function of sexuality is no longer merely reproductive; it also brings delightful experiences, pleasure and relaxation. Despite its importance, this human need is often considered a taboo even today.

As suggested by Mandzáková (2013, p. 25), the way in which sexuality is understood and approached may differ between individuals. Everything should always be assessed individually and every person must be considered unique and exceptional. This is even more important in the case of persons with intellectual disability, where the severity of impairment plays an important role in their perception and sexuality. In any case, it is necessary to start with the needs of every individual (including sexual needs) and respect their possibilities, abilities and desires.

Currently, the overall perspective of partnerships and sexuality in persons with intellectual disability (ID) has changed in many respects. The system of supporting persons with ID has significantly changed over the past two decades. In the past, persons with ID used to be in large institutions, which had nothing in common with the family environment, and where men and women were often separated (Kozáková, 2004). The consequences of not addressing the issue of sexuality in clients were obvious especially in the institutional conditions of these large collective establishments. The large number of related risks were mentioned by a number of professionals from

the Czech Republic (Kozáková, 2004; Štěrbová, 2007; Bazalová, 2008 and others) and Slovakia (Mandzáková, Horňák, 2011; Mandzáková, 2013, and others). Addressing sexuality of persons with intellectual disability in social services has changed in many respects. Many establishments have included in their portfolio of services sexuality education and approaches that respect their clients' sexuality expressions and needs. In this context, employees in social care establishments should not only be supportive but also guide their clients in this area of their life. They should be able to communicate with their clients effectively, support their rights and responsibilities and in the context of sexuality reflect their sexual and relational needs. An important ability is loyalty and protection of clients' privacy, which is an important aspect in the context of their sexuality. Every employee should be well aware of their roles, boundaries of the relationship with their clients as well as their abilities and skills in providing support and care to their clients (Eisner, 2013). A significant area is sexuality education, not only in terms of educating employees of social care establishments and making teams of employees who address sexuality but also in terms of educating their clients. It is important to realize that a full life also includes the fulfilment of relational and sexual needs. Concealing or misrepresenting the necessary information about sexuality is irresponsible and short-sighted, to say the least. According to Eisner (2013), sexuality education has a place in every social service that considers individuals with disability as equals and strives to improve their quality of life.

The system of supporting partnerships and sexuality in persons with ID was significantly increased by the trend of deinstitutionalization of large residential establishments and the process of transformation. The departure from collective care was closely associated with quality of life with an emphasis on values such as dignity, self-determination of an individual and focus on areas such as social relations, partnerships and sexuality. Adequate support provided to persons with ID is one of the dominant elements in the process of becoming independent and adopting the role of an adult person, including partnerships and sexuality roles (Kozáková, 2015).

1.1 Aims

The research investigates sexuality in persons with intellectual disability who live in homes for people with disabilities from the perspective of not only these persons but also social workers and direct care employees who are in everyday contact with these clients and significantly contribute to their all-round development.

The main objective of the research is to find out how sexuality and its manifestations are perceived by the employees and clients of selected homes for people with disabilities. One of the partial objectives was to find out whether HPDs perform sexuality education, whether they use any professional resources and whether they provide continuing education and development in the area of sexuality both for

employees and clients. The authors also analysed the knowledge and experience of clients in the area of sexuality, their perspectives of parenthood, privacy, sexuality education as well as partnerships and their establishment. Another aim was to investigate how the perception of sexuality had developed throughout the existence of the establishments.

1.2 Sample and Methods

The research study was performed in three homes for people with disabilities (HPD) in the Central Bohemian Region. These homes are intended for adults with intellectual, physical or multiple disabilities, autism spectrum disorders as well as persons with health problems after cerebral stroke and persons with multiple sclerosis who require a higher level of assistance. With one exception, these are large capacity establishments. All establishments are coeducational which means that they have both women and men. The mission of the establishments is particularly to develop decent living conditions, provide support and assistance in coping with daily activities, provide the clients with the most comfortable environment and a happy life while maintaining their uniqueness and maximising their independence in all areas of life. Another aim is to maintain contacts and relationships within and outside the home.

