

## Research Paper

# Attitudes Toward Sexual Wellness for Individuals with Disabilities

## Recreational Therapists', Practitioners', and Students' Perspectives

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### Abstract

Sexual wellness, an important component of overall quality of life, is often ignored or omitted from the scope of recreational therapy practices, mostly due to attitudes, beliefs, and lack of formalized training and education. No prior research exists on the attitudes of recreational therapists (RT) and students toward incorporating sexual wellness into practice for individuals with disabilities. Therefore, the purpose of this study was to assess the current attitudes of practicing recreational therapists, as well as the attitudes of current students on sexual wellness within the scope of recreational therapy practices. A cross-sectional survey design was employed with a purposive sample of 112 RT practitioners and students. Results indicated that both RT students and practitioners believe that sexual wellness is an important component of rehabilitation and should be included in undergraduate and graduate education. Implications for practice and research are presented.

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**Keywords**

*Attitudes, disability, recreational therapists, sexual wellness, students*

**Introduction**

Sexuality, a core aspect of being human, expands beyond the physical act of sex and includes the emotional, social, and psychological lived experience (Neufeld et al., 2002) that fits within the scope of practice of recreational therapy (RT) (Piatt et al., 2018; Piatt, 2019; Piatt et al., 2020). Adopting this mindset of sexual wellness as an RT facilitation technique within our scope of practice may change the attitudes of current practicing recreational therapists and students who provide RT services across diverse disability categories. Although prior research has examined attitudes and training on sexuality among occupational therapy (OT) students and practitioners (Jejelaye et al., 2019), no data were found on the attitudes of recreational therapy practitioners and on sexuality and disability, even though sexuality plays a significant role in overall wellness (National Wellness Institute, 2020). Furthermore, there seems to be a lack of relevant training, research, and discussion of sexuality in general within RT (Piatt et al., 2018; Piatt, 2019; Piatt et al., 2020; Snead et al., 2016). Wellness, often cited within RT research (i.e., Townsend et al., 2018) tends to omit sexual wellness from the discussion.

Although some RT modalities do include small components of sexual wellness (i.e., healthy boundaries, relationships, social skills training, and communication skills) (Austin, 1982; Porter, 2016; Stumbo, 2002), we believe the attitudes of recreational therapy practitioners and students may be driving this underaddressed and understudied topic. Research examining the attitudes of these two groups may provide more insight and improve the facilitation of RT sexual wellness interventions leading to addressing clients' sexuality needs including intimate and romantic relationships (Piatt et al., 2018). Health care providers, including recreational therapists, who have positive attitudes surrounding sexuality may be more likely to address appropriate clinical outcomes when providing therapeutic interventions to clients living with various disabilities (Smith et al., 2017). Since prior research has not addressed the attitudes of recreational therapy practitioners and students toward facilitating sexual wellness therapeutic interventions for individuals living with various disabilities, this is an important area to explore.

**Sexual Wellness**

Wellness is defined as a holistic, multidimensional process, a journey rather than a static state, reflected in human lifestyles and behaviors, and self-perceived individually (Adams, 2003; Nobile, 2014; Rachele et al., 2013; Roscoe, 2009; Schuster et al., 2004). Although health and wellness are closely related, health is more concerned with physical status (World Health Organization, 2021). Wellness consists of all the behaviors and choices of a healthy lifestyle, including healthy boundaries and open communication about sexuality and sexual activity. It is an engaged process where individuals have choices on how they want to live their lives (National Wellness Institute, 2020). Wellness as an intentional self-directed process includes mental and spiritual well-being that is often positive and affirming (National Wellness Institute, 2020). Therefore, although sexual health is a common term, the sexual wellness definition (Syme et al., 2019) appears to align more with RT scope of practice and attitudes toward sexuality.

