



Donnachie, Madeline (2017) *An exploratory study of what people with intellectual disabilities find attractive about romantic partners and how they perceive themselves as romantic partners*. D Clin Psy thesis.

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AN EXPLORATORY STUDY OF WHAT PEOPLE WITH INTELLECTUAL
DISABILITIES FIND ATTRACTIVE ABOUT ROMANTIC PARTNERS AND HOW
THEY PERCEIVE THEMSELVES AS ROMANTIC PARTNERS

AND

CLINICAL RESEARCH PORTFOLIO

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BSc (Hons) Psychology

Submitted in partial fulfilment of the requirements for the degree of

Doctorate in Clinical Psychology

Institute of Health and Wellbeing

College of Medical, Veterinary and Life Sciences

University of Glasgow

September 2017

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Trainee name: Madeline Donnachie	
Matriculation number: 2166406D	
Title of thesis: An exploratory study of what people with intellectual disabilities find attractive about romantic partners and how they perceive themselves as romantic partners	
Date of submission of soft bound thesis	28th July 2017
Systematic review chapter word count (6,000 limit, including tables, figures & references)	8,352
Major research project chapter word count (6,000 limit, including tables, figures & references)	8,761
Thesis word count (maximum 30,000 including appendices)	27,723
Justification for exceeding chapter word count (e.g. qualitative MRP chapter, with word count under 6,000 if excluding quotes)	
Qualitative systematic review and MRP chapters prepared in accordance with guidelines for submission to Journal of Applied Research in Intellectual Disabilities.	
Trainee Signature	

ACKNOWLEDGMENTS

I would like to thank everyone who took part in this study. It was a joy and privilege to talk with you; your enthusiasm really brought this project to life and research sessions were, without doubt, the highlight of my week.

I am incredibly grateful to the staff members who helped with recruitment. Your belief in the project and dedication to recruitment were invaluable.

I would of course like to thank my supervisor Professor Andrew Jahoda for your unwavering enthusiasm for the project, your belief in me, and your invaluable guidance throughout this project and my doctorate experience. Apologies for, at times, letting my doctorate stress get in the way of a good joke! Also, thank you to Professor Ben Jones for your interest in the project and helping the proposal come to fruition. Your support has been much appreciated.

Fellow trainees, what a journey we have been on! It has been a pleasure to share the ups and downs, thanks for being there through it all. Study buddies; your support and friendship has meant so much.

Juliet, Fran, and all at the SSSFT Community Learning Disability Service, I am forever grateful for your help with navigating my way to training. The opportunities you created for me not only prepared me for training, but instilled a passion for working with people with learning disabilities, which has only grown.

To my family and friends, thank you, for always looking after me, listening to me go on about 'The Course' and most importantly telling me it will be ok. Dave - the list would be too long so just thank you. You all have survived the Doctorate too, so now here's to many more adventures with you all.

CHAPTER ONE: SYSTEMATIC REVIEW

LGBT PEOPLE WITH INTELLECTUAL DISABILITIES' EXPERIENCE OF SEXUAL RELATIONSHIPS: A META-SYNTHESIS OF QUALITATIVE STUDIES

Running title: Experiences of sexual relationships

Key words: LGBT, homosexuality, intellectual disabilities, sexual relationships, qualitative

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Prepared in accordance with guidelines for submission to Journal of Applied Research in Intellectual Disabilities (Appendix 1.1)

Word count (including tables, figures and references): 8352

ABSTRACT

Background: Lesbian, gay, bisexual or transgender (LGBT) people with intellectual disabilities are described as a ‘minority within a minority’, and a group who experience their own difficulties within the context of relationships and sexuality. There are only a small number of studies that report LGBT people with intellectual disabilities’ own experiences of sexual relationships. To further understand this population’s experiences of sexual relationships this review carried out a meta-synthesis of qualitative studies.

Method: Articles were searched for in electronic databases and via hand searches of the reference lists of selected articles. Six studies identified for review were subject to quality assessment and synthesised using meta-ethnography.

Results: Six themes were identified: living with abuse and discrimination, difficulties with acceptance from others, self-acceptance and looking for someone like me, feelings of loneliness, a wish for intimacy while trying to find some privacy, and having staff on side. These results suggested that LGBT people with intellectual disabilities wanted to express their sexuality, however their reliance on others and the views held by others were perceived barriers to achieving this goal.

Conclusions: LGBT people with intellectual disabilities often remain reliant on others to actively express and incorporate their sexuality into their lives. Greater openness is still required to support these individuals’ chosen lifestyles and identities.

INTRODUCTION

People with intellectual disabilities (ID) have endured a long history of sexual repression (Kempton and Kahn, 1991; Brown, 1994). In recent years however, the sexual rights and needs of people with intellectual disabilities have received increased attention, with mounting recognition that they are entitled to be sexual and have relationships, as is the case for any other group in society (Craft and Brown, 1994). While important advances have been made with regards to the sexuality of people with intellectual disabilities, there remains a tendency for them to be seen as a homogeneous population. In terms of their sexuality, this means that heterosexuality is typically assumed (Swain and Thirlaway, 1996). Despite this tendency to ignore diverse sexual identities, there is growing recognition that people with intellectual disabilities express the same range of sexual identities and preferences as found in the general population. Research has shown lesbian, gay, bisexual or transgender (LGBT) people with intellectual disabilities, just like anyone else, have aspirations to develop relationships that are sexual and intimate, as well as providing companionship (Abbott and Howarth, 2007).

Sexuality is a fundamental part of what it means to be human and is inextricably linked to a person's health and wellbeing (Pownall, Jahoda and Hastings, 2012). Cass's (1979) Model of Homosexual Identity Formation proposes that gay sexual identity is achieved through a process of: acceptance of a gay or lesbian label, forming a positive view of one's self-identity, moving towards a wish to disclose gay identity in order to finally have increased contact with a gay community. This process is shaped by the interactions that occur between the individual and their environment. It is not always straightforward, and experiencing homophobia, fear of rejection and failing to join a gay community can lead to distress. Within the general population it is known that accessing gay communities not only gives people a chance to develop relationships, but importantly, helps them to form and validate a gay identity (Hughes, 2003). Not being able to access gay culture or develop

a coherent gay identity is recognised as detrimental to psychological well-being (Brady and Busse, 1994).

Although over 30 years old, it has been suggested that Cass's model remains relevant where heteronormative and homonegative beliefs and attitudes are prominent (Kennedy *et al.*, 2014). LGBT people with intellectual disabilities are a population that have been subjected to these prejudicial beliefs and attitudes. By identifying with two groups who experience stigma and discrimination, LGBT people with intellectual disabilities are a 'minority within a minority' (Bennett and Coyle, 2008). Their development of sexuality is compounded by their dependence on others, as demonstrated by Clarke and Finnegan (2005) who found that only 41% of support staff said they would support same-sex relationships, compared with 76% stating they would support heterosexual relationships. Not surprisingly, Burns and Davies (2011) found that LGBT people with intellectual disabilities associate expression of homosexuality with a fear of prejudice, discrimination or withdrawal of support. The prejudice and discrimination LGBT people with intellectual disabilities experience can result in further marginalisation and social exclusion, which in turn restricts their opportunities to access gay communities or resources. Consequently, their opportunities to express themselves sexually may be limited and they may also internalise others' negative attitudes about homosexuality.

Emerging literature has demonstrated the increase in attention given to understanding LGBT people with intellectual disabilities and their sexuality. Recent reviews of the literature by Wilson *et al.*, (2016) and McCann, Lee and Brown (2016) have attempted to consolidate this research, and have explored a number of the main challenges faced by LGBT people with intellectual disabilities. Their findings drew together research examining the perspectives of caregivers, professionals, and individuals themselves. Yet no review has exclusively explored LGBT people with intellectual disabilities' own lived

experiences. As a population, people with intellectual disabilities are often not afforded the opportunity to participate directly in research. Research is often conducted from a parent/carer or staff perspective, rather than with the individuals themselves. Spencer *et al.* (2003) point to the importance of gaining ‘an in-depth understanding of people’s experiences, perspective and histories in the context of their personal circumstances and settings’ (pg.3). In recent years there has been increasing acknowledgment that, as experts on their own experiences, people with intellectual disabilities can make valuable contributions to research (McDonald *et al.*, 2016). Qualitative research is able to make a distinct contribution to the literature by exploring how individuals see and understand their social worlds (Green and Thorogood, 2013). Qualitative methodologies have been found to be beneficial in involving people with intellectual disabilities in the research process (Coons and Watson, 2013).

This review aims to examine LGBT people with intellectual disabilities’ own experience of sexual relationships. In the light of limited understanding of this population’s experiences and the tendency for them to be excluded from research, this study will only include qualitative studies that aimed to explore individuals’ own perspectives, rather than parent/carer or staff perspectives. Bringing the findings of qualitative research studies together, allows the diversity and complexity of the participants’ experiences to be explored. It also helps to identify this population’s needs in terms of relationships, thereby showing how families and services could be more responsive to meeting these needs.

METHOD

The focus of studies under review included qualitative studies that explored LGBT people with intellectual disabilities’ own experiences of sexual relationships.

Inclusion and exclusion criteria

Inclusion criteria

The participants were required to be i) adults aged over 16 years old, ii) identified as having an intellectual disability, by reference made to level of ability within an intellectual disability range, and iii) self-reported as lesbian, gay, bisexual or transgender.

The studies had to i) follow a qualitative method, ii) explore participants' experiences of sexual relationships, iii) be published in a peer reviewed journal, and iv) be published in an English language journal.

Exclusion criteria

Papers were excluded if i) they explored parent/carer or staff perspectives of individuals with intellectual disabilities' sexual relationships or ii) if the accounts of parent/carer or staff members were analysed or presented alongside individuals' own accounts and it was not possible to clearly identify data or interpretations made from participants with intellectual disabilities.

Search strategy

Qualitative research is widely published in a range of journals. A systematic and comprehensive search of relevant databases was therefore needed (Barbour and Barbour, 2003). The current review included the following databases; CINAHL and PsycINFO searched via EBSCO, EMBASE and MEDLINE searched via OVID, and ASSIA and Social Science Abstracts searched via ProQuest. To account for the iterative nature of qualitative research it is recommended that a broad search strategy be employed. The current review therefore included both thesaurus versions of keyword terms and free text terms to form a robust search strategy. Searches were limited to studies published in English and they were completed on the 9th of April 2017 using the following terms;

1. Homosexuality OR homosexual* OR Homosexuality, male OR gay* OR (gay ADJ2 (men OR man OR male*)) OR “men who have sex with men OR (men ADJ4 (“sex with men”)) OR MSM OR MWHSWM OR Homosexuality, female OR Lesbianism OR lesbian* OR “women who have sex with women” OR (women ADJ4 (“sex with women”)) OR WSW OR WWHSWW OR Bisexuality OR bisexual* OR Transgender person OR transgender* OR Transsexualism OR Transsexual* OR Sexual orientation OR “same – sex” OR Sexual minorities OR Queer OR intersex OR LGBT OR LGB* OR GLB* OR lesbigay
2. Intellectuality disability OR ((Learning OR intellect* OR mental*) ADJ (disab* OR retard* OR handicap* OR incap* OR impair*) OR (down* ADJ syndrome))
3. 1 AND 2

Articles identified by the searches of electronic databases were subject to a three stage review process, in accordance with the inclusion and exclusion criteria outlined. Firstly, article titles were reviewed and those that met exclusion criteria were discarded. Abstracts of the remaining papers were then reviewed and unsuitable articles were excluded. Full versions of the remaining papers were read and their suitability for inclusion in the review established. In the end, five articles were deemed suitable to be included in the review. Finally, the reference lists of these five articles were manually reviewed, and one further article was identified. Figure 1.1 provides a flowchart of the search process and the reasons for excluding studies.

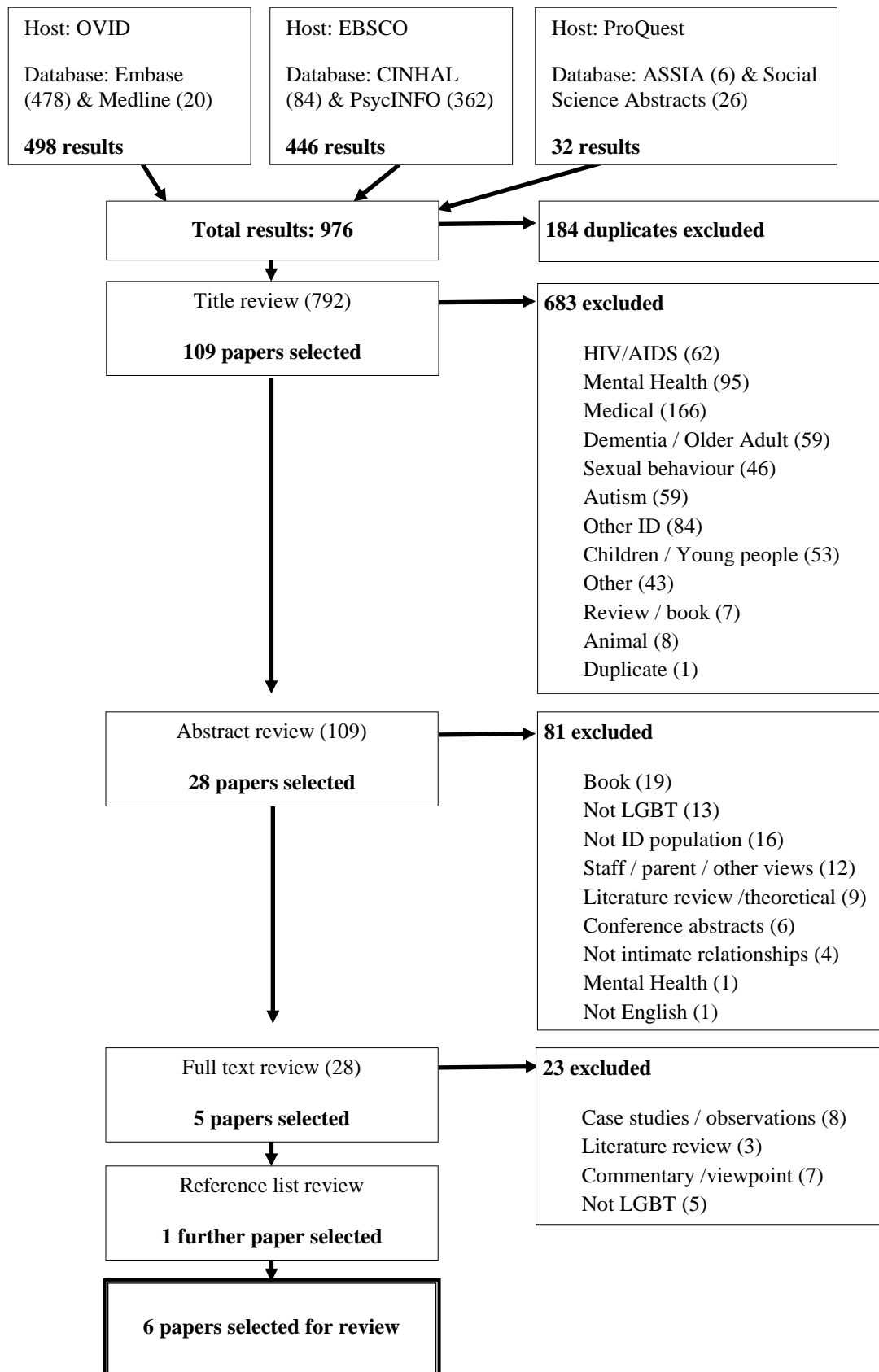


Figure 1.1 Flowchart of the search process for relevant studies

Quality ratings of studies

There is debate about evaluating qualitative research, given there is a lack of consensus on what quality criteria are essential (Finfgeld-Connett, 2008). Appraising the quality of qualitative research however is important to be able to establish the creditability of such research (Walsh and Downe, 2005). It can provide a sense of the care and rigour taken in conducting research, considering if data collection, analysis and interpretation have been systematic. In this review, quality appraisal was assessed using a checklist adapted from Walsh and Downe (2006), devised for health based research. The checklist included 28 criteria covering the following core issues; scope and purpose, design, sampling strategy, analysis, interpretation, reflexivity, ethical dimensions, and relevance (see Appendix 1.2). The quality of each paper was scored, with a point being awarded if the criterion was present. If a criterion was not met, or it was not possible to ascertain from information within the paper, it was marked as absent. An independent reviewer also rated the articles, and discrepancies that emerged were resolved through discussion. Agreed quality ratings for each study are outlined in Table 1.3. Due to the diverse nature of qualitative study designs and theoretical perspectives employed, it can be challenging to identify fatal methodological flaws (Dixon-Woods *et al.*, 2004). For that reason, within the current review, the purpose of quality rating was not to eliminate studies based on a quality threshold, rather to indicate strengths and limitations.