The respondents were clients and social workers. The client inclusion criteria were as follows: clients with a predominant intellectual disability who use the services of homes for people with disabilities or sheltered housing (SH). Their age or severity of impairment were not relevant. However, it was beneficial if the clients communicated by usual means. The social worker inclusion criteria were as follows: employed in one of the selected social care establishments and contact with the client respondents in order to reflect on their experience with these clients. The following clients were not included in the research: clients who did not use the services of HPDs or SH, persons without ID or persons whose primary impairment was not in the specified category. The following employees were not included in the research: employees who do not provide the specified services in HPDs or SH.

The workers included in the research (all of them were female) were recommended by the director or social worker. In all homes, a semi-structured interview was held with the leading social worker and with two direct care workers. In total, interviews were conducted with nine employees from three different establishments. The clients included in the research were recommended by the leading social worker, especially on the basis of their communication abilities, willingness to cooperate, type of impairment and last but not least on the basis of their or their guardian's consent to an interview on sexuality. In total, the research included nine clients from three establishments. The semi-structured interview was held with five female clients and four male clients aged 26–72 years. The client respondents were diagnosed with mild to

moderate intellectual disability, in some clients combined with autism or a psychiatric diagnosis. Detailed information about the respondents is shown in Tables 1 and 2.

Table 1: *Overview of respondents (clients)*

	Gender	Age	Type of disability	Length of stay
Respondent 1A	Female	48 years	Mild ID + psychiatric diagnosis	33 years
Respondent 1B	Female	71 years	Mild ID + psychiatric diagnosis	5 years
Respondent 1C	Male	63 years	Mild ID	14 years
Respondent 1D	Female	72 years	Mild ID + physical disability	5 years
Respondent 2A	Male	26 years	Moderate ID + autism	10 years
Respondent 2B	Male	26 years	Moderate ID + autism	1 year
Respondent 3A	Female	60 years	Mild ID	1 year
Respondent 3B	Male	Over 50 years	Moderate ID	5 years
Respondent 3C	Female	54 years	Mild ID	Does not know

Table 2: *Overview of respondents (employees)*

	Gender	Age	Education	Length of experience in the field
Respondent $1A_1$	Female	62 years	Bachelor's degree in special education	16 years
Respondent $1B_1$	Female	60 years	Secondary agricultural technical school with school leaving qualification	25 years
Respondent $1C_1$	Female	44 years	Secondary education, grammar school	10 years
Respondent $2A_1$	Female	37 years	Bachelor's degree in social work	7 years
Respondent $2B_1$	Female	31 years	Elementary education, social service worker course	5 years
Respondent $2C_1$	Female	21 years	Secondary school (university student in Liberec)	Student/3 years
Respondent $3A_1$	Female	44 years	University degree in social work and media studies	8 years
Respondent $3B_1$	Female	58 years	University degree	12 years
Respondent $3C_1$	Female	45 years	Bachelor's degree in adult education	25 years

In the research study, qualitative research methods were applied. *"A qualitative approach is a process of examining phenomena and problems in an authentic environment in order to obtain a comprehensive picture of these phenomena based on in-depth data and a specific relationship between the researcher and the participant. In a qualitative research study, the intention of a researcher is, using a number of procedures and methods, to reveal and represent how people understand, perceive, and create social reality"* (Švaříček, 2014, p. 17). In his publication, Hendl (2016, p. 48) presents the

advantages and disadvantages of a qualitative research. According to the author, the advantages include for example obtaining a detailed view and insight during an analysis of a respondent, analysing a phenomenon/individual in a natural environment or responding to local situations or conditions. The disadvantages include the following: the knowledge acquired may not be applicable to the general population or to a different environment, difficult data collection and analysis, the results are often influenced by the researcher and the researcher's personal preferences.

The main data collection method was an in-depth semi-structured interview. Švaříček (2014, p. 159) defines this method as *"non-standardized questioning of one research participant usually by one researcher using a few open questions."* According to Miovský (2016, p. 159), this is one of the most common methods used in qualitative research. Especially because it can resolve the disadvantages of a non-structured and a fully structured interview, although this method requires thorough technical preparation—development of a scheme that specifies the sets of questions that the participants will be asked. *"It is usually possible to change the order in which the sets of questions are asked in order to maximize response relevance of the interview"* (Miovský, 2016, p. 159).

The interviews were voice recorded and subsequently transcribed into a written form using verbatim transcription (Mayring in Hendl, 2016, p. 212). Then the interviews were analysed to obtain authentic responses to the questions.