Sexual wellness, viewed as satisfaction with one's general sexual experience, has been identified in prior studies as important for humans (Dean et al., 2013; Syme et al., 2019), including those living with a disability (Morozowski & Roughley, 2020; Stanojević et al., 2019; Syme et al., 2020). Furthermore, prior research emphasized connections between sexual wellness and satisfaction with physical health, intimate relationship quality, and overall positive perspective on life (Dean et al., 2013). Syme et al. (2019) proposed a bio-psycho-social-cultural framework of sexual wellness that includes biological, psychological, social, and cultural factors, similar to the International Classification of Disability, Health and Functioning (ICF) cited in the RT literature (i.e., McCormick & Austin, 2021; Piatt et al., 2018; Porter, 2016). This approach to assessing and enhancing sexual wellness among individuals living with a disability helps in grasping this multidimensional phenomenon while situating issues of sexuality into the domain of recreational therapists. Persons living with disabilities may feel reluctant to broach the topic with their health care providers because, although health care professionals see sexuality as an important topic, in general they lack the knowledge and confidence to address sexuality with their clients, leading to mutual discomfort and poor attitudes around the topic (McGrath et al., 2021). Sexual wellness has often been disregarded in the RT field, resulting in unclear attitudes, a lack of knowledge and skills, while at the same time, anecdotally, it is a topic that comes up during RT interventions (Piatt et al., 2018).

### **Sexual Wellness, Disability and Recreational Therapy**

Sexuality and sexual wellness take on a different meaning when an individual is living with a disability. Along with the physical alteration of the body that might occur, the existence of a disability can present numerous social and environmental barriers influencing sexual wellness as well as risk factors including, but not limited to, attitudes of clinicians (Jejelaye et al., 2019; McGrath et al., 2021; Piatt, 2019), poor self-esteem, prior sexual abuse (Smit et al., 2019), restricted social opportunities, and limited knowledge of resources, body image, and sexual functioning (Carcieri & Mona, 2017; Piatt et al., 2018; Piatt, 2019; Stanojević et al., 2020). These risk factors, when not addressed within RT interventions, can impact one's potential for developing self-confidence, meeting other people, forming healthy relationships, and exploring sexuality as well as affect the ability for sexual self-expression (Campbell, 2017; Doughty et al., 2017; Goulden, 2021; Howard & Young, 2002). People across various disability groups experience these barriers due to lack of confidence and positive attitudes of allied health professionals and their ability to address sexuality issues and concerns (Smit et al., 2021).

Additionally, those living with disabilities who feel excluded or rejected resulting in low self-esteem may become indiscriminately receptive to any sexual attention received, whether it is positive or negative (Barger et al., 2009; Euser et al., 2016; Kim, 2010; McGuire & Bayley, 2011). This internalized stigma can place some people with disabilities in jeopardy of engaging in potentially risky sexual relationships, out of a desire to feel wanted and loved (Smit et al., 2019). Low self-esteem can also have an effect on individual's confidence in setting boundaries for safer sex (Rohleder & Swartz, 2012; Smit et al., 2021). Lack of appropriate social and sexual interactions can thus make individuals with disabilities more vulnerable to exploitation and inappropriate sexual relationships, including being sought after by predators, or devotees (Aguilera,

2000). Incorporating these types of discussions within RT sexual wellness facilitation techniques will have a positive impact on our clients, as well as their intimate partners. Yet, if recreational therapists' attitudes are not aligned with the needs of the client, the approach to sexual wellness may be compromised.

There are challenges and risk factors associated with sexual health and disability, beyond the physiological concern (Stanojević et al., 2020). Socioemotional, environmental, and societal factors need to also be taken into consideration. Current sexual health interventions, as well as research within the scope of OT and PT practice (Browne & Russell 2005; Jejelaye et al., 2019; Smit et al., 2021), tend to focus on reproductive health, orgasm, or ways to facilitate intercourse or other forms of sexual intimacy. Recreational therapists, who are trained to provide interventions within the psychosocial domains of sexual wellness and have positive attitudes toward discussion of sexual wellness, can facilitate the process of gaining closeness and intimacy with one's partner and developing healthy romantic relationships (Esmail et al., 2001). This can be achieved by communication, emotional awareness, and understanding of how one's body works sexually while either aging or living with a disability (Klein, 2017). The contribution of RT to meeting these challenges may be a significant missing link in current health care approaches to sexual wellness due to poor attitudes associated with lack of awareness and training (Smit et al., 2021). The holistic nature of RT allows practitioners to develop highly effective programs for these specific issues. Creating RT interventions that facilitate community integration and opportunities for socialization, developing healthy relationships, and achieving intimacy can help individuals improve their social skills (García-Villamizar et al., 2017; Gassaway et al., 2019). It can also provide opportunities to meet other people and feel comfortable in intimate and/or sexual situations (Piatt et al., 2018; Piatt, 2019; Piatt et al., 2020) thus providing a safer and healthier sexual experience.