Method of synthesis

Meta-ethnography is an interpretive approach originally developed by Noblit and Hare (1988) and further developed by Atkins *et al.* (2008). It was the preferred method of synthesis in the current review as it is recognised as suitable for healthcare research synthesis, specifically research exploring patient experiences and views (Ring *et al.*, 2011). Furthermore, it allows for studies that have employed different qualitative methods to be

synthesised (Campbell *et al.*, 2003). Noblit and Hare (1988) outline seven stages to a meta-ethnography that start with forming a research idea to expressing research findings. These stages are outlined in Table 1.1. Themes from the six articles selected for review were organised in chronological order and compared to identify central themes. Major themes were explored, alongside noteworthy variations within the data to establish a holistic understanding of both the shared and varied sexual relationships experiences of the participants.

Table 1.1 Stages of meta-ethnography

Stage	Description
Getting started	Determine research question
Deciding what is relevant to the initial interest	Defining the focus of the synthesis; locating relevant studies; making decisions on inclusions; quality assessment
Reading the studies	Becoming familiar with the content and detail; begin to extract 'metaphors' or emerging themes
Determining how studies are related	Create a list themes of and metaphors; juxtaposition of above; determine how themes are related; reduce themes to relevant categories
Translating studies into one another	Arrange papers chronologically; compare paper 1 with 2, and the synthesis of these papers with paper 3 and so on
Synthesising translations	Third order interpretation leading to a line of argument synthesis
Expressing the synthesis	Presentation of results; publication of findings

RESULTS

Data extraction

Table 1.2 illustrates the study characteristics of the six papers included in this systematic review. Data extracted from each study included country, study aims, data collection method, method of analysis, participant demographics and key themes. Most studies involved participants that had accessed a specific LGBT service and/or attended a LGBT support group. While these settings provided an important context for the meta-synthesis, data that focused on group processes rather than individual's own experiences were excluded from the synthesis. Abbott and Burns (2007) interviewed LGBT people with intellectual disabilities and staff working with them, but only data from the individuals with intellectual disabilities were included in the current review.

Table 1.2 Study details and themes

Study citation and country	Aims	Data collection method	Analysis	Participants	Themes
(Withers <i>et al.</i> , 2001) UK	Evaluation of pilot support group for men with ID who had sex with men	Transcript of dialogue from one group session	Content analysis	Five men with mild ID who have sex with men Age range: unknown Community residents	<ul style="list-style-type: none"> i. Safety issues ii. Contact with gay culture iii. Self-labelling as gay iv. Positive attitudes towards homosexuality v. Future aims of the group
(Abbott and Burns, 2007) UK	To explore what helped and hindered LGB people with ID express their sexuality, meet other LGB people, and, if desired, form relationships	Individual semi-structured interview	Grounded theory	Eleven men and nine women with ID who identified as LGBT. One interviewee was postoperative transgender woman Age range: 22 to 59 years old Community residents	<ul style="list-style-type: none"> i. Talk about love ii. Reluctance to come out iii. Discrimination iv. Social isolation v. Lack of support
(McClelland <i>et al.</i> , 2012) Canada	To explore the ways in which social and environmental conditions influence vulnerability to adverse sexual outcomes for young LGBT people with ID	Qualitative interviews and focus group	Non-specific qualitative	Ten young people with ID who identified as lesbian (n = 3), gay (n = 2), bisexual (n = 1), questioning (n = 1) or fluid sexual orientation (n = 3). Six participants were cisgendered (4 males, 2 females). Four participants identified as transgendered, transsexual or fluid gender identities. Age range: 17 – 26 years old	<ul style="list-style-type: none"> i. Living arrangements, rules and autonomy ii. Sex and sexual spaces

				Community residents	
(Stoffelen <i>et al.</i> , 2013)	To explore the lived experiences of a specific cohort of homosexual people with an ID living in the Netherlands	Individual, paired or small group (n=3) semi-structured interview	Unknown	Nineteen men and two women with mild ID who identified as gay or lesbian	<ul style="list-style-type: none"> i. Sexual experiences ii. Gay or lesbian identity iii. Support iv. The relationship with family v. The relationship with one's partner
Netherlands				Age range: 20 to 62 years old	
				Living situation unknown	
(Dinwoodie, Greenhill and Cookson, 2016)	To explore how people with ID experienced their sexual identities	Individual semi-structured interview	Interpretative phenomenological analysis	Three men, one woman and one trans person with ID who identified as LGBT	<ul style="list-style-type: none"> i. Common experiences of bullying/abuse ii. Understanding sexualities iii. Other's responses to intellectual disabilities and sexualities iv. Navigating acceptance
UK				Age range: 18 to 47 years old	
				Community residents	
(Tallentire <i>et al.</i> , 2016)	People with ID told their stories about attending a LGBT support group	Semi-structured interviews and written information	Narrative analysis	Seventeen male and one female co-researchers with mild ID.	<ul style="list-style-type: none"> i. Deciding to go to the group: identity and coming out. ii. Starting to attend the group: fear and name-calling iii. Becoming able to be yourself when at the group iv. Developing pride in who you are: this changes your life v. Wanting to help others with their sexuality: pride in achievements vi. Wanting to carry on the work elsewhere: direction in life
UK				Age range: 24 – 58 years old	
				Secure hospital residence	

Results of quality review

Quality ratings for each study are outlined in Table 1.3. All studies described the scope and purpose of their research well and contextualised their research within the existing literature. Most studies made a clear reference to either specific research questions or aims (Withers *et al.*, 2001; Abbott and Burns, 2007; Stoffelen *et al.*, 2013; Dinwoodie, Greenhill and Cookson, 2016; Tallentire *et al.*, 2016).

Study design was apparent in most studies, however the extent to which it was justified varied. All authors referenced appropriate data collection strategies in relation to their research aims. Samples were typically described in relation to the health service or organisation that participants were associated with. Recruitment processes were described by Abbott and Burns (2007), Stoffelen *et al.* (2013) and Dinwoodie, Greenhill and Cookson (2016). Only Tallentire *et al.* (2016) made reference to a specific sampling method (convenience sample) and provided justification for this. The level of participant demographic information provided was wide-ranging across studies.

Most studies provided an explanation of an appropriate analytic approach. Stoffelen *et al.* (2013) failed to provide a reference for the analysis approach employed, and while McClelland *et al.* (2012) provided a description of the analysis process, a specific analytic approach was not referenced. Four studies (Withers *et al.*, 2001; Abbott and Burns, 2007; McClelland *et al.*, 2012; Dinwoodie, Greenhill and Cookson, 2016) involved more than one researcher in analysis. While only two studies (McClelland *et al.*, 2012; Tallentire *et al.*, 2016) consulted participants during their analysis process. Dinwoodie, Greenhill and Cookson (2016) provided justification for not involving participants, stating 'IPA's double hermeneutic means that data analysis is the researcher's interpretation of how the participant made sense of their experience'. They also described how the conduct of their research had been framed by qualitative research quality guidance (Elliott, Fischer and Rennie, 1999).

Study context was described in most studies, however the extent to which these contexts were taken into account in interpretations varied. No clear audit trails were provided to

show how researchers came to their interpretations. All studies provided support for their interpretations with excerpts of interview data. Researcher reflexivity was demonstrated by half of the studies reviewed (Withers *et al.*, 2001; Dinwoodie, Greenhill and Cookson, 2016; Tallentire *et al.*, 2016).

Ethical dimensions were typically outlined well. All but two studies (Withers *et al.*, 2001; Abbott and Burns, 2007) made explicit reference to ethical approval being granted. Most made suitable reference to how consent, confidentiality and anonymity were managed. Tallentire *et al.* (2016) only referenced inability to give consent as part of their exclusion criteria; the way consent was managed was not discussed. A strength of Abbott and Burns (2007), Stoffelen *et al.* (2013), and Dinwoodie, Greenhill and Cookson (2016) was outlining the adaptations made for obtaining informed consent from people with intellectual disabilities.

All studies provided evidence of the relevance of their findings. All but McClelland *et al.* (2012) discussed their findings adequately within the context of appropriate theory or existing literature. Limitations of the research conducted were documented well across studies with the exception of Abbott and Burns (2007). Furthermore, Abbott and Burns (2007) and Stoffelen *et al.* (2013) failed to outline further directions for research.

Table 1.3 Quality criteria ratings

Stage	Essential Criteria	Withers <i>et al.</i> (2001)	Abbott and Burrs (2007)	McClelland <i>et al.</i> (2012)	Stoffelen <i>et al.</i> (2013)	Dinwoodie <i>et al.</i> (2016)	Tallentire <i>et al.</i> (2016)
Scope and purpose	Clear statement of focus for research	X	X	X	X	X	X
	Rationale for research	/	X	/	X	X	X
	Questions/aims/purpose	X	X	/	X	X	X
	Study thoroughly contextualised by existing literature	X	X	X	X	X	X
Design	Method/design apparent	X	X	X	/	X	X
	Above consistent with research intent	X	X	X	/	X	X
	Rationale given	X	X	X	/	X	X
	Data collection strategy apparent	X	X	X	X	X	X
	Data collection strategy appropriate	X	X	X	X	X	X
Sample strategy	Sample and sampling method explained	/	X	X	X	X	X
	Above justified	/	X	X	/	/	X
	Above appropriate	/	X	X	X	X	X
Analysis	Analytic approach explained	X	X	/	/	X	X
	Above appropriate	X	X	/	/	X	X
	More than one researcher involved if appropriate	X	X	X	/	X	/
	Participant involvement in analysis	/	/	X	/	/	X
Interpretation	Context described	/	X	X	/	X	X
	Context taken account of in interpretation	/	X	X	/	X	X
	Clear audit trail	/	/	/	/	/	/
	Data used to support interpretation	X	X	X	X	X	X
Reflexivity	Researcher reflexivity demonstrated	X	/	/	/	X	X
Ethical dimensions	Ethical approval granted	/	/	X	X	X	X
	Documentation of how consent was managed	X	X	/	X	X	/
	Documentation of how confidentiality and anonymity were managed	X	X	X	X	X	/
Relevance	Evidence of study relevance	X	X	X	X	X	X
	Links to theories and literature	X	X	/	X	X	X
	Limitations/weaknesses outlines	X	/	X	X	X	X
	Outlines further directions for research	X	/	X	/	X	X

NB. 'X' indicates criteria present, '/' indicates criteria absent or unable to ascertain

Meta-synthesis

To determine how studies were related, a chronological list of study themes was created to compare study findings and identified themes (Noblit and Hare, 1988). Six central themes concerning LGBT people with intellectual disabilities' experiences of sexual relationships were elicited: 1) Living with abuse and discrimination 2) Difficulties with acceptance from

others 3) Self-acceptance and looking for someone like me 4) Feelings of loneliness 5) A wish for intimacy while trying to find some privacy 6) Having staff on side. The content of each theme is described below with participants' quotes presented in italics.

1) Living with abuse and discrimination

A dominant and striking theme across all studies was the prevalence of abuse and discrimination LGBT people with intellectual disabilities experienced in relation to their sexuality. Individuals' narratives were dominated by having to negotiate the negativity in a variety of environments. Abuse occurred within the community and participants' homes (Dinwoodie, Greenhill and Cookson, 2016), as well as being prevalent in work places and day centres (Stoffelen *et al.*, 2013).

The perpetrators were strangers, as well as family and caregivers whom individuals relied on for support. Abbott and Burns (2007) noted that abuse perpetrated by family members was particularly distressing. The majority had experienced staff being homophobic either in the form of overt homophobia or subtler forms of prejudice. The theme of 'others' reactions' will be addressed in more detail later.

The impact of experiencing abuse and discrimination was demonstrated by two studies that explored individuals' experiences within the context of LGBT support groups (Withers *et al.*, 2001; Tallentire *et al.*, 2016). Some participants in these studies felt worried about participating in a group that defined their sexuality to others. They described worries about being 'exposed' and of being at increased risk of encountering abuse or discrimination. This was expressed by concerns for personal safety while attending the group. One participant said:

'We need to be careful...if any of these lads hanging around find out, we're done for' (Withers *et al.*, 2001).

In the same way, confidentiality was also an issue raised, again, reflecting a fear of being exposed:

'We need somewhere where no one outside can hear us. I don't like it that other people can listen in. These walls here are too thin, and there's people around'
(Withers *et al.*, 2001).

For some, attendance at a group that made their sexuality visible to others increased their current vulnerability to abuse, which impacted their decision to continue attending:

'I stopped going because people ridiculed me and were name-calling, saying thing like 'Faggot', 'Nonce' and 'you're in there with all the other Nonces' ...because it's in... [place] they can all see who goes in which makes it worse' (Tallentire *et al.*, 2016).

Concerns for safety reflected the impact of past and current experiences in terms of prejudice, homophobia, verbal and physical abuse. Individuals were able to make clear links between their negative experiences and their sexuality, which emphasised insight into the homophobic attitudes held by others:

'I always think the bullies had an idea I was gay' (Dinwoodie, Greenhill and Cookson, 2016).

2) *When, where and to whom to 'come out' to – difficulties with acceptance of others*

The abuse and discrimination that LGBT people with intellectual disabilities experienced in relation to their sexuality influenced the expression of their LGBT identity. This was reflected in discussions about other peoples' reactions to, and acceptance of, their sexuality. Across all studies individuals expressed reluctance to 'come out' to family, friends and support staff. Participants described this was due to fears of being rejected or

discriminated against, and concerns about losing their existing social and support networks (Abbott and Burns, 2007).

Participants spoke about having a sense that their disclosure of a LGBT sexuality had not been taken seriously. One participant interviewed by Dinwoodie, Greenhill and Cookson (2016) reported that he believed others thought

'people with intellectual disabilities can't make up their mind...folk just say it's a phase'.

Another recalled a conversation with a parent about being gay:

'You're gay? You don't know what it is to be gay. You don't understand. You're not gay, you don't know what you are talking about, you're just going through a phase' (Abbott and Burns, 2007).

This suggests that others' acceptance of their sexuality was also influenced by beliefs held about people with intellectual disabilities' ability to make reliable and informed life choices. In addition, it appears to suggest a 'phase' is something that will be 'got over' or will pass, and therefore does not acknowledge the possible permanency of sexuality identity.

Participants also described how others tried to persuade them they were not homosexual, or that they at least had to test out heterosexuality:

'My father said that I had to try it... Well, I tried it with a girl. She liked it but I didn't' (Man, 29 years old) (Stoffelen et al., 2013).

Again, this quote suggests that disclosures had not been taken seriously. The fact that this person 'tried it' also points to the limited sense of control people with intellectual

disabilities may feel they have and how this can result in them conforming to others' expectations.

Participants also had to manage differing points of view. One participant described the difference in how his parents responded:

'My father accepts it under certain conditions...that I don't do anything crazy....and my mother, well, she cannot deal with it. No, she would rather not know. We never talk about it' (Man, 49 years old) (Stoffelen et al., 2013).

This quote also highlights that even where there is a glimmer of acceptance, it may not be unconditional.

Participants had not disclosed their sexuality in all settings (Stoffelen et al., 2013) and often spoke about someone they did not want to 'come out' to (Abbott and Burns, 2007). One participant spoke about her apprehension about revealing her sexuality due to possible social exclusion:

'I'm afraid how they will react. At my work...when I say I like girls...they don't want to sit next to me. (Stoffelen et al., 2013).

Dinwoodie, Greenhill and Cookson (2016) captured how 'coming out' was not a single event. On the contrary for individuals 'coming out was a continual process of decision making to facilitate safety and acceptance'. It was evident that LGBT participants in these studies had given careful thought about coming out to others and their past negative experiences helped to frame their decisions.

3) Self-acceptance and looking for someone like me

The majority of study participants were accessing services in relation to their sexuality and had therefore made their sexual identities apparent to others. Models of homosexual

identity formation propose that the development of sexual identity is a process (Cass, 1979). It was evident that participants were at different stages of this process.

Some participants described accepting their feelings of attraction to the same gender when they were young, even before they understood what they were experiencing:

'I always knew I was gay but I didn't know the name of it I just thought, oh yes, you fancy fellas...that's what it is' (Dinwoodie, Greenhill and Cookson, 2016).

Meanwhile, others described their experience of acting as if they were heterosexual:

'For a while I acted as if I was heterosexual...I had several girlfriends but not much happened, I never really had a need for sex with them' (Stoffelen *et al.*, 2013)

Participants spoke about the emotional impact of concealing their sexual identity:

'the only way you get through hiding who you are, the pain of living a lie is by cutting up' (Tallentire *et al.*, 2016).