2 Results

Approach of the establishments to expressions of sexuality

The interviews conducted in HPD1 suggest that this particular home for people with disabilities approaches their clients' expressions of sexuality in an open way and allow individuals with intellectual disability to satisfy their needs in a natural way.

In HPD2, sexuality is not a taboo and clients' expressions are tolerated but in terms of sexuality education, the establishment is only beginning.

Based on the information collected, HPD3 is the most experienced in acceptance and support of natural sexual needs of their clients.

Employees' approach to expressions of sexuality and sexuality perception in the establishment: past/present

The research involved three establishments. In each of them, a total of three employees who work with clients with intellectual disability on a daily basis were interviewed.

In HPD1, all workers had a positive and understanding approach to expressions of sexuality of their clients. However, two of them had a negative opinion about

their clients conceiving a child. The reason is the clients' inability to cope with the complexity of life with a child. One of them admitted her original problematic approach to expressions of homosexual partnerships. However, now she respects these manifestations.

Similarly, in the second establishment (HPD2), the respondents consider sexuality to be an important part of life. Two of them fully respect sexuality and allow their clients to fulfil their needs in privacy and support their relationships. The third employee had to learn to work with this area and perceive the clients' needs as natural. Currently, she is able to talk to clients about this without any concerns.

The respondents in HPD3 perceive sexuality as an open and debated area. Their positive approach is supported primarily by providing new information and training of all employees. All employees support the right of their clients to partnerships or sexual relationships. One of the employees admitted that she had to completely change her approach to the clients' expressions of sexuality and learn to perceive them as a normal part of life.

All nine employees agreed that this used to be a taboo in the past which was addressed by employees' intuition and to the best of their knowledge. Currently, there are many resources, seminars, trainings and specialized organizations that focus on the sexuality of persons with intellectual disability. As a result, social care establishments have the opportunity to educate their employees in this area. This has a major impact on their approach. In this context, clients are provided with professional care in this intimate part of life.

Sexuality protocol, quality standards

In the research study, the employees were asked whether sexuality was defined in the documents used in their establishment. Specifically, whether they had the Sexuality Protocol or whether this area was covered by the Quality Standards.

HPD1 has the Sexuality Protocol. It was developed in cooperation with a methodologist who visited the establishment as part of an educational seminar. The employees were also involved in the creation of the document. The content of the Protocol is reflected in individual work with the clients and their individual plans.

Unfortunately, in HPD2 no sexuality protocol is in place. The employees of the establishment are aware of its absence and are planning its development following a methodological training that they will take. For the time being, sexuality in this establishment is covered by individual client plans.

In HPD3, the Sexuality Protocol is included as an annex to the Methodological Sheets. The Protocol was developed by the employees of the home according to their knowledge gained in seminars and in compliance with the needs of their clients. The Protocol is combined with individual client plans.

Materials used for client education

The research also focused on ways of supporting clients' education by means of available professional resources.

HPD1 has resources for client education but does not use them because its clients did not show understanding or interest.

HPD2 does not have any professional resources for clients focused on sexual behaviour. According to one of the interviewees, so far it has not been necessary to search for such resources. Instead, they use pictures from available literature (Encyclopaedia of the Human Body).

Similarly, HPD3 uses available magazines as sources of information and pictures. They do not have specific aids intended for working with their clients. However, they have videos filmed for the purposes of sexuality education. These videos are freely accessible to the clients. They also cooperate with professionals who present sexuality to the clients in a comprehensible way.

Sexuality education of clients

Educational activity in the three establishments is rather sporadic and consists of specific "lectures" on sexuality. Sexuality is analysed in the event of a situation that requires it. Everything is always adapted to the age and mental level of a specific client. Regular education in the establishments relates to everyday life, including for example distinguishing between genders, body parts and their functions, family ties and relationships. Themes such as family, parenthood, marriage, sexual intercourse or erotic toys are developed only when the clients are interested.

Whenever a pair is formed in these establishments, the employees do everything to ensure that the relationship is healthy and desired by both partners. The clients are allowed to meet and are supported in their relationships and whenever they require advice or professional assistance. The employees in all three establishments agree that if there is no need to talk about these themes, they do not bring them up for preventive reasons. Especially because their clients are affected by intellectual disability and would probably not associate the theme with a particular situation. However, when needed, they make an individual client plan and follow the plan in order to help the client overcome the situation.