### **Sexual Wellness Attitudes in Health Care**

There are underdeveloped areas of research on the topic of sexual pleasure and desire in the repertoire of essential human experiences. The scientific community has begun to address the impact of health care practitioners' attitudes on sexual wellness within the rehabilitation process (Graziottin & Basson, 2004; Kadri et al., 2002; McCabe et al., 2015; McGrath et al., 2021; Petersen et al., 2020) without a focus on the attitudes of recreational therapists. Moreover, it is also important to recognize the importance of patients' attitudes regarding conversations about sexuality in a clinical therapeutic setting (Chou et al., 2015; Gil-Llario et al., 2018). Prior research with patients with disabilities indicates an overall atmosphere of discomfort regarding the topic of sexuality, even when the topic of sexuality is viewed as an important component of rehabilitation. As a result, there are often gaps in communication between clients and practitioners, resulting in a lack of adequate information and resources provided for those with disabilities and their partners (McGrath et al., 2021; Pieters et al., 2018).

Besides playing a critical role in facilitating healthy habits and beliefs among their clients on this topic, recreational therapists can also provide opportunities for their clients to achieve social inclusion, expanded social networks, and intimate relationships (Friedman, 2019; Schmidt et al., 2020). Often persons with disabilities rely on health care providers to make them feel comfortable and develop the knowledge and skills needed to enhance their sexual wellness (Piatt et al., 2018). However, studies indicate

that health care professionals feel a lack of knowledge and expertise, personal discomfort, and limited responsibility when it comes to addressing the sexuality of those with disabilities (Guest & Kopp, 1997; Jejelaye et al., 2019; Jones et al., 2005; McGrath et al., 2021; Snead et al., 2016). Professionals leave it to the patient to identify a sexual issue before they are willing to address the topic (Pieters et al., 2018). However, many clients themselves feel uncomfortable initiating such conversations and would like the practitioner to introduce the topic. Ultimately, this inhibition on both sides creates mutual discomfort and overall lack of communication that impacts the process of rehabilitation (Piatt et al., 2018). Yet, prior research with the members of the spinal cord injury population demonstrated that the question of sex is often raised before the question of mobility (Anderson, 2004).

Research indicates individuals with disabilities who experience sexual issues feel an overall lack of professional support (Brown & Russel, 2005; McGrath et al., 2021; Piatt et al., 2018; Piatt et al., 2020; Snead et al., 2016; Stanojević et al., 2020). Patients described a powerful sense of aloneness in their journey to wellness with their atypical or altered bodies, leading to trial-and-error methods of finding ways to establish intimate connections (Brown & Russell, 2005). Brown and Russell found that challenges of achieving intimate connections could have been prevented if individuals had engaged in informed conversations with practitioners on sexuality, had access to professional information about their sexual wellness, and/or had opportunities to learn from other's living with a disability. Based on information from both practitioners and patients, it can be assumed that further steps among allied health professionals can be taken to ensure satisfactory levels of sexual wellness and education for those with disabilities (McGrath et al., 2021).