In this instance, the distress caused by being unable to express their sexuality was linked to self-harm.

Despite the challenges faced by the LGBT participants in these studies, they often expressed the view that it was other people's attitudes that were the problem. One participant stated:

'But it's not like we are doing anything wrong is it? I mean it's ok what we're doing' (Withers *et al.*, 2001).

Participants frequently described a desire to talk about their own sexuality and to hear about others' sexuality. This interaction with others was seen as a way to help them be more open and take pride in their sexualities. This was demonstrated by Withers *et al.*

(2001) who reported that ‘attending groups increased the references to sexuality and positive attitudes towards homosexuality’.

In spite of the challenges in coming out and the discrimination they faced, the participants described accessing gay community venues such as pubs or clubs (Withers *et al.*, 2001).

Participants spoke about their experiences:

‘Me and [group member] went to [popular gay pub] the other week. We’d never been anywhere like it – dead friendly men there and everything’ (Withers *et al.*, 2001)

‘When we go out, we like a cuddle and that’s because people aren’t as...they are all gay people so they do the same thing. You don’t feel as isolated’ (Abbott and Burns, 2007).

There appeared to be a consensus that accessing a gay community was what these participants wanted to achieve. However, being part of a gay social network appeared to remain a discreet part of their life. As demonstrated by the following quotation, the individual’s connections with a LGBT-ID service had not influenced their connections wider than of that specific group:

‘I don’t know a lot of people with an intellectual disability who are also gay outside of my own group of friends and the people from COC (local LGBT service)’ (Stoffelen *et al.*, 2013).

Overall, meeting other people with intellectual disabilities who identified as LGBT and accessing a gay community appeared beneficial. It eliminated feelings of loneliness, created a shared experience and was part of the process that supported participants to develop their sexual identity (Tallentire *et al.*, 2016). One participant puts it simply as:

‘Just meeting, talking to people, helped me change’ (Tallentire *et al.*, 2016).

4) *Feelings of loneliness*

Feelings of loneliness and isolation were a common feature for the study participants and appeared to be a consequence of the specific barriers they faced in both exposing and concealing their sexuality. Across a number of the studies individuals highlighted the negative emotional consequences of not being able express their sexuality or have shared experiences. One lesbian said:

'Nobody to talk to that's what hurts the most. That's why I would like to go to another lesbian woman to talk to her about it. Somebody who I feel understands were I am coming from' (Abbott and Burns, 2007).

This reveals the strong emphasis participants place upon how relationships might enhance their quality of life and feelings of being understood.

5) *A wish for intimacy, while trying to find some privacy*

A wish for intimacy was a core part of the participants' accounts. Participants' aspirations for relationships did not differ from those of non-disabled or non-LGB people (Abbott and Burns, 2007).

Although a large proportion of the participants discussed being sexually active, the ongoing difficulties with acceptance from others meant participants often hid their sexual relationships and experiences. Participants reported hidden sexual contact happened frequently in institutionalised care settings where they had limited privacy and sex was forbidden. A theme throughout the studies was of others' control over the participants' ability to explore their sexuality. Although they were keen to have sexual relationships, the limitations imposed on their autonomy and privacy impeded this. One participant recalls:

'When I was in a group home, I wanted to have sex with [another resident] but the group home wouldn't let us...I really wanted to get into sex because I guess I was

ready at that point. I was 19. But the group home wouldn't let us. I was kind of upset and frustrated' (McClelland *et al.*, 2012)

Other participants echoed similar experiences:

'Yes, it's very difficult, It's difficult to take a friend upstairs and say I'm in my room now'. (Man 26 years old) (Stoffelen *et al.*, 2013).

'I can't do it at my house, because of my parents. If I had a partner, I wouldn't do it at his house either, because mostly the people I date are around my age and they live with their parents' (McClelland *et al.*, 2012).

These quotes reveal that even with the move away from institutionalised care and new living situations allowing for more privacy, individuals continued to feel inhibited by living in supervised settings.

Further, although individuals identify their homes as a safe place to have sex, the presence of others created barriers, which ultimately increased their vulnerability and risk taking behaviours. The search for privacy often led to individuals seeking alternative sexual environments, such as in public places. Withers *et al.* (2001) concluded that 'sex in public places may represent one of the few realistic options for people with intellectual disabilities to have any form of sexual contact, and in fact may offer a greater degree of privacy than would be present in their own homes'. McClelland *et al.* (2012) also acknowledged not only the risk, but discomfort that participants were exposed to when seeking sexual experiences, concluding that with 'the virtual prohibition of their sexual activity within their homes, and a dearth of accessible alternatives, LGBT youth labelled with intellectual disabilities resort to uncomfortable and risky physical and social spaces for romantic and sexual encounters'. Participants' interpretations of others' views, such as staff being intolerant, also increased the likelihood of engaging in risky or opportunistic sexual activities (Withers *et al.*, 2001).

These factors demonstrate the dilemma the participants faced when seeking sexual relationships. It is noteworthy that most participants in the studies under review were involved with support services, and had accessed support in relation to their sexuality. However, even though they were actively involved with this support, individuals continued to find it difficult to have sexual relationships.

6) *Having staff on side*

Contrary to the theme concerning a lack of ‘acceptance from others’, which suggested that individuals typically experienced prejudice or discrimination from support staff, studies also found incidences of positive support. It was apparent that when staff were positive and accepting it made it easier for individuals to discuss what had been seen as taboo subjects in relation to their sexuality. In addition, the ability to make links with someone similar to them, who could offer shared experiences, was reflected by individuals’ positive views of the support they received from LGBT care support staff. This seems particularly pertinent given ‘the lack of access to positive LGBT models’ as noted by Dinwoodie, Greenhill and Cookson (2016). Tallentire *et al.* (2016) also discussed the impact of positive attitudes from staff and how this supported participants to develop their acceptance of their sexual identity.

Participants were able to articulate what they believed were solutions to the barriers they faced in accessing gay communities, and this frequently centred around the support they received. Abbott and Burns (2007) highlighted the importance of both the emotional and practical support that staff could provide, such as having staff ‘go with them to gay and lesbian places, help them deal with their nerves or anxiety, as well as transportation’. Stoffelen *et al.* (2013) also recognised how important it was for individuals’ support networks to take a responsibility for being aware of local gay resources and communities to improve the support they provide.

DISCUSSION

This review has synthesised the available qualitative data about LGBT people with intellectual disabilities' own experiences of sexual relationships. The studies included in this review indicate that the LGBT participants, even in the face of significant challenges, desire to be able to express their sexual identity and engage in meaningful relationships.

'Coming out' is seen as a fundamental experience of being lesbian, gay or bisexual. Fish (2008) explains that it refers to 'two phenomenological experiences; acknowledging one's identity to oneself and telling others'. This review indicated that for the study participants, 'coming out' often involved negotiating the negative attitudes of others to avoid exposure to prejudice or discrimination.

A large proportion of the participants reflected on their time living in institutionalised care, and the negative impact this had on their sexuality, particularly the limits this placed on their privacy. While it has been a number of years since the move away from institutionalised care, which was underpinned by Humans Rights initiatives (Brown, 1994), these negative experiences were echoed by younger participants who are living in the community. These younger participants continue to face restrictions in their lives and lack the autonomy to make decisions about engaging in meaningful sexual relationships. This appears to reflect the continued socially marginalised position of people with intellectual disabilities in society (Wade, 2002).

Models of identity formation suggest that interacting and identifying with similar people leads to developing a positive view of one's identity and can provide validation of the self as homosexual (Cass, 1979). This review highlighted that access to support groups or LGBT services provided an environment for people to have shared experiences, and importantly, to know that they are not alone. Furthermore, groups appeared to enable participants to process identifying as gay or lesbian. Hunter (2007) noted that increased access to positive role models facilitated both earlier and less distressing 'coming out' as homosexual. Increasing the opportunities LGBT people with intellectual disabilities have

to engage in meaningful relationships, can therefore have positive implications for personal identification and wellbeing.

Diversity in the quality of included studies may have impacted the findings of the current review. Where audit trails of analysis were not provided, it is not clear how interpretations and themes were developed. Studies provided some reference to the context of data collection. Often however, there was inadequate explanation of how this was accounted for in interpretation. This made it difficult to identify the significance of experiences described. Study findings may be a result of the healthcare or support services they took place in. For example, individuals' experiences and views of their sexuality may have been affected by the remit of the service they were recruited from and the reason for their referral or association with that service.

Limitations

There are a number of limitations to the current review which should be acknowledged. With regards to the quality ratings, the word limit requirements of peer-reviewed journals may have prohibited the level of detail researchers could include in their reports. Important methodological information therefore may be absent even though it had been considered in the research process, which consequently limits the value of quality ratings. Only published studies were included in the current review to provide a level of quality. During the search process, this publication bias may have meant relevant studies were excluded.

Formal assessments of intellectual disability were not undertaken by any of the studies included in the review. Four studies referred to participants' having mild intellectual disabilities and two papers do not make any reference to participants' level of ability, stating only that participants self-identified as having an intellectual disability. A lack of information about participants' level of ability makes it difficult to judge the validity of interpretations and also makes it impossible to explore the varying needs and experiences of people with different levels of ability.

A limitation acknowledged by researchers across the studies was the underrepresentation of women. One study included only men and where women were included they were a

minority. Within health research the similarities within LGBT communities have been emphasised; however, this inclusive category can mean differences between the multiplicity of sexual and gender identities are obscured (Fish, 2008). Within the current review, studies did not differentiate between lesbian, gay, bisexual or transgender participants' experiences, which may have overlooked unique differences. Those who were recruited to studies were typically identified through support services associated with supporting people with their sexuality. These individuals may have been more motivated to engage in the research if they had particularly strong feelings about their sexuality. This may differ from those who are not engaged in such services or where sexuality remains concealed.

The implications of ethnicity cannot be considered within the current review as only one study made reference to the ethnicity of research participants. Furthermore, the review only took into account the experiences of LGBT people with intellectual disabilities in a small selection of liberal Western countries, which are typically more tolerant of homosexuality (Inglehart and Welzel, 2005). This review therefore does not reflect the experiences of those from Eastern countries or those living in cultures that are unaccepting of homosexuality. It would be beneficial to carry out qualitative research and synthesise findings with regards to multiplicity of sexual and gender identities, as well as with people with more complex disabilities, and those from different cultures or countries.

Implications

This systematic review has provided an opportunity to consider, exclusively, the views of LGBT people with intellectual disabilities. The review has identified that individuals can find the process of developing their sexual identity challenging in both an emotional and practical sense. An over-arching theme was the importance of having the opportunity to talk about experiences and have them acknowledged, whether that be with family, friends or professionals. It would be beneficial if caregivers were more informed about the challenges of developing a non-heterosexual identity. Working from a Human Rights

based approach remains essential to support and meet the needs of people with intellectual disabilities, particularly in the context of their sexuality.

CONCLUSIONS

Synthesising the findings of qualitative studies about LGBT people with intellectual disabilities' experiences of sexual relationships has indicated that they face a range of emotional and practical challenges. Those involved in supporting people with intellectual disabilities should be prepared to support the development of sexuality, regardless of orientation. Further consideration of the impact of suppression of sexuality identity and expression in terms of infringement of rights, wellbeing and quality of life is required.

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CHAPTER TWO - MAJOR RESEARCH PROJECT

AN EXPLORATORY STUDY OF WHAT PEOPLE WITH INTELLECTUAL DISABILITIES FIND ATTRACTIVE ABOUT ROMANTIC PARTNERS AND HOW THEY PERCEIVE THEMSELVES AS ROMANTIC PARTNERS

Running title: Attraction in romantic partners

Key words: intellectual disabilities, attraction, romantic partner, intimate relationships

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Prepared in accordance with guidelines for submission to Journal of Applied Research in Intellectual Disabilities (Appendix 1.1)

Word count (including tables, figures and references):8761

LAY SUMMARY

Background: Research has found that people with intellectual disabilities want to have romantic partners and live as couples, and that they value kindness and companionship rather than financial security, social status or intelligence (Bates, Terry and Popple, 2016; Rojas, Haya and Lázaro-Visa, 2016). Bates, Terry and Popple (2016) also reported that participants appeared to hold less conventional views of physical attraction. Unlike within the general population, little is known about people with intellectual disabilities' views of attractiveness. This research explored what people with intellectual disabilities found attractive in others, as well as whether they thought other people found them desirable.

Method: Twenty-nine adults with intellectual disabilities and twenty-nine adults without intellectual disabilities, all aged between 16 and 40 years old, were recruited from Further Education institutions and voluntary community organisations across Central and West Scotland. Depending on their sexual orientation, participants were shown 50 images of men or women's faces and asked to rate how attractive they thought the faces were. The participants selected the two images they thought to be most and least attractive. They were then interviewed and asked about their reasons for selecting the faces, their views of themselves as desirable to others and what they considered to be important qualities in a romantic partner.

Main findings and conclusions: The participants with intellectual disabilities in this study held the same views about attractiveness as their non-disabled peers. With regards to self-perceived desirability as a romantic partner, people with intellectual disabilities were more likely to consider themselves desirable or attractive to others compared to their non-disabled peers. The finding supporting that they are more inclined to view themselves as desirable might demonstrate more relaxed views about social comparisons and social status as determined by attractiveness. However, it remains unclear whether such views would influence how they behave in everyday life. Speaking to people with intellectual disabilities openly about attraction and desirability could provide an opportunity to explore who they view as possible partners and to find ways to help individuals develop

relationships. At a practical level, knowing what people with intellectual disabilities want from intimate relationships may inform more positive discourses and promote more accepting attitudes from carers.

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ABSTRACT

Background: Whilst romantic or sexual attraction is a major research topic in the general population, little is known about people with intellectual disabilities' views of attractiveness. Research exploring desirable romantic partner traits has indicated that people with intellectual disabilities appeared to hold less conventional views of physical attraction. This research explored what people with intellectual disabilities found attractive in others, as well as whether they thought other people found them desirable.

Method: Twenty-nine adults with intellectual disabilities and twenty-nine adults without intellectual disabilities, all aged between 16 and 40 years old, were recruited from Further Education institutions and voluntary community organisations across Central and West Scotland. Depending on their sexual orientation, participants were shown 50 images of men or women's faces and asked to rate how attractive they thought the faces were. A semi-structured interview explored participants' reasons for their highest and lowest ratings, their views of themselves as desirable to others and what they thought were important qualities in a romantic partner.

Results: A strong association was found between what men and women with intellectual disabilities and those without intellectual disabilities considered attractive in romantic partners. With regards to self-perceived desirability as a romantic partner people with intellectual disabilities were more likely to consider themselves desirable or attractive to others compared to their non-disabled peers.

Conclusions: Consideration should be given to how people with intellectual disabilities' self-perceptions may influence their dating preferences and relationship development. Speaking to people with intellectual disabilities openly about attraction and desirability could provide an opportunity to explore who they view as possible partners and to find ways to help individuals develop relationships. Limitations of the study and ideas for future research are discussed.

INTRODUCTION

The sexual repression of people with intellectual disabilities (ID) has been well documented (see Brown, 1994; McCarthy, 1999). Historically, the belief that ‘intellectual disability’ was hereditary meant that institutionalised care settings segregated men and women. Sexual contact was prohibited, and women were subjected to involuntary sterilisation (Howard and Hendy, 2004). Furthermore, there were commonly held contrasting misconceptions that people with intellectual disabilities were asexual and did not have the same sexual desires as others, or that they were promiscuous (Brown, 1994). Since the 1980s there has been significant momentum behind the re-integration of people with intellectual disabilities into society and greater recognition of their human rights (Joint Committee on Human Rights, 2008). This has helped to foster a growing awareness that people with intellectual disabilities, like anyone else, want and need personal and sexual relationships. However, despite enjoying greater autonomy, people with intellectual disabilities still find it difficult to develop the personal and sexual relationships they aspire to (Department of Health, 2009). Their sexual and intimate lives often remain ‘public affairs’, overseen by parents, family members and/or carers (Rogers and Tuckwell, 2016), and their rates of relationships and marriage are much lower than the wider population (Emerson *et al.*, 2005).