Sexuality education: clients' knowledge

In this part of the research the questions focused on the clients' knowledge in the area of sexuality and relationships. The questions related to distinguishing between genders, sexual organs, knowledge of the terms such as make love, sexual intercourse, sex. Another set of questions related to partnerships, parenthood and child care. Taking into account the clients' intellectual disability, the questions on sexually transmitted diseases and contraception were given to only some of them.

According to the results, the clients in HPD1 (three women, one man) are able to distinguish between a woman and a man and are able to name their sexual organs, although they use colloquial language. The term sexual intercourse/sex is familiar to the man and one woman. Two women know how children come to the world, the man has an idea, while one woman does not know. Two women do not know how to care for a child, while the man and one woman have little knowledge of child care. The terms sexually transmitted diseases and contraception were unfamiliar.

The research in HPD2 included two respondents (males). Both are able to distinguish between a man and a woman and are able to identify the sexual organs. They are unfamiliar with the terms sexual intercourse and sex. One of the clients knows that a woman gives birth to a child and has an idea of the basic principles of child care. Regarding the severity of the intellectual disability of the other respondent, no answers to these questions were obtained.

In HPD3, three clients (two women, one man) were interviewed. All of them know the differences between a woman and a man and are able to identify the sexual organs. They are also familiar with the term sexual intercourse. One of the women knows how children come to the world. Both of them know the basic principles of child care. None of the clients knows any sexually transmitted diseases or contraception methods.

The knowledge of the clients in the three homes for people with disability in the area of sexuality correspond with their impairment and are highly individual. If the clients are interested, these terms are explained to them.

Establishing partnerships between clients and their sexual experience

In all three establishments involved in the research, the clients are allowed to meet both inside and outside the home. HPD1,2,3 organize social and sports events where the clients meet one another and also people from outside the homes.

Of the nine respondents, one man and one woman have a partner at the moment. Three of the respondents had a partner or a very close person in the past. Four of the respondents have not had a partner.

All of the respondents have some sexual experience. Six of them have experienced sexual intercourse with another person. One man had an unpleasant experience with a person of the same sex. One woman used a sex toy to achieve satisfaction. Most of the respondents resort to self-satisfaction.

Clients' privacy

The questions concerning this topic were given to the clients and the employees in all three establishments. Only in HPD2 there is no need to address clients' privacy because they live in single rooms. This was confirmed by the clients.

In HPD2 privacy in twin or triple rooms is ensured by means of dividers or mobile screens. According to the clients, this method of ensuring privacy is sufficient and accepted.

HPD3 ensures client privacy in the same way.

Experience with clients' expressions of sexuality

The experience with the clients' expressions of sexuality differ among the employees.

In their jobs, they have had to address various intimate matters of their clients. These included, for example, purchasing a sex toy or contraception. They also helped create a healthy relationship between two clients who started living together. The experience of the employees also relates to homosexual relationships or a transgender individual. They also had to resolve clients' self-satisfaction in common areas by referring them to their private rooms. There are also partnerships in their home for which they try to ensure privacy.

Problematic factors of sexuality education in HPDs

A problematic factor suggested by HPD employees relates to homosexual relationships and transgender individuals. The homes need to address the issue of sexual assistance.

Another problematic factor suggested by the employees is the cooperation with some guardians who are not open to this area and refuse to acknowledge that individuals with intellectual disability have these needs.

Employee training

The interview with the employees suggested regular training in all three establishments including new information in the area of sexuality. They attend seminars and trainings that take place directly in the homes or outside. All of the employees believe that recently the interest in sexuality has increased which helps better understanding of persons with intellectual disability and their needs in this area. At the beginning, the homes had to accept this area themselves and then work on it to the best of their knowledge for the benefit of the individual. Currently, in cooperation with professionals, they provide high-quality care and follow sexuality standards and protocols in the interest of their clients.

Tables 3 and 4 summarize the responses to the questions that were significant for the research.