To achieve or improve sexual wellness one needs to incorporate a multifaceted therapeutic approach (Ford et al., 2017; Marin et al., 2020; Pahwa & Foley, 2017). To normalize the conversations regarding sexual wellness and consequentially provide positive health outcomes for their clients, allied health professionals could benefit from being equipped with knowledge and confidence on the topic of sexuality in order to lead to more positive attitudes and comfort discussing sexual wellness with clients (McGrath et al., 2021). While many hospitals now provide sexuality and disability sessions and other resources, often the information is untimely, or difficult to access (Piatt et al., 2020; Piatt et al., 2018). Current allied health professionals, in particular OTs, include sexuality in the routine evaluation of clients and often address these concerns within their interventions (Jejelaye et al., 2019). Yet, OTs, as well as allied health professionals in general, also feel unprepared and uncomfortable addressing the topic of sexual wellness (Jejelaye et al., 2019; McGrath et al., 2021). Therefore, the purpose of this study was to investigate the attitudes recreational therapists have toward sexual wellness as a component of their scope of practice. A better understanding of the attitudes of RT students and practitioners may guide individuals in facilitating effective sexual wellness therapeutic interventions and set the foundation for future research.

## Methods

This research employed a cross-sectional survey design with a purposive sample of recreational therapist practitioners and students to examine their attitudes toward the sexuality of adults with disabilities. Data were collected through both a Qualtrics® online and a pencil-paper survey. Thirty individuals who were attending an educational

session on sexual wellness during a state conference completed the instrument in the pencil-paper format, and 100 individuals completed the online version of the survey. Online research participants were recruited through social media posts and word of mouth. After cleaning the data, 18 online surveys were omitted from the analysis due to missing data, leaving a total of 112 participants.

## Participants

Eighty-nine RT practitioners and 21 RT students participated in this study (see Table 1). Collectively, the sample consisted of 17 male and 89 female participants, 4 who identified as non-binary. Overall, 61.68% of participants were 35 years old or younger, 28.97% were 36-55 years old, and 9.34% were 56 or older. The mean age was  $M=34.50$  ( $SD=13.04$ ). The largest group comprised recreational therapists in their first five years of professional practice (39.75%), followed in order by those with over 21 years of experience (24.09%), those with 6-10 years (19.27%), and those with 11-20 years (16.86%). The mean of years spent in practice was  $M=12.28$  ( $SD=11.18$ ). Data were also separated by student and practitioner dichotomy.

**Table 1**

### Demographics

Demographics		N (%)		
		Students	RT	Combined
Age Groups	35 and younger	18 (85.71)	48 (55.81)	66 (61.68)
	36-55	3 (14.28)	28 (32.55)	31 (28.97)
	56 and older	-	10 (11.62)	10 (9.34)
	Total	21 (100)	86 (100)	107 (100)
	Missing	-	3	3
	Total			110
Gender	Male	4 (19.04)	13 (14.60)	17 (15.45)
	Female	15 (71.42)	74 (83.14)	89 (80.90)
	Non-binary	2 (9.52)	2 (2.24)	4 (3.63)
	Total	21 (100)	89 (100)	110 (100)
Status		21 (19.09)	89 (80.91)	110 (100)
	Total			110 (100)
Length of clinical experience	0-5 years	-	33 (39.75)	33 (39.75)
	6-10 years	-	16 (19.27)	16 (19.27)
	11-20 years	-	14 (16.86)	14 (16.86)
	21 and above	-	20 (24.09)	20 (24.09)
	Total	-	83 (100)	83 (100)
	Missing	27	6	27
	Total			110

## Instrument

The instrument contained 10 demographic questions followed by the survey of Attitudes toward the Sexuality of Adults with Disabilities (SASAD), developed by Guest and Kopp (1997). The SASAD was initially developed to measure the attitudes of OTs and was modified for this research by replacing the term “occupational therapist” with “recreational therapists.” Also, the tenth question in the original SASAD study was

rephrased to elicit attitudes toward the integration of medical aspects of sexuality into the basic postsecondary recreational therapy curricula (see Table 2). Using a five-point Likert scale, the SASAD provides total scores ranging from 14-70 with a smaller score indicating more negative attitudes toward addressing sexuality with clients. Since, in general, RT students do not possess the formal knowledge or clinical experiences in treating clients, they were instructed to provide hypothetical answers to the statements in the SASAD. The five-point attitude scores were collapsed into three groups (agree/strongly agree, neutral, and disagree/strongly disagree) Although prior research has indicated the collapsing of variable can impact the reliability of data and overall results (Rutkowski et al., 2019) other researchers note the advantages of collapsing variables include simplifying the analysis leading to easier interpretation of results, in this case descriptive statistics (Altman & Royston, 2006).