The literature regarding people with intellectual disabilities’ sexuality has predominantly focused upon sex education, sexual knowledge and sexual abuse, specifically within the context of risk and vulnerability (Fitzgerald and Withers, 2013). Sex education has been a means of educating individuals to prevent abuse or sexualised behaviour, not to create opportunities to form positive relationships. The acknowledgment that as experts on their own experiences, people with intellectual disabilities can make valuable contributions to research (McDonald *et al.*, 2016) has seen an increase in research focused upon their own perceptions of their sexuality and relationships. A key feature of this research is the

continued presence of barriers to establishing relationships namely, the prejudice of others, their high dependency on others, limited privacy and restricted social opportunities (Wilkinson, Theodore and Raczka, 2014). This reflects the continued disconnect between the increased focus on people with intellectual disabilities' rights to have the sexual and relational experiences they have historically been denied, and the opportunities, freedom and support to practise these rights. Meeting prospective partners is difficult when people have more limited social networks or fail to enter social spheres like work places (Emerson and Hatton, 2008).

With regards to what is desirable in a relationship, research has found that people with intellectual disabilities want to have romantic partners and live as couples, and that they value kindness and companionship rather than financial security, social status or intelligence (Bates, Terry and Popple, 2016; Rojas, Haya and Lázaro-Visa, 2016). Bates, Terry and Popple (2016) also reported participants appeared to hold less conventional views of physical attraction, such as preferring shortness in men. Little is known about people with intellectual disabilities' views of attractiveness and no research has specifically explored what people with intellectual disabilities consider to be attractive in romantic partners. However, there have been numerous studies that have explored attraction and partner selection for people without intellectual disabilities.

One area of research in the general population has concerned facial preferences. Little, Jones and DeBruine (2011) noted that preferences for faces can have an impact on a range of social outcomes, such as decisions about relationships, both romantic and platonic, employability and social exchanges. Furthermore, 'good looks' are identified as important in potential partners by both men and women (Buss and Barnes, 1986). Judgments of facial attractiveness are influenced by both personal and shared preferences of attraction (Hönekopp, 2006). Qualities such as symmetry and averageness appear to be preferred by adults from diverse cultures, suggesting people may use similar cues to judge

attractiveness (Langlois *et al.*, 2000; Little, Jones and DeBruine, 2011). Due to the lack of research regarding people with intellectual disabilities' views of attraction, it remains unknown if they are also in agreement with the wider population, and using the same cues to rate attraction.

The search for a romantic partner does not solely rest on our evaluation of others; as prospective partners, we are also the subject of evaluations by others. To find a partner a person needs to identify people that fit their criteria of attractiveness. This is a mutual process and, in turn, they need to be attractive to the other person (Campbell and Wilbur, 2009). Identifying a partner therefore involves making a social comparison about our position as a prospective partner.

Social Comparison Theory states that our sense of worth is developed through how we evaluate ourselves in comparison to others (Festinger, 1954). These comparisons are influenced by our interpersonal experiences and relationships. As a population, people with intellectual disabilities are often subject to negative experiences, such as bullying and discrimination (Emerson, 2010). Additionally, their relationship opportunities are impeded by standards of attraction and stereotypes of disabled people held by society (Rojas, Haya and Lázaro-Visa, 2016). There is contradicting evidence regarding how these negative experiences influence people with intellectual disabilities' views of themselves. Dagnan and Waring (2004) found that negative experiences and internalised discriminatory views were associated with making negative social comparisons. While Jahoda and Markova (2004) highlighted people with intellectual disabilities' ability to reject a stigmatised identity. It is therefore, unclear how their devalued social status may influence the social comparisons they make and their views of being desirable to others.

In summary, attraction and self-perceived partner value have been studied extensively in the general population. Within the intellectual disabilities literature, most research published so far has focused on the sexual elements of relationships, desirable partner traits

and barriers to relationships. Little is known about what people with intellectual disabilities find attractive and how they view themselves as desirable to others. As a first step towards exploring this, the current research set out to investigate a group of participants with intellectual disabilities and a group of participants without intellectual disabilities' views of attractiveness. The study also aimed to explore if people with and without intellectual disabilities consider themselves as desirable to others.

METHOD

Design

This exploratory study used a between group comparison to examine whether people with intellectual disabilities make the same kind of judgements about attractiveness as people without intellectual disabilities. An additional qualitative component explored the nature of people's perceptions of others and themselves as romantic partners, and what was viewed as important in romantic relationships.

Participants

Twenty-nine adults with intellectual disabilities and twenty-nine adults without intellectual disabilities were recruited from Further Education institutions and voluntary community organisations across Central and West Scotland. All participants were aged 16 – 40 years old, ranging between the age of consent for sexual relationships and early middle age. This is typical of the age groups recruited for attractiveness and sexuality studies (Bale and Archer, 2013; Katsena and Dimdins, 2015; Wincenciak *et al.*, 2015; Rojas, Haya and Lázaro-Visa, 2016). Potential participants were identified with the support of college and support staff. All participants with intellectual disabilities were recruited from college courses for young adults with intellectual disabilities or community services for people with intellectual disabilities. Those without intellectual disabilities were recruited from a

range of college courses, including police services, politics, history and social sciences. To determine if potential participants had sufficient expressive and receptive language to complete all components of the study, they were selected using criteria from the Adaptive Behaviour Scale (ABS-RC-2; Nihira *et al.*, 1993). These criteria ascertained whether they could (1) talk to others about sports, family, group activities etc., (2) use complex sentences containing ‘because’, ‘but’, etc., and (3) answer simple questions such as ‘What is your name?’ or ‘What are you doing?’ Participants were excluded if they had a degree of sensory impairment that impacted their ability to take part in any component of the study. Attempts were made to match the groups with regards to age, gender and socio-economic status.

Following data collection, two participants recruited to the intellectual disabilities group were excluded from the analyses as their IQ scores, as indicated by the Wechsler Abbreviated Scale of Intelligence – Second Edition (Wechsler, 2011) were outwith the intellectual disability range.

Experimental tasks, interview and measures

The following data were collected from the participants in the order presented below. The experimental tasks and interview were based on attraction research within the general population (Bale and Archer, 2013; Wincenciak *et al.*, 2015). All components of the study were piloted, which is described below.

Background information

Background information was collected about participants’ age, gender, relationship status, sexual orientation and socio-economic status. Socio-economic status was measured by the Scottish Index Multiple Deprivation (SIMD; Scottish Government, 2016). A person’s status is rated on a scale of one to five based upon their postcode, where one represents the most deprived areas and five represents the least deprived.

Attractiveness rating

Control task

The aim of the control task was to establish whether participants could follow the instructions to complete the experimental tasks appropriately and understand the Likert rating scale. It also had the added advantage of preparing participants for the type of questions used in the study. Participants were asked to rate how much they liked a set of images (television programmes or food) using a five-point Likert scale, as used in the experimental task. They were then asked to give reasons for their choices. Time was taken to check the participants' understanding of the rating scale. If required, the instructions and tasks were repeated to ensure that the participants understood what to do. Participants had the opportunity to ask questions.

Attractiveness rating task

Depending on their sexual orientation, participants were presented with a set of 50 images of either men or women's faces. Participants who identified as bisexual were asked to state their current preference. The faces were of 50 white men (mean age=24.2 years, SD=3.99 years) and 50 white women (mean age=24.3 years, SD=4.01 years), posed front-on to the camera with direct gaze and neutral expressions to control for possible effects of gaze and emotion cues on responses to faces. Images were aligned on pupil position and cropped so that clothing was not visible. These images have been used in other recent facial attractiveness studies (Fisher *et al.*, 2014; Wincenciak *et al.*, 2015). Participants were asked to rate how attractive they thought the images were on a five-point Likert scale. They were then asked to put the images in to one of five boxes labelled; not at all, a wee bit, ok, quite, or very. The scale was visually represented using blocks that corresponded in size (see Figure 2.1) To account for order effect, the order that images were presented in was alternated.

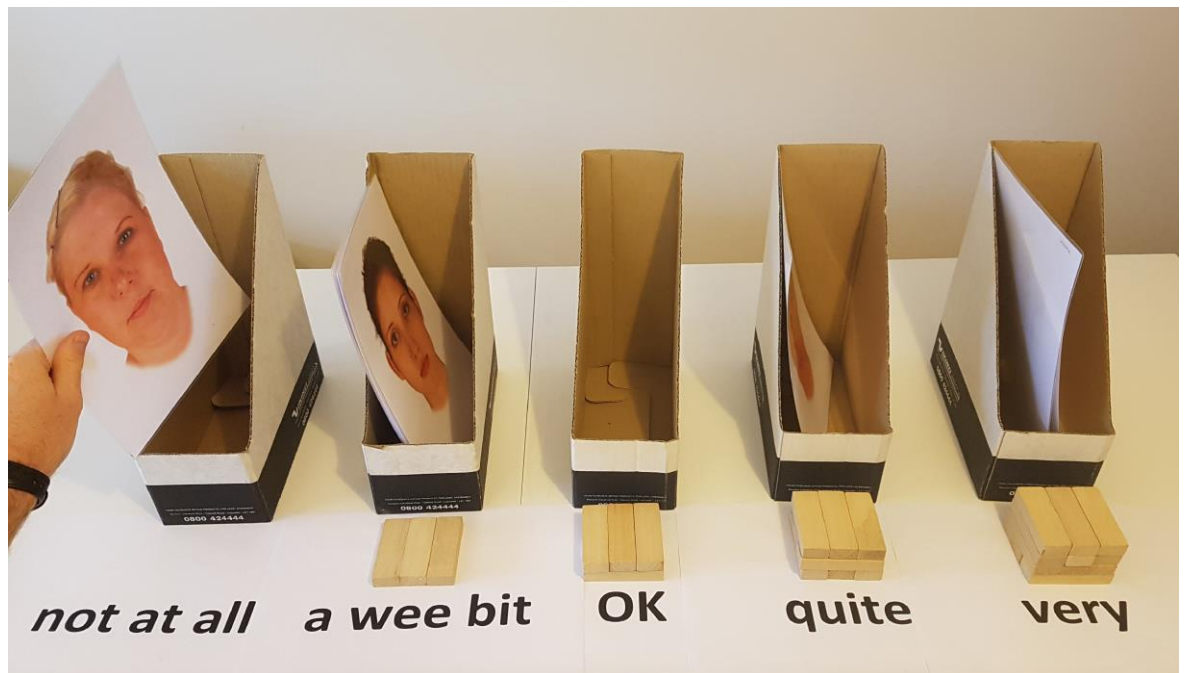


Figure 2.1 Attractiveness rating task

Semi-structured 'romantic partner' interview

The aim of this exploratory interview was to establish a dialogue with participants about their selections in the attractiveness rating task, their self-perceptions as desirable to others and to explore preferred qualities in romantic partners (see Appendix 2.1). Participants were presented with their highest rated set of images from the attractiveness rating task. They were instructed to select the image they thought was the most attractive from the set, and then asked 'Tell me what made you think this person is attractive'. This was followed by the closed questions 'Do you think this person would ask you out on a date?' and 'Tell me what you think they would say if you asked them out on a date?', after which participants' reasons for their answers were explored, 'Can you tell me the reasons that made you think that?' Participants were also asked 'What do you think they'd be like as a boyfriend/girlfriend?' This task was repeated for the set of images the participants rated as least attractive. To avoid order effects, the sets of highest and lowest rated images were presented in a different order to successive participants. A final question, 'Tell me what you think makes a good boyfriend/girlfriend?' explored participants' views of what is valued in romantic partners.

Wechsler Abbreviated Scale of Intelligence - Second Edition (WASI-II)

To establish that recruited participants were in the correct groups the WASI-II was administered as a measure of cognitive ability. The WASI-II (Wechsler, 2011) is an abbreviated version of the Wechsler Adult Intelligence Scale -IV (Wechsler, 2008). The Full Scale IQ - Two Subtest Form, which includes the Vocabulary and Matrix Reasoning subscales was used. Psychometric properties of the WASI-II include good to excellent test-retest reliability across subtests (0.83 – 0.94) and composite scores (0.90 – 0.96), a high level of internal reliability (0.90 – 0.92), and acceptable (0.71) to excellent (0.92) concurrent validity.

Procedure

The researcher met with the participants in a private room at their college or day service, at a time convenient to them. Time was taken at the start of the session to establish rapport with participants to promote engagement. Participants were seen on their own, with four exceptions, where at the participant's request support staff joined the session to aid communication. In terms of order of presentation, participants were initially presented with the participant information sheet which outlined the purpose of the study, participation requirements, voluntary status of the study, and a participant's right to withdraw. Participants had been provided with the participant information sheet at the point of recruitment. Any questions arising from this were discussed before consent was taken. Participants had to be able to provide informed consent to be included in the study. Both the participant information sheet and consent form were provided in an accessible format. (see Appendix 2.2, 2.3, 2.4 and 2.5). Participants were then asked for their socio-demographic details and the control task was carried out. Participants went on to complete the attractiveness rating task, followed by the semi-structured 'romantic partner' interview. The WASI-II was administered last because it is a transparent measure of level of ability.

This was contrary to the spirit of the other tasks where the aim was to elicit the participants' views as experts, and so it could have inhibited their engagement. At the end of the session, participants had the opportunity to ask questions and provide feedback on their experience of the study. The semi-structured interview was audio recorded.

Pilot phase

Prior to the main interviews, the attractiveness rating task and semi-structured romantic partner interview were piloted with two adults with intellectual disabilities and two adults without intellectual disabilities. The purpose of the pilot was to firstly clarify that sorting 50 images, as required by the rating task, was manageable within the proposed one-hour timeframe and that the Likert rating scale was comprehensible for participants. Secondly, it aimed to identify if the interview schedule helped to promote discussion about the participants' reasons for their attractiveness ratings and how they saw themselves as romantic partners. As a result of the pilot, some of the language used was simplified, for example, 'Why do you think that?' was replaced by 'Tell me the reasons that made you think that'. For the 'dating' questions, closed yes/no options were used instead of open-ended questions. One individual did not want to answer questions about dating because they were in a relationship. It was therefore made clear to participants that their responses did not reflect upon or impact their current relationship status.

Sample size

Attraction research in the general population has often recruited large student populations via the internet. However, this was an exploratory study with people who have intellectual disabilities and it was not appropriate to carry out a power calculation. This exploratory study therefore aimed to recruit twenty participants with and twenty participants without intellectual disabilities. Even if we had wished to do so, it would not have been possible to recruit large numbers of people with intellectual disabilities via the internet.

Analysis

This exploratory study examined the nature of people with intellectual disabilities' views of attractiveness and desirability as a romantic partner. The data obtained from the attractiveness ratings were ordinal, therefore, Spearman's rho correlation coefficient was used to establish the association between ratings of attractiveness by people with and without intellectual disabilities.

Prototype composite images were manufactured using specialist computer graphic software to visually represent the most and least attractive facial characteristics (i.e., average shape, colour, and texture information) as determined by the average ratings of each group. These methods were designed for this purpose and commonly used in facial attractiveness research. For a full account of the method see Tiddeman, Burt and Perrett (2001).

The data obtained from the 'dating scenario' questions were categorical, therefore, chi-square analysis was undertaken to examine group differences. Where the conditions for chi-square were not met, the Fisher's exact test was used.

In addition, recordings of the romantic partner interview were transcribed verbatim and content analysed (Strauss, 1991). This process involved identifying the reasons that emerged from the participants' transcripts in relation to acceptance or rejection in dating scenarios and preferences in a romantic partner. Categories were then developed that reflected the views expressed. An independent rater was asked to assign the participants' reasons within each question into the categories that were developed. Agreement was evaluated by Cohen's kappa coefficient and indicated a strong level of agreement for all questions (McHugh, 2012). The kappa values were i) being asked on a date = .89, ii) offer of a date accepted or rejected = .805 and iii) romantic partner qualities = .885. All analyses were two tailed as the study was exploratory in nature.

Two women with intellectual disabilities (one who identified as heterosexual and one who identified as lesbian) did not appear to understand the rating scale used for the experimental task, as such their data were deemed unreliable and excluded from the analysis.

Ethical approval

Ethical approval was obtained from the University of Glasgow College of Medical, Veterinary and Life Sciences Ethics Committee based upon Major Research Project proposal (see Appendix 2.6). A copy of the ethical approval letter is provided in Appendix 2.7.

RESULTS

Participant characteristics

Table 2.1 shows the participant characteristics of the 56 participants who took part in the study. Groups were similar in terms of gender, age range and socio-economic status. Of the 14 women with intellectual disabilities who took part, three identified as lesbian, two of whom were in a relationship together. One man with intellectual disabilities identified as bisexual and all other participants identified as heterosexual. All participants without intellectual disabilities identified as heterosexual, with the exception of one male who identified as bisexual. Both individuals who identified as bisexual expressed a preference for women at the time of participation. Participants with intellectual disabilities identified as either single (n=15) or in a relationship (n=12). The majority of participants without intellectual disabilities identified as single (n=22), with six stating they were in a relationship and one married. Participants within both groups for the most part lived within the family home. The WASI-II scores indicated that the cognitive abilities of the two groups were at the expected levels of ability (mild to moderate intellectual disabilities or average ability) for their age group. Four participants without intellectual disabilities'

WAIS-II scores were excluded from analysis. Their level of ability was indicated by their enrolment on a mainstream college course, such as social sciences, however they refused to engage in the test. SIMD was not calculated for ten participants with intellectual disabilities because they did not provide a postcode. Participants' socio-economic status, in both groups, were spread across the range of SIMD quintiles from the most deprived areas in Scotland to the most advantaged.