Table 3: *Overview of respondents' (clients') answers*

	Sufficient privacy in HPD	Sexual experience	Sexuality education		Partnerships		Parenthood	
			Can identify the differences between a woman and a man Knows the sexual organs	Knows what sexual intercourse/sex is	Is unable to establish a new relationship	Has/does not have a partner	Knows/does not know how children come to the world	Knows/does not know how to care for a child
Respondent 1A	Yes, a room for three	Yes, with an erotic toy	Yes	No	Yes	No	"Is born"	Does not know, would "place the child in an infant home"
Respondent 1B	No, but does not need it	Yes, in the past	Yes	Yes, "they make love and make children"	Yes, but does not want it	Yes, in the past	"From a women"	Has an idea "bath, food, clothes"
Respondent 1C	Yes	Yes, with a woman	Yes	Yes	Yes	Yes, has a "wife"	Has an idea	Yes, "change nappies, feed…"
Respondent 1D	Yes, a room for two	Yes, "they did something" with a man	Yes	No	Yes	No	No	No
Respondent 2A	Yes, an own room	Yes, masturbation Unpleasant touch from another man	Yes	No	Yes	No	"From a seed"	Yes
Respondent 2B	Yes, an own room	Yes, masturbation	Yes	No	Yes	No	–	–
Respondent 3A	Yes, a room for two	Yes	Yes	Yes	Yes	Yes, had a husband in the past	Yes	Yes
Respondent 3B	Yes, a room for two	Yes, with a woman	Yes	"Two people make love"	Yes	Had a close female friend in the past	No	No
Respondent 3C	Yes	Yes, with a man	Yes	Yes	Yes	Has a partner	No	"I feed the child"

Table 4: *Overview of respondents' (employees') answers*

	Approach to expressions of sexuality	Sexuality education of clients	Sexuality education	Development in sexuality education
Respondent $1A_1$	Open, respectful, responsive Absolutely negative opinion about parenthood	Education if required by a specific situation	Yes, every year selected employees are trained	Previously, they worked intuitively, now they use the knowledge gained in trainings and courses
Respondent $1B_1$	Open and respectful to expressions of homosexuality	Not on a regular basis	Yes, recently they saw an educational film	Yes, it is different, I see it as a trend; in the past, this was a big taboo
Respondent $1C_1$	Responsive, open Negative about parenthood	Addresses any problems that occur	No specific training on sexuality, only as part of a different training	This area is no longer neglected as in the past; at the same time, there are brochures available that help us explain things
Respondent $2A_1$	Neutral	Does not happen, regarding the severity of the impairment there has been no need to discuss this for the purposes of prevention	Yes, a training is currently planned to help resolve any problems in the area of sexuality	Positively assesses the possibility of continuing education in the area of sexuality and relationships
Respondent $2B_1$	Neutral, tries not to notice any expressions of sexuality unless someone else is bothered	Does not take place	As part of a social service worker course	Previously was afraid to talk about this issue, currently has no problems
Respondent $2C_1$	Considers it to be a natural part of the life of all people	If necessary, then yes	Yes, during university study	Has no previous experience
Respondent $3A_1$	Open, respectful and supportive	Yes, as part of individual planning	Yes	During the past year, this area has improved in the context of social care; previously this had been a taboo.
Respondent $3B_1$	Respectful, supportive	Yes, with clients who need it	Yes, trainings and courses	Over the past years, this area has been open and is no longer a taboo; it is good that these things are spoken about
Respondent $3C_1$	Open, supportive, respectful	Yes, we have the Sexuality Protocol and methodological guidelines	Yes, on a continuous basis; sexuality training once a year	Thanks to the trainings our employees are educated; in the past, sexuality was addressed intuitively and was rather neglected; currently we have methodologies and guidelines that allow us to work in the interest of our clients

3 Discussion

Sexuality is part of a quality life, including individuals with intellectual disability who live in social care establishments. Although sexuality and partnerships are no longer a taboo, in many social care establishments this area is not addressed in a systematic way.

This area was investigated by a research study carried out in 2004 in the Czech Republic (J. Spilková, J. Mellan), according to which institutional care failed to provide sufficient information about sexuality and sexuality education. 75% of respondents (employees in social care institutions) reported that they had not taken any training in addressing sexuality of persons with intellectual disability. 40–60% of employees suggested that they did not address the sexuality of social care clients at all (Eisner, 2013, p. 120). A well-educated and trained employee should be able to address clients and their expressions of sexuality in order to maximize their satisfaction and self-sufficiency. A key factor in satisfying sexuality is sufficient privacy, which some larger social care institutions may not be able to provide. The research did not directly confirm this fact but it should be taken into account. In her publication aimed at persons with disability and their sexuality, Venglářová (2013) suggested that insufficient privacy might cause a number of problems including, for example, psychological issues, aggression, deprivation or asexuality, which can lead to discomfort and subsequent manifestations of pathological phenomena.