Categorization of recreational therapists' attitudes toward the sexuality of adults with disabilities was linked to individual items. When asked to provide an opinion on statements in SASAD, the RT professionals and trainees were not instructed to think of one specific disabling condition, but rather RT scope of practice across disability categories. With reversed scoring of items 5, 7, 13, 14, positive attitudes were indicated if at least 51% of individuals agreed with the item. The scale determining attitudes toward addressing sexual wellness in RT practice showed acceptable levels of reliability ( $\alpha = .82$ ).

### Data Analysis

The data were analyzed using IBM Statistical Package for the Social Sciences (SPSS) (Version 28.0) predictive analytics software to better understand the characteristics of attitudes among RT practitioners and students toward sexuality of individuals with disability. The most relevant areas of sexual wellness attitudes in RT practice were analyzed using descriptive statistics. This is similar to other studies examining characteristics of a sample population (in this case RT practitioners and students) where descriptive statistics were reported (Piatt et al., 2015).

## Results

Regardless of age, sex, professional experience, or practitioner or student status, 88.68% of the RT participants agreed sexuality is an important dimension of health care and rehabilitation with 78.85% sharing the belief sexuality and sex drive remain intact regardless of the disabling condition or illness (see Table 3). Most recreational therapists (81.82%), including 100% of RT students and 77.21% of RT professionals, agreed a client's daily living activities should be assessed holistically, incorporating physical, vocational, recreational, and sexual activities. When asked if a client's sexual history should be considered during the RT assessment and evaluation process, 63.72% of the participants agreed, again with somewhat contrasting attitudes between practitioners (58.53%) and students (85%), though otherwise evenly distributed across demographic categories. Similarly, 68.36% of participants agreed sexuality should be considered when addressing a client's health issues, but fewer positive attitudes were expressed by 55% of the students unlike 71.79% of the practitioners.

When asked if probing into the sex lives of a person with a disability would be a source of irritation or embarrassment 29.91% of all participants agreed; while 72.64% agreed that addressing sexual wellness should be encouraged in the hospital setting,



**Table 2**  
*Example Instrument Statements*

Statement No.	Statement
1.	Sexuality is an important dimension of health care and rehabilitation process
2.	Sexuality and sex drive remain intact, although physical disability or chronic illness may impose alterations in sex acts
3.	In assessing a client for activities of daily living, all aspects should be considered: physical, vocational, recreational, as well as sexual
4.	In evaluating an adult who is chronically ill or living with a disability for activities of daily living, therapists should ask routine questions concerning the client's sexual history
5.	Probing into the sex lives of a person with a disability would be a source of irritation or embarrassment
6.	History taking/ discussions of sexuality should be done within the context of the client's total problem
7.	Sexual rehabilitation should not be encouraged in the hospital
8.	Information on sexuality should be made available to patients
9.	Clients in recreational therapy have questions related to sexuality regarding their disability or illness
10.	Medical aspects of sexuality should be integrated into the basic post-secondary education recreational therapy curricula
11.	Rehabilitation team members should try discussing sexuality and sexual functioning with patients who have disabilities or a chronic illness and with colleagues
12.	Recreational therapists should not become involved in the sexual aspects of rehabilitation of patients with disabilities
13.	Recreational therapists should leave the discussion of sexuality to other rehabilitation team members
14.	Most recreational therapists do not know enough about the medical aspects of sexuality and sexual functioning

and 89.53% felt that information on sexuality should be made available to the clients. When asked whether clients who are seeking RT services have questions related to sexuality in regard to their disability or illness on a regular basis, 73.53% of the participants responded positively, but again the different point of view was held by 90% of the students who assumed this was true versus 69.51% of the practitioners who responded positively. Also, 72.41% of practitioners who were within the first five years of their practice and only 46.66% who had spent between 6 and 10 years in the field agreed with the previous statement. All practitioners who had spent 11-20 years and 63.15% of those who had spent more than 21 years in the field agreed with their younger colleagues in affirming that the questions about the effects of a client's condition on their sexuality and sexual wellness do often arise.