Table 2.1 Participant characteristics

Participant characteristics/ demographic information	Intellectual disability group (n=27)	Non-intellectual disability group (n=29)
Age	Mean = 26.11 SD = 8.2 Range = 24 (Min = 16, Max = 40)	Mean = 21.07 SD = 5.2 Range = 20 (Min = 17, Max = 37)
Gender		
Male	13	14
Female	14	15
Sexual Orientation		
Heterosexual	23	28
Homosexual	3	0
Bisexual	1	1
Relationship status		
Single	15	22
In a relationship	12	6
Married	0	1
Living situation		
Family home	21	24
Supported accom	4	0
Living alone	2	0
Shared accom	0	3
Homeowner	0	2
WAIS-IV Score	Mean = 58.62 SD = 10.43 Range = 34 (Min = 45, Max = 79)	Mean = 97.68 SD = 10.47 Range = 42 (Min = 81, Max = 123)
SIMD Quintiles	n= 17 (%)	n= 29 (%)
Most deprived 1	2 (11.8%)	6 (20.7%)
2	4 (23.5%)	8 (27.6%)
3	5 (29.4%)	6 (20.7%)
4	2 (11.8%)	8 (27.6%)
Least deprived 5	4 (23.5%)	1 (3.4%)

Ratings of attractiveness

The findings below represent ratings of attractiveness by heterosexual participants.

Meaningful comparisons could not be made for lesbian or bisexual participants due to the small number of participants recruited.

i) Within group

Agreement of the ratings of attractiveness across heterosexual participants were highly consistent within groups, as indicated by Cronbach's alpha; women with intellectual disabilities = .94, men with intellectual disabilities = .96, women without intellectual disabilities = .95, men without intellectual disabilities = .96.

ii) Prototype images

Figure 2.2 and Figure 2.3 illustrate the most and least attractive prototype composite images, as determined by heterosexual participants' average ratings per group. The high attractiveness composite images for both groups have skin colouration that has a healthy glow. They are slimmer and have a more positive demeanour e.g. a slight smile. In comparison, the low attractiveness composite images have an unhealthier pallor, their faces appear heavier and they have a more negative demeanour. These differences were consistent across all participant groups, which suggests that they all used similar visual cues to form impressions of attractiveness.



Figure 2.2 Male prototype images

'Most attractive' (left column) and 'Least attractive' (right column) prototypes. Top row shows the prototypes manufactured from ID women and the bottom row shows prototypes manufactured from non-ID women



Figure 2.3 Female prototype images

'Most attractive' (left column) and 'Least attractive' (right column) prototypes. Top row shows the prototypes manufactured from ID men and the bottom row shows prototypes manufactured from non-ID men

iii) Between group comparison

The consistency between groups demonstrated by the prototype images was further supported by highly correlated ratings of attractiveness. Spearman's rho correlation coefficient indicated there was a statistically significant association between ratings of attractiveness for heterosexual men ($r = 0.53$, $p < 0.001$) and women ($r = 0.70$, $p < 0.001$), suggesting that there was some shared idea of attractiveness between groups. There was a stronger association between women than men. Scatterplots below (Figure

2.4 and Figure 2.5) illustrate the associations between group ratings for women and men.



Figure 2.4 Scatterplot of the correlation of attraction ratings between women with and without ID

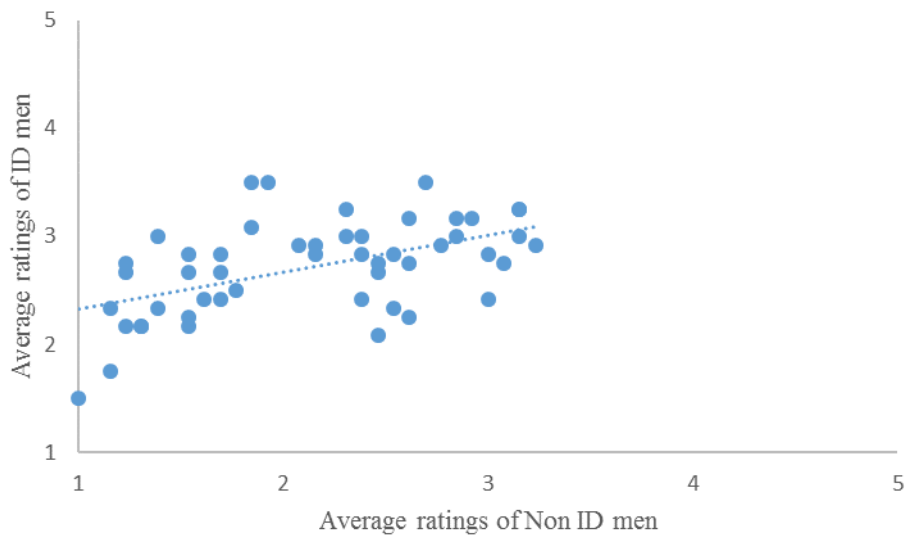


Figure 2.5 Scatterplot of the correlation of attraction ratings between men with and without ID

Perceived attractiveness to others

Table 2.2 shows group responses to the ‘dating scenario’ questions asked in relation to the image a participant found most attractive. The questions were: i) Do you think this person would ask you out on a date? and ii) Tell me what you think they would say if you asked

them out on a date? Data collected from heterosexual, lesbian and bisexual participants are included in the analysis.

Table 2.2 Perceived attractiveness responses

	Intellectual disability group n = 27 (%)	Non-intellectual disability group n = 29 (%)
i) Participant being asked on a date		
Men		
Yes	12 (92.3%)	5 (35.7%)
No	1 (7.7%)	9 (64.3%)
Women		
Yes	9 (64.3%)	7 (46.7%)
No	5 (35.7%)	8 (53.3%)
Overall		
Yes	21 (77.8%)	12 (41.4%)
No	6 (22.2%)	17 (58.6%)
ii) Participant's offer of a date being accepted		
Men		
Yes	11 (84.6%)	8 (57.1%)
No	2 (15.4%)	6 (42.9%)
Women		
Yes	10 (71.4%)	8 (53.3%)
No	4 (28.6%)	7 (46.7%)
Overall		
Yes	21 (77.8%)	16 (55.2%)
No	6 (22.2%)	13 (44.8%)

i) Being asked on a date

Accepted or rejected for a date

A statistically significant difference was found between people with intellectual disabilities and those without intellectual disabilities' view about whether the person they had rated the most attractive would ask them on a date ($\chi^2(1) = 7.654, p = .006$). Twenty-one (77.8%) participants with intellectual disabilities said they would get asked out, compared to twelve (41.4%) participants without intellectual disabilities. When broken down by gender, a statistically significant difference was found between men ($p=0.04$, two tailed, Fisher's exact test), with twelve (92%) men with intellectual disabilities stating they would be asked out compared to five (35.7%) men without intellectual disabilities. No statistically significant difference was found between women ($\chi^2(1) = .909, p=.340$), still the same

trend was observed in women as with men. Nine (64.3%) women with intellectual disabilities said they would be asked out compared to seven (46.7%) women without intellectual disabilities.

Reasons for 'Yes' responses

Table 2.3 shows a third of those with and without intellectual disabilities who thought they would be asked on a date by an attractive other associated this with someone having a positive view of their 'personality'. 'Physical attraction' was also a common reason given by participants with and without intellectual disabilities. It is noteworthy that only people with intellectual disabilities discussed 'companionship' as a reason for being asked out, either because the other person needed company or as a benefit to themselves. Participants without intellectual disabilities spoke about 'type' being a motivation for dating, suggesting they considered there to be consistency in what an individual looks for in a romantic partner.

Table 2.3 Content of 'Yes' responses to being asked on a date

Reason	ID Group (n=21)	Number people mentioned this	Non-ID Group (n=12)	Number people mentioned this
	Example response	(% per group)	Example response	(% per group)
Personality	'she'd think I've got a good personality'	7 (33.3%)	'I'm a reasonably nice guy'	4 (33.3%)
Similar	'we'd probably get along together'	1 (4.8%)	'had common things to talk about'	2 (16.7%)
Companionship	'keep me company'	5 (23.8%)		-
Availability		-		-
Physical attraction	'think that I am nice looking'	6 (28.6%)	'he might find me attractive'	3 (25%)
Affectionate	'give him a hug and he'd give me a hug'	1 (4.8%)		-
Type		-	'I could be his type'	3 (25%)
Other	'because I have good tastes'	1 (4.8%)		-

Reasons 'No' responses

Table 2.4 shows over half of the participants without intellectual disabilities and a third of those with intellectual disabilities spoke about 'perception of attractiveness' being the reason for not being asked on a date. Participants discussed a social ranking of attraction

referring to the ‘attractive image’ being more attractive than them and therefore ‘out of their league’. ‘Age’ was also a common reason for not being asked on a date for those without intellectual disabilities. One person with an intellectual disability referred to the other person’s lack of confidence being the reason they would not be asked out, rather than being about themselves. One person without an intellectual disability also made reference to confidence, describing how their own ‘confidence issues’ would stop them from approaching someone.

Table 2.4 Content of 'No' responses to being asked on a date

Reason	ID Group (n=6) Example response	Number people mentioned this (% per group)	Non-ID Group (n=17) Example response	Number people mentioned this (% per group)
Others’ personality	‘he might be a bit shy’	1 (16.7%)		-
Too different	‘she looks more of a party person...I’m more chilled’	1 (16.7%)		-
Confidence		-	‘confidence issues...I don’t tend to approach people in...’	1 (5.9%)
Availability		-	‘would already...be going out with someone’	1 (5.9%)
Age	‘how old he is’	1 (16.7%)	‘looks a bit older’	5 (29.4%)
Perception of attractiveness	‘he would probably look for someone more 10/10 rating, that’s not me’	2 (33.3%)	‘scale of attractiveness he looks a lot better than me’ ‘he isn’t the type I’d go for and I think he’d go for someone else’	9 (52.9%)
Don’t know		1 (16.7%)		1 (5.9%)

ii) *Offer of a date*

Accepted or rejected

There were no statistically significant differences between the two groups’ views that their own offer of a date to the person they found most attractive would be accepted or rejected ($\chi^2 (1) = 3.187, p = .074$). However, as Table 2.2 shows, more people with intellectual disabilities (77.8%) responded ‘yes’, stating their offer would be accepted, compared to those without intellectual disabilities (55.2%). There were no statistically significant differences between men’s ($p=.209$, two sided, Fisher’s exact test) or women’s ($\chi^2 (1) =$

1.007, $p = .316$) responses, between the groups. Eleven (84.6%) men with intellectual disabilities thought their offer of a date would be accepted compared to eight (57.1%) men without intellectual disabilities. While ten (71.4%) women with intellectual disabilities thought their offer of a date would be accepted compared to eight (53.3%) women without intellectual disabilities.

Reasons for 'Yes' responses

Table 2.5 details participants' reasons for thinking their offer of a date would be accepted. The main reason provided by people without intellectual disabilities for having a date accepted were 'personality', with 50% stating this reason. The most common reason given by people with intellectual disabilities was 'physical attraction'. 'Companionship' was the second most common reason provided by participants with intellectual disabilities, but as with the prior question about being asked out on a date, this answer was only given by participants with intellectual disabilities.

Table 2.5 Content of 'Yes' responses for having a date accepted

Reason	ID Group (n=21) Example response	Number people mentioned this (% per group)	Non-ID Group (n=16) Example response	Number people mentioned this (% per group)
Personality	'show myself for who I really am...I'm talkative...'	4 (19%)	'I'd be nice enough that she'd give it a shot' 'find her attractive...be more authentic with her'	8 (50%)
Similar	'things in common'	1 (4.8%)	'if we knew each other and had similar interests'	2 (12.5%)
Companionship	'keep me company'	5 (23.9%)		-
Physical attraction	'she'd find me quite attractive'	7 (33.3%)	'I'm a good looking guy...'	3 (18.8%)
Age		-	'looks a similar age to me'	1 (6.3%)
Other	'she'd be flattered'	2 (9.5%)	'depends how long chatted for'	2 (12.5%)
Don't know		2 (9.5%)		-

Reasons for 'No' responses

Table 2.6 shows that the most common reasons people without intellectual disabilities provided for having their offer of a date rejected related to the 'attractive image' having a negative 'perception of their attractiveness' and 'age'. Only people with intellectual

disabilities discussed ‘availability’, they mentioned practical reasons such as location or the individual having time. Women in both groups made reference to ‘traditional views’ of dating etiquette. They spoke about it being a man’s role to ask someone out on a date and how their actions may be viewed negatively by men.

Table 2.6 Content of 'No' responses for having a date accepted

Reason	ID Group (n=6) Example response	Number people mentioned this (% per group)	Non-ID Group (n=13) Example response	Number people mentioned this (% per group)
Different	‘just friends...she looks more of a party person...I’m more chilled’	1 (16.7%)	‘he looks very <i>lad</i> like’	1 (7.7%)
Confidence	‘I’d be scared to ask him out’	1 (16.7%)		-
Availability	‘depend where he lived’	2 (33.3%)		-
Traditional view	‘don’t think ladies ask people out on a date do they’	1 (16.7%)	‘that’s quite forward, I’m quite traditional, like a boy asks a girl out, and he might not like that either’	2 (15.4%)
Perception of attractiveness	‘might be into someone else’	1 (16.7%)	‘I’m not as good looking as he is’	5 (38.5%)
Age		-	‘she’d politely decline...the age thing...’	4 (30.8%)
Other		-	‘they don’t know me’	1 (7.7%)

iii) *Romantic partner qualities*

Table 2.7 outlines the qualities that were found to be important in romantic partners, with example responses. Eight categories were identified. The majority of responses from both groups focused on a romantic partner having a similar range of positive personality qualities. In particular, a number spoke about humour being important. Although participants from both groups talked about the importance of a romantic partner being supportive, this issue was talked about by more of the participants without intellectual disabilities. A larger proportion of participants with intellectual disabilities discussed physical appearance as an important quality. A subtle difference in responses was people without intellectual disabilities’ explicit reference to how attractiveness was a deciding factor in romantic partner preference. Having similar interests was discussed by both groups, however those with intellectual disabilities also made reference to being able to ‘do

stuff with them’ or *hang out together*’. Trust and respect within a relationship were highlighted by both groups. This included references made to being faithful, not being jealous or controlling, and allowing a romantic partner to have their independence. Family was also discussed by two participants without intellectual disabilities. They made reference to the importance of being able to fit in with a romantic partner’s wider family network. Reference to the longevity of a relationship was another distinction between the two groups, as this was only mentioned by women without intellectual disabilities. Displays of affection were only mentioned by two women, one from each group.

Table 2.7 Qualities in romantic partner

Quality	ID Group (n =27) Example response	Number people mentioned this (% per group)	Non-ID Group (n=29) Example response	Number people mentioned this (% per group)
Personality	‘a very nice person’ ‘talkative’	14 (56%)	‘good listener’ ‘easy to get on with’	20 (70%)
Support	‘Helpful and always there for them’	3 (12%)	‘make sure he is going to be best he can be, encourage him’	12 (41%)
Physical appearance	‘keep fit’ ‘nice appearance’	6 (24%)	‘looks play quite a part’ ‘wouldn’t go with someone you don’t find attractive’	2 (7%)
Time together / interests	‘do stuff with them’ ‘go out together’	5 (20%)	‘interested mostly in what they are interested in’	2 (7%)
Trust and respect	‘I would never mistreat’ ‘faithful’ ‘never cheat’	6 (24%)	‘Loyalty’ ‘don’t like telling a girl what to do’	12 (41%)
Family	-	-	‘know their family’	4 (14%)
Affection	‘kisses’	1 (4%)	‘make someone feel loved’	1 (3%)
Other	‘don’t know’ ‘can cook’ ‘do the washing’	3 (12%)	‘putting the effort in’ / ‘give 100%’ ‘bit too independent’ ‘share duties’	4 (14%)

DISCUSSION

The findings show a strong association between what men and women with intellectual disabilities and those without intellectual disabilities considered attractive in romantic partners. Agreement on high and low attractiveness ratings suggested that individuals were using similar visual cues to form impressions of attractiveness. These findings fit with a wealth of literature that suggests different factors produce powerful common stereotypes of

attraction (Langlois *et al.*, 2000). As people with intellectual disabilities are exposed to the same cultural norms of attractiveness expressed by society and the media, it was therefore not surprising they too hold views in line with those of the general population. Little *et al.* (2011) suggest that exposure to, and learning about what is found attractive by others leads individuals to search for these desirable traits in prospective partners. Whilst an evolutionary perspective proposes that shared views of attractiveness are a mechanism for ensuring gene survival (Little, Jones and DeBruine, 2011).