In all cases, it is always necessary to act individually according to the possibilities, desires and needs of each client.

The results of the present research suggest that the area of sexuality is currently discussed much more than in the past. Despite this fact, this is not an area that would be fully integrated in the system of social services, specifically in homes for people with disabilities, whose employees and clients were included in the research. One of the main recommendations is further work in this area. Employees should be open to new knowledge, support employee training in this area and educate clients in the area of sexuality.

Other recommendations relate to various resources that employees could use. They should not be afraid to show things as they really are. They should use self-explanatory books and videos and try not to separate clients from this area but instead provide support and guidance.

The last recommendation is aimed directly at clients and their close persons. Employees should work with the family and teach them to accept the fact that their "child" also has these needs which should be satisfied and spoken about. Accepting this fact by the family will allow the client perceive these needs at a different level instead of hiding them. The client will also learn to satisfy these needs, which could in many cases release tension and discomfort and lead to the satisfaction of their needs.

Ethical aspects and limitations of the study

All persons involved in the study gave their consent to participation. Prior to the commencement of the research, each participant signed an informed consent form and approved their participation and processing of precisely defined information. Regarding the nature of the research, a total of three informed consent forms were made—for employees, clients and guardians. All informed consent forms are kept by the authors of the paper and are available for reference. All research participants had the right to withdraw from the research and terminate their participation at any time. The privacy and personal data of all participants were protected. For this reason, the names of the establishments where the research was carried out and the names of the participants are not specified. Each institution and each participant were identified using a specific code. This procedure was also selected with respect to the theme of the research, which is purely intimate and private. The authors took adequate measures to prevent the data from being matched with a specific person. All recordings and notes were made only for research purposes.

The research study including data acquisition and processing are affected by limitations that could have affected the data including their processing and interpretation.

The first group of factors that can be perceived as problematic or influential are limitations on the part of the researcher. These include personal aspects that have an effect on the quality of the research: motivation, interest and knowledge of the subject. The research may also have been influenced by the current mood of the researcher. Other significant factors include age, gender, experience and status of the researcher. The researcher came to the establishment as a completely new and strange person and it was not entirely clear whether the clients would be willing to cooperate and confide their experience concerning sexuality. For this reason, the interviews also included the employees who provided specific information about the clients.

There are also some limitations on the part of the respondents. The research including the data obtained from the clients and employees may have been distorted by the current mood and internal influences such as fatigue or hunger and external influences including a noisy and distracting outdoor environment or online communication required by the situation in the country (COVID-19). All of this certainly had a big effect on the respondents. Another significant aspect concerns the specific character traits of the clients and nature of their impairment (intellectual disability, autistic spectrum disorder and other related disorders). Another limiting factor on the part of the clients was that they spoke to an unfamiliar person. A friendly contact, introduction and communication on other topics could have brought more subjective and natural answers.

The research was also affected by methodological limitations. The data were collected by a semi-structured interview. This type of interview does not have a pre-

defined structure and uses themes that can be affected or changed by the researcher or the respondent during the interview.

4 Conclusion

The research study clearly indicates a shift and progress in the perception of sexuality within social services, namely homes for people with disabilities that provide care to individuals with intellectual disability. The main objective of the research was to find out how sexuality and its manifestations were perceived by the employees and clients of selected homes for people with disabilities. According to the results, their approach has changed compared with previous years and they are now more open and respectful. However, sexuality education does not take place in all establishments. This is an important finding considering the fact that sexuality education is a means of preventing social-pathological phenomena among persons with intellectual disability. It would be desirable to carry out similar research studies in other homes for people with disabilities in order to map the current situation. These studies should focus on how employees approach their clients in the area of sexuality, to what extent they use available resources and whether their establishment supports sexuality education. The results of these follow-up studies could serve as a basis for the development of other resources, methodologies and guidelines that would help employees in their work with persons with intellectual disability.

An extremely important part is cooperation with parents or guardians of persons with intellectual disability and their education in the area of sexuality. Their open and understanding approach to expressions of sexuality may also support an all-round development of their child or ward. Regarding the above, it would be desirable to carry out a research study aimed at the attitudes and experiences among parents/guardians of persons with intellectual disability and related needs. This could support professionals in bringing together the establishment, parents and clients in the context of sexuality education.

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