Of the 77.08% participants who agreed that medical aspects of sexuality should be integrated into the basic postsecondary RT curricula, practitioners (79.22%) slightly surpassed trainees (68.41%). Most participants (65.42%) agreed that recreational therapists should be involved in the sexual aspects of the rehabilitation of patients with disabilities. Even though most participants (67.32%) agreed that the majority of recreational therapists do not know enough about the medical aspects of sexuality and sexual functioning, 68.27% believed that recreational therapists should not leave the discussion of sexuality to other rehabilitation team members.



**Table 3**

*Recreational Therapy Professionals' and Trainees' Attitudes toward Addressing Sexual Wellness of Persons with Disabilities*

No	Agree N(%)			Indifferent N (%)			Disagree N (%)		
	Student	RT	Combined	Student	RT	Combined	Student	RT	Combined
1.	18 (85.7)	76 (89.4)	94 (88.68)	2 (9.52)	4 (4.70)	6 (5.66)	1 (4.76)	5 (5.87)	6 (5.66)
2.	15 (75)	67 (79.76)	82 (78.85)	3 (15)	7 (8.33)	10 (9.61)	2 (10)	10 (11.91)	12 (11.53)
3.	20 (100)	61 (77.21)	81 (81.82)	-	5 (6.32)	5 (5.05)	-	13 (16.44)	13 (13.13)
4.	17 (85)	48 (58.53)	65 (63.72)	1 (5)	20 (24.39)	21 (20.58)	2 (10)	14 (17.06)	16 (15.68)
5.	6 (30)	26 (29.87)	32 (29.91)	9 (45)	28 (32.18)	37 (34.57)	5 (25)	33 (37.92)	38 (35.51)
6.	11 (55)	56 (71.79)	67 (68.36)	8 (40)	17 (21.79)	25 (25.51)	1 (5)	5 (6.41)	6 (6.12)
7.	1 (4.76)	9 (10.58)	10 (9.43)	5 (23.81)	14 (16.47)	19 (17.92)	15(71.42)	62 (72.93)	77 (72.64)
8.	19 (95)	58 (87.87)	77 (89.53)	-	1 (1.51)	1 (1.16)	1 (5)	7 (10.61)	8 (9.30)
9.	18 (90)	57 (69.51)	75 (73.53)	2 (10)	13 (15.85)	15 (14.70)	-	12 (14.63)	12 (11.76)
10.	13 (68.41)	61 (79.22)	74 (77.08)	6 (31.57)	6 (7.79)	12 (12.50)	-	10 (12.98)	10 (10.41)
11.	13 (65)	55 (72.37)	68 (70.83)	4 (20)	14 (18.42)	18 (18.75)	3 (15)	7 (9.21)	10 (10.41)
12.	1 (4.76)	15 (17.43)	16 (14.95)	5 (23.81)	16 (18.60)	21 (19.62)	15(71.42)	55 (63.95)	70 (65.42)
13.	-	9 (10.83)	9 (8.65)	4 (19.04)	20 (24.09)	24 (23.07)	17(80.94)	54 (65.06)	71 (68.27)
14.	10 (47.61)	58 (72.50)	68 (67.32)	10 (47.61)	10 (12.50)	20 (19.80)	1 (4.76)	12 (15)	13 (12.87)