With regards to self-perceived desirability as a romantic partner, more of those with intellectual disabilities thought they would be invited on a date. In addition, a higher proportion of those with intellectual disabilities also said their offers of a date would be accepted by the person they found most attractive. These findings could suggest that people with intellectual disabilities were more likely to consider themselves desirable or attractive to others compared to their non-disabled peers. Despite their devalued social status, people with intellectual disabilities may retain a positive sense of self, which may be linked to the social judgements they make. This is a surprising finding because even though there has been a significant movement towards addressing prejudice and negative stereotyping faced by people with intellectual disabilities, implicit negative attitudes are still held about them (Wilson and Scior, 2015). Additionally, people with disabilities are typically not considered attractive by society (Groce, 1997).

An alternative explanation is that these results may also reflect a difference in how participants in both groups interpreted the research questions. As a marginalised population, people with intellectual disabilities typically have fewer opportunities to develop informal social relationships, compared to their non-disabled peers. They therefore may have had less experience of forming intimate relationships (Pownall, Jahoda and Hastings, 2012). This could have made it more difficult for them to judge what would happen in a dating scenario, particularly when posed with a hypothetical question.

Difficulty understanding the questions may have increased the tendency for participants with intellectual disabilities to acquiesce, a known bias in research with this population (Perry, 2004). In addition, it could be argued that these findings relate merely to participants without intellectual disabilities being more influenced by social desirability bias. Their attempts to be viewed positively by the researcher may have led them to moderate their responses to not appear over-confident or boastful.

Social comparison was a dominant theme in participants without intellectual disabilities' reasons for expecting a negative outcome in the dating scenario questions. The view that attractive individuals were 'out of my league' suggested they based partner selection on assessing their own attractiveness to others in comparison to social norms. Looking for a partner that is equally socially desirable as oneself has been addressed across the attraction literature. For example, evolutionary theory suggests that partners seek a mate with equivalent value (Buss and Shackelford, 2008), while the 'matching hypothesis' suggests a matched socially desirable partner can offer a more successful relationship outcome (Taylor *et al.*, 2011). It was unclear whether people with intellectual disabilities were making the same social comparison about their own desirability to others. Given their marginalised status within society, further research is required to explore how self-worth may influence partner selection within this population.

This study also explored what was considered important in romantic partners. Findings were consistent with the emerging literature (Rushbrooke, Murray and Townsend, 2014; Bates, Terry and Popple, 2016) exploring people with intellectual disabilities' experiences of intimate relationships. People with intellectual disabilities valued similar traits as people without intellectual disabilities. Their focus on spending time with a partner however, may be a reflection of limitations within their social lives and their desire to have increased social opportunities (Wilkinson, Theodore and Raczka, 2014). Moreover, only people with intellectual disabilities discussed the desire for companionship, when considering dating

scenarios. Differences between the value the groups placed on ‘putting in effort’ and ‘involvement with family’ appeared to reflect participants without intellectual disabilities’ thoughts about the possible long-term nature of relationships. Such considerations were absent from people with intellectual disabilities’ discussions. This is an area that would benefit from further exploration in future research. The limited reference by both groups to affection and intimacy may have been due to the questions being about the qualities of a romantic partner rather than qualities of a romantic relationship. This may, therefore, not be a true reflection of the value ascribed to a partner who is affectionate or the importance of intimacy within a relationship.

Limitations

The findings from this exploratory study need to be interpreted with considerable caution. A noteworthy reflection on the research process comes from comments about the ethnicity of the sets of photographed faces used in the study. Participants in both groups remarked on the ethnicity of the faces, who were Eastern European, and how this differed from their own. Although research within the general population has indicated cross-cultural norms in attraction, the ethnicity of the images may have influenced participants’ responses. As an exploratory study, this reflection provides a useful learning point for future research.

The set of photographed faces used within the study were originally models used as avatars for computer games. All the faces were therefore, relatively good looking and certainly none appeared to have a disability. The lack of variance within the image set is a limitation of the study and has not been taken into account when interpreting the findings. As such, an interesting area of future research would be to look at attitudes towards people who have disabilities or were quite markedly less attractive, to explore if people with disabilities would be more or less accepting in such an instance. Conversely, using this comparatively ‘good looking’ set of photographs meant that the participants were being

asked to make quite subtle judgments about the relative attractiveness of the photos. The finding that the two groups of participants were so close in their judgements, highlights people with intellectual disabilities' ability to make quite refined discriminations in relation to attractiveness. The experimental tasks and interview employed within this exploratory study were based on attraction research within the general population (Bale and Archer, 2013; Wincenciak *et al.*, 2015). These methods would therefore benefit from further research exploring the feasibility of the adapted tasks and to ascertain their validity when used with people who have an intellectual disability.

A minority of the participants with intellectual disabilities gave short responses to the interview questions or said 'I don't know'. This is not uncommon when interviewing people with intellectual disabilities, and could be attributed to the researcher using questions that are too complex, or the participant worrying about 'saying something wrong' (Sigstad, 2014). It appeared in some cases the former occurred, as once questions were reworded, participants were able to expand on their answers. However, this suggests that interviews might have benefited from further piloting.

Further research

Most of the research regarding people with intellectual disabilities' romantic relationships to date has focused on barriers rather than what can be effective in supporting the development of relationships (Harflett and Turner, 2016). This exploratory study suggests people with intellectual disabilities view themselves as desirable to attractive others. An important area of future research would be to explore how they actively engage in the dating process; particularly, how they experience making their desired partner preferences a reality within their available dating scene. Researchers may therefore want to explore how desired partner preferences are associated with actual partner choice and how preferences may support or impede the development of relationships. It would also be

interesting to consider the emotional impact of trying to make relationship preferences a reality.

Although this study was inclusive of all sexual identities, the sample was predominantly heterosexual, which limited the analysis of lesbian and bisexual participants' data. In line with the growing recognition of diverse sexual identities within the intellectual disabilities population (Abbott and Howarth, 2007), further research exploring the preferences of those with non-heterosexual sexual identities is required.

Implications

This exploratory study offers an initial step towards incorporating people with intellectual disabilities into the attraction literature, and towards advancing the evidence-base surrounding people with intellectual disabilities' intimate relationships. The participants with intellectual disabilities in this study held the same views about attractiveness as their non-disabled peers. The participants with intellectual disabilities were also found to view themselves as desirable to others. However, it remains unclear whether such views would influence how they behave in everyday life. Speaking to people with intellectual disabilities openly about attraction and desirability could provide an opportunity to explore who they view as possible partners and to find ways to help individuals develop relationships. Such discussions could be part of an attempt to foster more positive attitudes towards sexual expression and relationships. There is a need for support in this area to go beyond sex education and to address the social and emotional dimensions of relationships, and how to make their desire for a partner become a reality.

CONCLUSION

This study adds to the evidence-base about people with intellectual disabilities' views of intimate relationships and provides a starting point for investigating attraction with this population. It has added to the literature that suggests people with intellectual disabilities desire romantic relationships, and identify themselves as prospective partners to others. The findings supporting that they are more inclined to view themselves as desirable than their non-disabled peers might demonstrate more relaxed views about social comparisons, and social status as determined by attractiveness. It requires further investigation in order to better understand how their self-perceptions may influence dating preferences and relationship development. At a practical level, knowing what people with intellectual disabilities want from intimate relationships may inform more positive discourses and promote more accepting attitudes from carers.

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APPENDICES

APPENDIX ONE – SYSTEMATIC REVIEW

Appendix 1.1 Author guidelines

Journal of Applied Research in Intellectual Disabilities Author Guidelines

Crosscheck

The journal to which you are submitting your manuscript employs a plagiarism detection system. By submitting your manuscript to this journal you accept that your manuscript may be screened for plagiarism against previously published works.

1. GENERAL

The *Journal of Applied Research in Intellectual Disabilities* is an international, peer-reviewed journal which draws together findings derived from original applied research in intellectual disabilities. The journal is an important forum for the dissemination of ideas to promote valued lifestyles for people with intellectual disabilities. It reports on research from the UK and overseas by authors from all relevant professional disciplines. It is aimed at an international, multi-disciplinary readership.

The topics it covers include community living, quality of life, challenging behaviour, communication, sexuality, medication, ageing, supported employment, family issues, mental health, physical health, autism, economic issues, social networks, staff stress, staff training, epidemiology and service provision. Theoretical papers are also considered provided the implications for therapeutic action or enhancing quality of life are clear. Both quantitative and qualitative methodologies are welcomed. All original and review articles continue to undergo a rigorous, peer-refereeing process.

Please read the instructions below carefully for details on submission of manuscripts, the journal's requirements and standards as well as information concerning the procedure after a manuscript has been accepted for publication. Authors are encouraged to visit <http://authorservices.wiley.com/bauthor/> for further information on the preparation and submission of articles.

All manuscripts must be submitted solely to this journal and not published, in press, or submitted elsewhere.

2. ETHICAL GUIDELINES

Acceptance of papers is based on the understanding that authors have treated research participants with respect and dignity throughout. Please see Section 2.2 below.

2.1 Authorship and Acknowledgements

Authorship: Authors submitting a paper do so on the understanding that the manuscript has been read and approved by all authors and that all authors agree to the submission of the manuscript to the journal. ALL named authors must have made an active contribution to the conception and design and/or analysis and interpretation of the data and/or the drafting of the paper and ALL authors must have critically reviewed its content and have approved the final version submitted for publication. Participation solely in the acquisition of funding or the collection of data does not justify authorship.

It is a requirement that all authors have been accredited as appropriate under submission of the manuscript. Contributors who do not qualify as authors should be mentioned under Acknowledgements.

Acknowledgements: Under Acknowledgements please specify contributors to the article other than the authors accredited. Please also include specifications of the source of funding for the study and any potential

conflict of interest if appropriate. Suppliers of materials should be named and their location (town, state/county, country) included.

2.2 Ethical Approvals

Research involving human participants will only be published if such research has been conducted in full accordance with ethical principles, including the World Medical Association Declaration of Helsinki (version, 2002 www.wma.net) and the additional requirements, if any, of the country where the research has been carried out. Manuscripts must be accompanied by a statement that the research was undertaken with the understanding and written consent of each participant (or the participant's representative, if they lack capacity), and according to the above mentioned principles. A statement regarding the fact that the study has been independently reviewed and approved by an ethical board should also be included.

All studies using human participants should include an explicit statement in the Material and Methods section identifying the review and ethics committee approval for each study, if applicable. Editors reserve the right to reject papers if there is doubt as to whether appropriate procedures have been used.

Ethics of investigation: Papers not in agreement with the guidelines of the Helsinki Declaration as revised in 1975 will not be accepted for publication.

2.3 Clinical Trials

Clinical trials should be reported using the CONSORT guidelines available at www.consort-statement.org. A CONSORT checklist should also be included in the submission material (www.consort-statement.org).

The *Journal of Applied Research in Intellectual Disabilities* encourages authors submitting manuscripts reporting from a clinical trial to register the trials in any of the following free, public trials registries: www.clinicaltrials.org, www.isrctn.org. The clinical trial registration number and name of the trial register will then be published with the paper.

2.4 Conflict of Interest and Source of Funding

Conflict of Interest: Authors are required to disclose any possible conflict of interest. These include financial (for example patent ownership, stock ownership, consultancies, speaker's fee). Author's conflict of interest (or information specifying the absence of conflict of interest) will be published under a separate heading.

The *Journal of Applied Research in Intellectual Disabilities* requires that sources of institutional, private and corporate financial support for the work within the manuscript must be fully acknowledged, and any potential conflict of interest noted. As of 1st March 2007, this information is a requirement for all manuscripts submitted to the journal and will be published in a highlighted box on the title page of the article. Please include this information under the separate headings of 'Source of Funding' and 'Conflict of Interest' at the end of the manuscript.

If the author does not include a conflict of interest statement in the manuscript, then the following statement will be included by default: 'No conflict of interest has been declared'.

Source of Funding: Authors are required to specify the source of funding for their research when submitting a paper. Suppliers of materials should be named and their location (town, state/county, country) included. The information will be disclosed in the published article.

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4. SUBMISSION OF MANUSCRIPTS

Submissions are now made online using ScholarOne Manuscripts (formerly Manuscript Central). To submit to the journal, go to <http://mc.manuscriptcentral.com/jarid>. If this is the first time you have used the system you will be asked to register by clicking on 'create an account'. Full instructions on making your submission are provided. You should receive an acknowledgement within a few minutes. Thereafter, the system will keep you informed of the process of your submission through refereeing, any revisions that are required and a final decision.

4.1 Manuscript Files Accepted

Manuscripts should be uploaded as Word (.doc) or Rich Text Format (.rtf) files (not write-protected) plus separate figure files. GIF, JPEG, PICT or Bitmap files are acceptable for submission, but only high-resolution TIF or EPS files are suitable for printing.

To allow double-blinded review, please upload your manuscript and title page as **separate** files.

Please upload:

1. Your manuscript without title page under the file designation 'main document'.
2. Figure files under the file designation 'figures'.
3. Title page which should include title, authors (including corresponding author contact details),

acknowledgements and conflict of interest statement where applicable, should be uploaded under the file designation 'title page'.

All documents uploaded under the file designation 'title page' will not be viewable in the HTML and PDF format you are asked to review at the end of the submission process. The files viewable in the HTML and PDF format are the files available to the reviewer in the review process.

Please note that any manuscripts uploaded as Word 2007 (.docx) will be automatically rejected. Please save any .docx files as .doc before uploading.

4.2 Blinded Review

All articles submitted to the journal are assessed by at least two anonymous reviewers with expertise in that field. The Editors reserve the right to edit any contribution to ensure that it conforms with the requirements of the journal.

5. MANUSCRIPT TYPES ACCEPTED

Original Articles, Review Articles, Brief Reports, Book Reviews and **Letters to the Editor** are accepted. **Theoretical Papers** are also considered provided the implications for therapeutic action or enhancing quality of life are clear. Both quantitative and qualitative methodologies are welcomed. Articles are accepted for publication only at the discretion of the Editor. Articles should not exceed 7000 words. Brief Reports should not normally exceed 2000 words. Submissions for the Letters to the Editor section should be no more than 750 words in length.

6. MANUSCRIPT FORMAT AND STRUCTURE

6.1 Format

Language: The language of publication is English. Authors for whom English is a second language must have their manuscript professionally edited by an English speaking person before submission to make sure the English is of high quality. It is preferred that manuscripts are professionally edited. A list of independent suppliers of editing services can be found at http://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

6.2 Structure

All manuscripts submitted to the *Journal of Applied Research in Intellectual Disabilities* should include:

Cover Page: A cover page should contain only the title, thereby facilitating anonymous reviewing. The authors' details should be supplied on a separate page and the author for correspondence should be identified clearly, along with full contact details, including e-mail address.

Running Title: A short title of not more than fifty characters, including spaces, should be provided.

Keywords: Up to six key words to aid indexing should also be provided.

Main Text: All papers should have a structured abstract (maximum 150 words) as follows: Background, Method, Results, and Conclusions. The abstract should provide an outline of the research questions, the design, essential findings and main conclusions of the study. Authors should make use of headings within the main paper as follows: Introduction, Method, Results and Discussion. Subheadings can be used as appropriate. All authors must clearly state their research questions, aims or hypotheses clearly at the end of the Introduction. Figures and Tables should be submitted as a separate file.

Style: Manuscripts should be formatted with a wide margin and double spaced. Include all parts of the text of the paper in a single file, but do not embed figures. Please note the following points which will help us to process your manuscript successfully:

- Include all figure legends, and tables with their legends if available.
- Do not use the carriage return (enter) at the end of lines within a paragraph.

- Turn the hyphenation option off.
- In the cover email, specify any special characters used to represent non-keyboard characters.
- Take care not to use l (ell) for 1 (one), O (capital o) for 0 (zero) or ß (German esszett) for (beta).
- Use a tab, not spaces, to separate data points in tables.
- If you use a table editor function, ensure that each data point is contained within a unique cell, i.e. do not use carriage returns within cells.

Spelling should conform to *The Concise Oxford Dictionary of Current English* and units of measurements, symbols and abbreviations with those in *Units, Symbols and Abbreviations* (1977) published and supplied by the Royal Society of Medicine, 1 Wimpole Street, London W1M 8AE. This specifies the use of S.I. units.