## Discussion

The data suggest clients who seek out information regarding sexual wellness during an RT session are viewed positively; nevertheless, prior studies of men and women with SCI highlighted that sexual wellness is rarely if at all addressed within the domain of RT (Piatt et al., 2018; Piatt et al., 2021). The diversity of sexual orientation is also rarely addressed, or discussed during RT sessions. Research participants in prior research indicated that the topic of sexual wellness is typically addressed only when they bring it up themselves (Piatt, 2019; Snead et al., 2016). Another interesting finding that warrants further investigation is that although RT students thought that the topic of sexuality was addressed on a regular basis, recreational therapists currently practicing in the field thought otherwise. The data also revealed recreational therapists believed the topic of sexual wellness should not be left to the other allied health professionals, but rather incorporated into RT facilitation techniques and included in the curriculum, supporting prior research in RT with the SCI population (Piatt et al., 2018; Piatt et al., 2020).

While OT practitioners focus primarily on physical rehabilitation/modifications and education, RT practitioners have formal training and expertise within the realm of psychosocial, cultural, and interpersonal aspects, which position them well to understand and promote sexual wellness within their scope of practice. Additionally, the group-based activities within RT settings provide opportunities for individuals to develop social networks, discuss topics about sexual wellness in a sympathetic setting with others who share similar issues, and develop the knowledge and skills needed to practice healthy sexual behaviors and create rewarding lifestyles (Gontijo et al., 2015).

RT interventions can be useful tools for helping clients with disabilities develop holistic and effective approaches to sexual wellness, leading to a higher level of quality of life and better clinical outcomes (Piatt et al., 2020). Introducing sexuality concerns into a clinical environment may be uncomfortable for both patient and practitioner due to the current attitudes of RT practitioners and students. However, the playful, positive, expressive environment that can be facilitated in an RT intervention provides a welcoming place for individuals to express their concerns and share their stories with others (Gontijo et al., 2015).

## Limitations

Although the results of this study imply that recreational therapists, both students and practitioners, believe promoting sexual wellness is within the scope of RT practice and is an important component of the rehabilitation process, there are some limitations. First, the recreational therapists who completed the study in the paper and pencil format were attending a session at a state RT conference, which may indicate that these participants were open to addressing sexual wellness with their clients or at least were primed by the situation to have open attitudes toward this topic. Overall, the sample size was small and lacked randomization. Also, it was difficult to assess how much knowledge and information both students and practitioners have regarding sexual wellness within the scope of RT practices. We also did not know the clinical experience of RT students and cannot assume the degree of their experience in providing therapeutic interventions. Finally, the data needs to be examined with caution as variables were collapsed for data analysis, possibly impacting the reliability of the instrument.

## Implications for Practice and Research

Recreational therapists introduce components of sexual wellness with individuals with disabilities during facilitation techniques (Piatt et al., 2020; Porter, 2016). Social skills training, community integration, self-esteem, healthy boundaries, communication skills, values clarification, and developing healthy relationships are included within the scope of RT practice (Austin, 1982; Negley, 1997; Porter, 2016; Stumbo, 2002). Yet, these therapeutic interventions have generally not been extended to overall sexual wellness leading to healthy intimate and romantic relationships (Piatt et al., 2018). Sexuality, identified as one of the basic needs in Maslow's Hierarchy of Needs, appears to be an important component to advancing toward self-actualization (Maslow, 1943). Based on the data from this study and reexamining the importance of sexual wellness to clients, it seems RT's do have a positive attitude toward facilitating the sexual wellness of clients with disabilities yet may lack the knowledge and formal training enabling comfortable discussions of sexual wellness in RT practice. Therefore, future studies should examine a larger sample of recreational therapists considering their knowledge and formal training and include other allied health professionals as research participants. It would also be interesting to examine RT attitudes of sexuality across disability groups served.

With the right training and administrative support, recreational therapists have the opportunity to utilize their positive attitudes as they initiate conversations about sexual wellness. Recreational therapists' conversations also may clarify values and beliefs around sexuality and intimacy. This preliminary data suggests the positive attitudes of RT practitioners and students toward the sexuality of people with disabilities may play an important role in the rehabilitation process. Thus, therapists may become more proactive in delivering vital but sensitive information helping to better understand sexual wellness among those living with a disability.

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