6.3 References

APA - American Psychological Association

References should be prepared according to the Publication Manual of the American Psychological Association (6th edition). This means in text citations should follow the author-date method whereby the author's last name and the year of publication for the source should appear in the text, for example, (Jones, 1998). The complete reference list should appear alphabetically by name at the end of the paper.

A sample of the most common entries in reference lists appears below. Please note that a DOI should be provided for all references where available. For more information about APA referencing style, please refer to the [APA FAQ](#). Please note that for journal articles, issue numbers are not included unless each issue in the volume begins with page one.

Journal article

Beers, S. R. , & De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related posttraumatic stress disorder. *The American Journal of Psychiatry*, 159, 483–486.
doi:10.1176/appi.ajp.159.3.483

Book Edition

Bradley-Johnson, S. (1994). *Psychoeducational assessment of students who are visually impaired or blind: Infancy through high school* (2nd ed.). Austin, TX: Pro-ed.

6.4 Tables, Figures and Figure Legends

Tables should include only essential data. Each table must be typewritten on a separate sheet and should be numbered consecutively with Arabic numerals, e.g. Table 1, and given a short caption.

Figures should be referred to in the text as Figures using Arabic numbers, e.g. Fig.1, Fig.2 etc, in order of appearance. Figures should be clearly labelled with the name of the first author, and the appropriate number. Each figure should have a separate legend; these should be grouped on a separate page at the end of the manuscript. All symbols and abbreviations should be clearly explained. In the full-text online edition of the journal, figure legends may be truncated in abbreviated links to the full screen version. Therefore, the first 100 characters of any legend should inform the reader of key aspects of the figure.

Preparation of Electronic Figures for Publication

Although low quality images are adequate for review purposes, print publication requires high quality images to prevent the final product being blurred or fuzzy. Submit EPS (line art) or TIFF (halftone/photographs) files only. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Do not use pixel-oriented programmes. Scans (TIFF only) should have a resolution of at least 300 dpi (halftone) or 600 to 1200 dpi (line drawings) in relation to the reproduction size. Please submit the data for figures in black and white or submit a Colour Work Agreement Form. EPS files should be saved with fonts embedded (and with a TIFF preview if possible).

Further information can be obtained at Wiley-Blackwell's guidelines for

figures: <http://authorservices.wiley.com/bauthor/illustration.asp>.

Check your electronic artwork before submitting it: <http://authorservices.wiley.com/bauthor/eachecklist.asp>.

Permissions: If all or parts of previously published illustrations are used, permission must be obtained from the copyright holder concerned. It is the author's responsibility to obtain these in writing and provide copies to the Publisher.

Colour Charges: It is the policy of the *Journal of Applied Research in Intellectual Disabilities* for authors to pay the full cost for the reproduction of their colour artwork. Colour Work Agreement Form can be downloaded [here](#).

7. AFTER ACCEPTANCE

Upon acceptance of a paper for publication, the manuscript will be forwarded to the Production Editor who is responsible for the production of the journal.

7.1 Proof Corrections

The corresponding author will receive an e-mail alert containing a link to a website. A working e-mail address must therefore be provided for the corresponding author. The proof can be downloaded as a PDF file from this site.

Acrobat Reader will be required in order to read this file. This software can be downloaded (free of charge) from the following website:

www.adobe.com/products/acrobat/readstep2.html

This will enable the file to be opened, read on screen, and printed out in order for any corrections to be added. Further instructions will be sent with the proof. Proofs will be posted if no e-mail address is available; in your absence, please arrange for a colleague to access your e-mail to retrieve the proofs.

Proofs must be returned to the Production Editor within 3 days of receipt.

As changes to proofs are costly, we ask that you only correct typesetting errors. Excessive changes made by the author in the proofs, excluding typesetting errors, will be charged separately. Other than in exceptional circumstances, all illustrations are retained by the Publisher. Please note that the author is responsible for all statements made in their work, including changes made by the copy editor.

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The *Journal of Applied Research in Intellectual Disabilities* is covered by Wiley-Blackwell's Early View service. Early View articles are complete full-text articles published online in advance of their publication in a printed issue. Early View articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors' final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The nature of Early View articles means that they do not yet have a volume, issue or page number, so Early View articles cannot be cited in the traditional way. They are therefore given a DOI (digital object identifier) which allows the article to be cited and tracked before it is allocated to an issue. After print publication, the DOI remains valid and can continue to be used to cite and access the article.

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complete e-mail address is provided when submitting the manuscript.

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For more substantial information on the services provided for authors, please see Wiley-Blackwell's Author Services.

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Free access to the final PDF offprint of the article will be available via Author Services only. Additional paper offprints may be ordered online. Please click on the following link, fill in the necessary details and ensure that you type information in all of the required fields: <http://offprint.cosprinters.com/blackwell>

If you have queries about offprints, please email offprint@cosprinters.com

Appendix 1.2 Quality rating criteria based on Walsh and Downe (2006)

Stage	Essential criteria
Scope and purpose	<ol style="list-style-type: none"> 1. Clear statement of focus for research 2. Rationale for research 3. Questions/aims/purpose are stated 4. Study thoroughly contextualised by existing literature
Design	<ol style="list-style-type: none"> 5. Method/design apparent 6. Above consistent with research intent 7. Rationale given 8. Data collection strategy apparent 9. Data collection strategy appropriate
Sampling strategy	<ol style="list-style-type: none"> 10. Sample and sampling method explained 11. Above justified 12. Above appropriate
Analysis	<ol style="list-style-type: none"> 13. Analytic approach explained 14. Above appropriate 15. More than one researcher involved if appropriate 16. Participant involvement in analysis
Interpretation	<ol style="list-style-type: none"> 17. Context described 18. Context taken account of in interpretation 19. Clear audit trail (sufficient so others can follow decision trail) 20. Data used to support interpretation
Reflexivity	<ol style="list-style-type: none"> 21. Researcher reflexivity demonstrated
Ethical dimensions	<ol style="list-style-type: none"> 22. Ethical approval granted 23. Documentation of how consent was managed 24. Documentation of how confidentiality and anonymity were managed
Relevance	<ol style="list-style-type: none"> 25. There is an account of the study relevance 26. Links to theories and literature 27. Limitations/weaknesses outlines 28. Outlines further directions for research

APPENDIX TWO – MAJOR RESEARCH PROJECT

Appendix 2.1 Semi structured 'romantic partner' interview

1. Tell me what made you think is person is attractive / unattractive?
2. Do you think this person would ask you out on a date? Yes /No
3. Tell me the reasons that make you think that?
4. Tell me what you think they would say if you asked them out on a date?
5. Tell me the reasons that make you think that?
6. What would they be like as a boyfriend / girlfriend?
7. Tell me what you think makes a good boyfriend / girlfriend?



Participant Information Sheet

'A research study about what people find attractive in romantic partners and how they see themselves as romantic partners?'



Please read this information sheet



You can ask someone to read it with you



You can talk with family, friends or staff about the research study



My name is Madeline

I am studying at University of Glasgow



What is this study about?

I am doing a research study about romantic relationships



I want to find out about what people would like in a boyfriend or girlfriend and

What people think would make them a good boyfriend or girlfriend

I hope this research will help services learn how to support people to have romantic relationships



My research study starts in July 2016 and finishes in July 2017

Why do you want me to take part?



I am asking you to take part because you are an adult who attends college or a community service

Do I have to take part?

You can say yes if you want to take part

You can say no if you do not want to take part.

Your answer will not change the service or support that you get



V2. 31.08.16



What will happen if I decide to take part?

I will meet you at your college or community service



We will meet for about 1 hour.



I will ask you to fill in a consent form to say you are happy to take part

The meeting will be in 5 parts;



1. I will ask you question about yourself, like your age and where you live



2. I will show you photos of men or woman and ask if you are attracted to them



3. I will show you the same photos and ask if you think they would be attracted to you

4. We will talk about your choices in part 2 and 3



5. I will ask you to do some puzzles with pictures and words

V2. 31.08.16



The meeting will be recorded with a tape recorder



What if I change my mind and do not want to take part during the study?

You can ask me to stop at any time

If you change your mind this will not affect the support or services, you get



Will anything bad happen to me if I take part?

You have to give up 1 hour of your time

It is unlikely that anything bad will happen to you as a result of taking part



Are there any good things about taking part?

People who have taken part in other studies have found it interesting

Will other people find out about what I say?



Anything you say is private

The only time I may have to talk to someone else about you is if I am very worried about you or someone else



The information you give me will be kept safe on a computer



A report will be written about the study

Your name will not be used in this report

What will happen to what I say?



I will write a report about what you and other people have said

Other people will be able to read the report. A copy will be kept at the university library



How can I take part?

You can fill in the reply slip



You can contact me on the telephone



You can contact me on my email address



You can tell staff or family and they can contact me

I will arrange to meet with you to talk about talking part



If you have questions about the study

You can contact me

Madeline Donnachie

Trainee Clinical Psychologist

Mental Health & Wellbeing,

Gartnavel Royal Hospital

1055 Great Western Road,

Glasgow,

G12 0XH

Tel: 0141 211 0607



Email: m.donnachie.1@research.gla.ac.uk

You can also ask my supervisor questions

Professor Andrew Jahoda

Consultant Clinical Psychologist

Mental Health & Wellbeing,

Gartnavel Royal Hospital

1055 Great Western Road,

Glasgow,

G12 0XH

Tel: 0141 211 0607

Email: Andrew.Jahoda@glasgow.ac.uk



V2. 31.08.16

Relationship research study
Reply Slip



**University
of Glasgow**



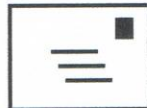
If you would like to take part in the Relationships study, please fill in your details

Name _____

Address _____

Telephone number _____

College / Service _____



You can post it to me in the stamped addressed envelope



You can give it to me or a staff member

Madeline Donnachie

Trainee Clinical Psychologist

Mental Health & Wellbeing, Gartnavel Royal Hospital

1055 Great Western Road, Glasgow, G12 0XH

Tel: 0141 21106 07 Email: m.donnachie.1@research.gla.ac.uk



Participant Information Sheet

A research study about what people find attractive in romantic partners and how they see themselves as romantic partners?

A research Study

You are being invited to take part in a research study. This study is being conducted as part of my university course at the University of Glasgow. Before you decide it is important for you to understand why the research is being done and what it will involve.

Please take your time to read the following information carefully. You can discuss it with others if you wish. If there is anything that is not clear or you would like more information please ask myself or my supervisor, our details are at the end of this sheet.

Thank you for reading this.

What is the purpose of the study?

This study will explore people's different views of romantic relationships. I am interested in finding out about what people consider to be important in a romantic partner and what they think about themselves as a romantic partner. I am hoping to investigate if there are differences between people who have a learning disability and those who do not, in how they view romantic relationships. This is important because understanding what people find desirable in a romantic partner and how they perceive themselves as romantic partners can inform ways to better support them to engage in positive relationship opportunities. This information can also contribute to the understanding of sexual development and how to support transition to adulthood in an adaptive way.

The study runs from July 2016 to July 2017.

Why have I been chosen?

You have been chosen as you are an adult between 16 -40 years old who attends a college or community service. I hope to speak to 40 people throughout the research study.

Do I have to take part?

It is up to you to decide if you would like to take part. If you say yes to taking part, you will be given this information sheet and asked to sign a consent form.

It is ok to say no, the decision not to take part will have no effect on your college course / grades or services you receive.

What if I change my mind and do not want to take part during the study?

You can change your mind about taking part, or stop, at any time. You do not have to give a reason.

What will happen if I take part?

I will visit you at your college or service to give you information about the study. If you agree to take part, we will arrange a time that suits you to meet at your college or service. We will meet on one occasion, this meeting will last about an hour. This will be within normal working hours.

The meeting will be in 4 parts.

1. Background Information questionnaire. I will ask you to complete an information sheet about yourself, like your age and where you live
2. Romantic Partner Choice Task – Part 1. I will show you photos of men or woman and ask if you are attracted them
3. Semi structured interview. I will ask you about your reasons for your choices in the Romantic Partner Choice Tasks
4. Cognitive ability test. I will ask you to do some puzzles with pictures and words that give an estimate of cognitive ability (IQ)

The meeting will be recorded using an audio recorder.

What do I have to do?

Taking part in the study will involve one meeting (as described above) with the researcher. You are not required to make any changes or restrictions to your lifestyle.

What are the possible disadvantages and risks of taking part?

We do not think that there are any risks involved in taking part in the study. In the unlikely event that you find taking part in the study upsetting, I will stop the study and give you time to discuss how you are feeling. At this time, it will be your decision if you would like to continue with the study. With your permission, I could inform your staff, family or doctor how you are feeling.

What are the possible benefits to taking part?

It is unlikely that there will be any direct benefit from taking part. However, people who have completed similar studies have found taking part interesting.

The information gathered from the study will be used to develop a better understanding of how people can form positive relationship opportunities.

Will my taking part in the study be kept confidential?

All information collected will be kept strictly confidential. Any information about you will have your personal information removed so that you cannot be recognised. The data will be stored on an encrypted laptop and backed up on a secure NHS drive. The study will comply with the Data Protection Act (2000).

What will happen to the results of the study?

The study will be written up in my thesis as part of my doctorate course. This will be completed in September 2017. This thesis will be available in the university library. The study may also be published in professional journals. You can request a copy of the results if you wish. You will not be identifiable from the results. All results are anonymised.

Who is organising and funding the research?

This study is being completed as part of my Doctorate in Clinical Psychology course at the University of Glasgow. The course is funded by NHS Education Scotland, who provided the funding for this study.

Who has reviewed the study?

The University of Glasgow has reviewed and approved this study. The University of Glasgow College of Medical, Veterinary and Life Sciences Ethics Committee has reviewed and provided ethical approval for the study.

How do I take part?

If you want to take part in the study, fill in the reply sheet. You can give it to me or post it in the stamped addressed envelope.

What if I have questions about the study?

You can contact myself or my supervisor on the details below.

Madeline Donnachie

Trainee Clinical Psychologist

Mental Health & Wellbeing,

Gartnavel Royal Hospital

1055 Great Western Road,

Glasgow,

G12 0XH

Tel: 0141 xxxxxxxx

Email: m.donnachie.1@research.gla.ac.uk

Professor Andrew Jahoda

Consultant Clinical Psychologist

Mental Health & Wellbeing,

Gartnavel Royal Hospital

1055 Great Western Road,

Glasgow,

G12 0XH

Tel: 0141 xxxxxxxx

Email: Andrew.Jahoda@glasgow.ac.uk

Consent Form



University of Glasgow

'A research study of what people find attractive in romantic partners and how they see themselves as romantic partners'

Please read each statement and Circle if you **AGREE** or **DISAGREE**



I have seen the information sheet about the study



I understand the things the information sheet told me



I was able to ask questions if I wanted to



My questions have been answered



I understand it is my choice to take part in the study



I understand that I can say No at any time if I want to stop



V2. 31.08.16



I agree to meetings being recorded



I understand that the researcher will type out the interview and then will delete the tape



I know that a report will be written about the study



I know the report will not include my name



I would like to take part in the study



Name: _____

Signed: _____ Date: _____

Recruitment Site: _____

Researcher: Madeline Donnachie

Signed: _____ Date: _____

Consent Form



University
of Glasgow

**'A research study about what people with
intellectual disabilities find attractive in romantic partners and how they see themselves as
romantic partners'**

Please read each statement and circle if you AGREE or DISAGREE

- | | |
|---|----------|
| I have seen the information sheet about the study | Yes / No |
| I understand the things the information sheet told me | Yes / No |
| I was able to ask questions if I wanted to | Yes / No |
| My questions have been answered | Yes / No |
| I understand it is my choice to take part in the study | Yes / No |
| I understand that I can say No at any time if I want to stop | Yes / No |
| I agree to meetings being recorded | Yes / No |
| I understand that the researcher will type out the interview
and then will delete the tape | Yes / No |
| I know that a report will be written about the study | Yes / No |
| I know the report will not include my name | Yes / No |
| I would like to take part in the study | Yes / No |

Name: _____

Signed: _____ Date: _____

Recruitment Site: _____

Researcher: Madeline Donnachie

Signed: _____ Date: _____



Institute of Health & Wellbeing

DOCTORATE IN CLINICAL PSYCHOLOGY

Major Research Project Proposal

An exploratory study of what people with intellectual disabilities find attractive in romantic partners and how they perceive themselves as romantic partners'

Matriculation Number: 2166406D

Date of Submission: 15th June 2016

Version Number: 5

Word Count, including reference list (excluding appendices): 3947

Abstract

Background: Sexuality literature within the intellectual disabilities population has often focused upon sex education, sexual knowledge and sexual abuse. Sexuality is frequently considered within the context of risk and vulnerability. There has been limited research regarding positive sexual development, relational experiences and attraction.

Aims: This study will examine what people with intellectual disabilities find attractive in romantic partners and how they perceive themselves as a romantic partner.

Methods: It is an exploratory study using a mixed-method design. Quantitative data collected from non-verbal binary choice tasks will explore what individuals' find attractive in romantic partners and how they perceive themselves in this role. Qualitative data about the reasons for choices made in the tasks will be collected by semi-structured interview.

Applications: Understanding what people with intellectual disabilities find attractive in a partner and their self-perception of this role can inform how to support them to engage in positive relationship opportunities. This information can also contribute to the understanding of people with intellectual disabilities' sexual development and how to support their transition adulthood.

Introduction

Within the general population literature, the relationship between self-perception and desired or actual relationships characteristic has been explored (Bale & Archer, 2013). The association between desired and actual partner preferences is found to be limited because the nature of relationships are two way, that is a recipient must also want to form the relationship (Li & Meltzer, 2015). Selection of a partner is based upon the evaluation of a potential mate against a set of standards, in conjunction with an evaluation of oneself against the imagined preferences of the potential mate (Campbell & Wilbur, 2009).

Awareness of both, self-perceived partner value and perceived perceptions held by others influences how desired preferences for romantic partners may shift when actualised.

Studies have found that females find characteristics associated with status, resources and intelligence attractive whereas males give higher priority to physical attractiveness (Li & Meltzer, 2015). Until recently there has been no research regarding what characteristic people with intellectual disabilities (ID) find attractive in partners. Bates *et al* (2016) completed a study that solely focuses on desirable relationship characteristic held by people with ID, from their perspective. Their findings suggested, people with ID valued kindness and companionship rather than financial security, social status and intelligence.

Sexuality literature within the ID population has often focused upon sex education, sexual knowledge and sexual abuse, specifically within the context of risk and vulnerability (Fitzgerald, 2013). Sex education has been seen as a means of educating individuals to prevent abuse or sexualised behaviour, not to create opportunities to form positive relationships. There has been an increase in research focusing upon people with ID's perception of sexuality and relationships. Rojas *et al* (2014) explored the personal narratives of people with ID and their sexuality, finding that most wanted to have a partner and live as a couple. Although these relationships were desired, opportunities and

experiences were viewed as unattainable. Service provision reflects this, in that people with ID are seldom supported to live as couples (Brown, 1994). People with ID were aware of the barriers they faced in finding a partner compared to their non-disabled peers, particularly in relation to attractiveness and associated stereotypes.

People with ID's perceptions of sexuality and experiences are inevitably influenced by the social and cultural norms they experience (Azzopardi-Lane & Callus, 2015). As a sign of transition to adulthood, adolescence is an important stage for developing and exploring sexuality. Unlike their peer group, people with ID typically have fewer opportunities to develop informal social relationships. They therefore do not have access to informal peer networks to enable exploration and learning experiences (Pownall *et al*, 2012). As an already marginalised population, this further exclusion and lack of support not only limits the potential to develop intimate relationships but may lead to people developing negative attitudes about their sexuality and sense of wellbeing (Pownall *et al*, 2011). Experiencing these negative associations, such as fear or shame, may also limit an individual's sexuality (Leutar & Mihokovic (2007). These experiences and the internalisation of negative attitudes towards their sexuality could be expected to contribute to the development of negative views of the self.

Sexuality research has often described people with ID as a homogeneous group, neglecting diversity and specifically excluding people with a profound ID (Swain, 1996). Services have historically failed to consider the sexuality of people with a profound intellectual disability, assuming that their level of disability prevents the development of meaningful sexual feelings (Brown, 1994). Despite the tendency to ignore diversity amongst people with ID there is growing recognition that they have diverse sexual identities and preferences. There is emerging literature that recognises lesbian, gay and bisexual people

with ID as a group who experience their own difficulties within the context of relationships and sexuality (Burns & Davies, 2011).

There is limited research regarding people with intellectual disabilities' positive sexual development and relational experiences. These studies often have small sample sizes recruited from specific cultures or groups, such as advocacy groups, limiting the interpretation of findings. Bates *et al* (2016) explored partner selection preferences from the perspective of people with ID. Their research was completed with eleven people with ID who were in long-term relationships. Considering that only 4% of the 2898 people with ID who were interviewed for the National Survey of People with Learning Disabilities were in relationships (Emerson *et al*, 2005); their sample does not sufficiently represent people with ID. Such studies do not provide comparison with a general population sample, and so the identification of salient themes for people with ID is limited.

Research has been reliant on verbal based tasks to explore people with IDs' perceptions of sexuality and relationships. Deakin (2014) in their study of children with Down Syndromes' insight in to their disability used novel non-verbal forced choice tasks. The tasks explored social bias held by these children relating to others and themselves. They found that young people within this study were able to show preference using this method. Furthermore, it allowed for a systematic exploration of preferences. Non-verbal tasks offer a way to capture the views of people for whom verbal communication may be difficult. Asking open-ended questions about the qualities of a specific target further develops an understanding of preferences and biases.

In summary, people with ID often live highly regulated lives (Riddell *et al*, 2001). The discourses available to them are often formed within the context of relationships with family, carers or professionals. The attitudes of carers and professionals play a significant role in shaping the experiences and views of people with ID. It is therefore of particular interest to explore attraction and self-concept within the ID population, in order to consider

what is important in the development of relationships. Having a better understanding of such factors could inform how carers and professionals can support people with ID to have opportunities for positive relational experiences. This study proposes to adapt methods used within attraction research completed with the general population. It will consider romantic partner preference and self-perceived partner value within the ID population.

In order to attempt to overcome previous research limitations, the proposed study will employ a non-verbal based sorting task and semi-structured interviews to develop an understanding of attraction preferences and self-concept relating to relationships. A comparison group of people with no ID will be recruited to allow for consideration of similarities and differences in relation to attraction and self-concept. Leading on from previous attraction research findings, this study proposes to explore if the same gendered differences are apparent within the ID population. Furthermore, recognising that the ID population is often thought of as a homogenous population, this study will consider what differences may be present within the ID population.

Aim

The aim of the research project is to develop an understanding of what people with intellectual disabilities (ID) find attractive in romantic partners and how they perceive themselves as romantic partners. The project intends to investigate whether there are differences in partner preference or perceived partner value compared to a non-ID control group.

Research Questions

Between group comparisons

Are the same gendered views of romantic partner preferences observed in young adults with and without ID?

Within group comparisons

Is there similarity in what is viewed as attractive in a romantic partner within groups?

Plan of investigation

Participants

Two non-clinical groups will be recruited; one group of young adults with an intellectual disability and a comparison group of typically developing young adults. Where possible groups will be matched in terms of age, gender and socio-economic status.

Inclusion criteria

Participants will be included in the research if they;

Are an adult aged 16-35 years old.

Attraction and sexuality research within the general and ID populations has typically recruited participants aged 18 - 35 years (Bale & Archer, 2013; Katsena & Dimdins, 2015; Wincenciak et al, 2015; Rojas *et al*, 2014). The British Psychological Society Code of Ethics (2010) states individuals 16 year plus can consent to participation without additional parental consent.

Have sufficient receptive and expressive verbal ability in English to complete all components of the study, and

Have the ability to provide informed consent.

Exclusion criteria

Participants will be excluded from the research if they;

Are experiencing any clinically significant mental health difficulties that would impact upon engagement,

Have any physical or sensory impairment that will prevent completion of all tasks, or

Are living in an institutional setting (e.g. inpatient setting) where their social network is prescribed.

Recruitment

Participants will be recruited from further education colleges and voluntary organisations. Previous Doctorate in Clinical Psychology trainees have established positive networks with colleges and successfully recruited for projects.

The researcher will initially make contact with organisation staff to discuss the research and to identify classes / groups that could take part. To ascertain those with sufficient receptive and expressive language, staff will be asked the following items from the Adaptive Behaviour Scale (ABS-RC:2) (Nihira, Leland & Lambert, 1993):

Talks to others about sports, family, group activities

Sometimes uses complex sentences containing 'because', 'but'

Answers simple questions such as 'What is your name?' or 'What are you doing?'

The researcher will then attend these classes /groups to discuss the research and distribute information sheets. Accessible information about the research will be provided. Those who express an interest in participating will be advised to contact the researcher or a staff member. They will then be invited to meet with the researcher to hear more about the research. Before verbal and written informed consent is sought they will be asked to explain their understanding of their role in the research. At all points of contact participants will be asked if they remain happy to proceed with participation.

Design

This is an exploratory study, using a mixed-method design. The quantitative component invites participants to complete the 'Romantic Partner Choice Task', a non-verbal binary choice task. This task will examine the role of attraction in participants' preference for romantic partners and their perceived value to others as a romantic partner. The qualitative component will explore the reasons for their decisions made in the task using a semi-structured interview.

Measures (in order of presentation)

A background information questionnaire will be used to collect information regarding participants' age, gender, socio-economic status, relationship status and sexual orientation. The Carstairs Index will be used to determine socio-economic status (Carstairs and Morris, 1991).

The *Wechsler Abbreviated Scale of Intelligence (WASI –II)* will be used as a formal measure of cognitive ability for participants within the ID group. It is an abbreviated version of the Wechsler Adult Intelligence Scale. The two subtest form will be used, it consists of the Vocabulary and Matrix Reasoning subscales.

Procedure

Research studies examining attraction within the general population have frequently presented participants with facial images (photographs, or computer generated) to be rated for attractiveness and mate preference (Wincenciak *et al*, 2015; Grammer & Thornhill, 1994). Participants are asked to rate attractiveness using pre-determined scales. Studies have also focused upon self-perceived attractiveness. Bale & Archer (2013) measured self-perceived facial attractiveness by presenting male and female participants with 25 male and 25 female images. For same-sex images they were asked to rate their own attractiveness in comparison to the images. While for opposite-sex images they were asked to judge their facial attractiveness by considering if they thought the person in the image would consider them a potential partner. Ratings were completed using a seven-point Likert scale.

On the basis of previous attraction and mate preference research this study proposes to adapt the methods used in studies such as that of Grammer & Thornhill and Bale & Archer to explore romantic partner preference and self-perceived partner value within the ID population. The proposed development of a mix method approach is outlined below.

Development and pilot of photosets and semi-structured interview

Photosets

The ‘Romantic Partner Choice Task’ described requires colour photographs of males and females faces rated for attractiveness. Facial images will be sourced from an established photo dataset that has been developed for scientific research and rated for attractiveness.

Semi-structured interview

The aim of the semi-structured interview is to establish a dialogue with the participants about the reasoning for the decisions they made when completing the ‘Romantic Partner Choice Task’. Participants will be presented with the images they sorted in part one and part two of the task as visual stimuli. For each image the semi-structured interview questions (Appendix one) will be asked to determine the participants reasoning.

The semi-structured interview will be piloted with 2-3 young adults with and without ID to ensure that the questions are suitable to elicit discussions regarding participants’ reasoning for romantic partner preference and self-perceived partner value.

Main study procedure

The sessions will be held in a private room. Following introductions, time will be taken to establish a rapport with a participant to ensure they are comfortable to proceed. They will be given information about the study and asked to explain in their own words what their participation involves. Verbal and written informed consent will be sought. Consent will also be sought to audio-record the session so that responses to the semi-structured interview are captured accurately.

It is expected that the session will last about an hour. Participants will be given the opportunity to take breaks when required and if necessary complete the tasks over two sessions to maintain engagement and attention.

The sections will be completed in the following order;

Background Information Questionnaire

Romantic Partner Choice Task

Participants will be presented with a set of male or female photos, determined by their sexual orientation as indicated in the Background Information Questionnaire. If a participant identifies as bisexual they will be asked to state their current preference.

Part one: participants will be asked to decide if they view the person in the image as a potential romantic partner (yes / no). Once all the images have been presented the researcher will record the responses.

Part two: the same photos will then be presented; participants will be asked if they feel the person in the photo would consider them to be a potential romantic partner. Responses will be recorded.

To control for order effect photos will be alternated based upon attractiveness.

Semi Structured interview

WASI subtests.

To encourage the participants to feel they can be open during the main components of the session, the formal cognitive test, which has right and wrong answers, will be administered last. At the end of the session participants will be given the opportunity to provide feedback on their experiences of the tasks and ask any questions. This time will be used to debrief the participant.

Data analysis

Quantitative data collected from the Romantic Partner Choice Task will be subject to between and within group analysis to explore preference for facial images regarding attractiveness. Gender differences between and within groups will also be examined.

Qualitative data collected from the semi-structured interviews will be explored using content analysis (Strauss, 1987). Data will be grouped into categories that represent themes that have emerged regarding participants' reasons for their decisions made in the Romantic Partner Choice Task.

Justification of sample size

This is an exploratory study of romantic partner preferences and self-perceived partner value in young adults with ID. Attraction research in the general population has often recruited large student populations via the internet. Such a sample size was considered to be unrealistic due to the time restrictions of the project and because recruitment of the target population via the internet may be challenging. Previous Doctorate in Clinical Psychology projects have successfully recruited sample sizes of forty- one participants (21 with LD and 20 without ID), from colleges within the project timeframe (Simpson, 2013). This project will aim to recruit 40 participants; 20 with ID and 20 without ID.

Settings and equipment

It is planned that in the same way as previous Doctorate projects, data collection will take place in a private room at the college or organisation that the participant attends.

Equipment required (digital voice recorder, transcribing kit, and encrypted laptop) will be borrowed from the University of Glasgow. Access to the WASI (including score sheets / response booklets) will also be required.

Health and Safety (Appendix Two)

Safety of the researcher

All data collection will be completed at a college or organisation within services working hours. The researcher will work in accordance with the establishment's safety policies and procedures. At all times staff will be available in neighbouring rooms.

Safety of the participant

To ensure the least disruption to participants, the study will be carried out within a familiar environment and normal working hours. Participants will be asked to attend one meeting but will be provided with the option to complete the tasks over two sessions if preferred. Prior to commencing a session the boundaries of confidentiality will be explained and clarification of understanding sought. If a participant makes a disclosure that indicates they or others are at risk of harm the researcher will respond in accordance with professional

guidelines and confidentiality procedures. If considered appropriate signposting to physical or mental health services will be discussed with the participant / staff and recommendations regarding contacting the appropriate figure (e.g. GP) made. A sources of support leaflet will be provided. The researcher will make appropriate use of supervision with their University supervisor regarding any concerns raised.

Ethical issues

Ethical approval for the project will be sought from the University of Glasgow Ethics Panel. Additional approval will be sought from all further education colleges and organisations who agree to take part. A Plain English Summary will be submitted to the Carers and Users of Services in Clinical Psychology Training (CUSP) for review (Appendix Three).

There are inherent issues regarding level of cognitive ability, comprehension and retention of information when recruiting people with ID to research. Therefore the researcher will take appropriate measures to ensure that all participants have understood the study and are fully informed before they are asked to consent to participate. If it is felt that an individual cannot provide informed consent they will not be recruited for the study. As the process of attaining informed consent is continual, at each contact individuals will be asked if they remain happy to participate and reminded of their rights as a participant.

The tasks in the study are designed to be engaging and focused upon positive aspects of relationships. However, it is recognised talking about relationships may cause upset or distress. If any participant becomes distressed the researcher (a Trainee Clinical Psychologist) will discuss this with the participant and if necessary take a break from or terminate the session. This information will be shared with the appropriate college / support staff and if required they will be signposted to necessary services (e.g. GP).

Financial (see Appendix Four)

Timetable (see Appendix Five)

Application

There is limited research regarding people with ID, positive sexual development and their relational experiences. Understanding what people with ID find desirable in a romantic partner and their self-perceived role as a romantic partner can inform ways to better support them to engage in positive relationship opportunities. This information can also contribute to understanding people with IDs' sexual development and how to support them through this transition to adulthood in an adaptive way.

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University of Glasgow | College of Medical,
Veterinary & Life Sciences

15th September 2016

Dear Professor Jahoda

MVLS College Ethics Committee

Project Title: An exploratory study of what people with intellectual disabilities find attractive in romantic partners and how they perceive themselves as romantic partners

Project No: 200150186

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Project end date: 31 July 2017
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research:
(http://www.gla.ac.uk/media/media_227599_en.pdf)
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

A handwritten signature in black ink that reads 'Dorothy McKeegan'.

Dr Dorothy McKeegan
College Ethics Officer

Dr Dorothy McKeegan

Senior Lecturer

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